

Staff Governance Committee

Thu 20 July 2023, 14:00 - 16:00

MS Teams

Agenda

14:00 - 14:01 **1. Apologies for Absence: Carol Potter, Kevin Reith and Nicky Connor (Lisa Cooper deputising)**
1 min

Sinead Braiden

14:01 - 14:02 **2. Declaration of Members' Interests**

1 min

Sinead Braiden

14:02 - 14:07 **3. Minutes of Previous Meeting held on Thursday 11 May 2023**

5 min

Enclosed Sinead Braiden

 Item 03 Staff Governance Committee Minutes (unconfirmed) 11.05.23 - V0.1.pdf (7 pages)

14:07 - 14:10 **4. Matters Arising / Action List**

3 min

Enclosed Sinead Braiden

 Item 04 SGC Table of Actions 13.07.23.pdf (1 pages)

14:10 - 14:30 **5. GOVERNANCE MATTERS**

20 min

5.1. Internal Audit Annual Report 2022/2023

Enclosed Margo McGurk

 Item 5.1 Internal Audit Annual Report 2022-2023.pdf (5 pages)

 Item 5.1 Annual Internal Audit Report 2022-23 Appendix 1.pdf (47 pages)

5.2. Corporate Risks Aligned to Staff Governance Committee

Enclosed David Miller

 Item 5.2 Corporate Risks Aligned to SGC 20.7.23.pdf (5 pages)

 Item 5.2 Corporate Risks Aligned to SGC as at 160623 Appendix 1.pdf (3 pages)

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

5.3. Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background

Enclosed Janette Keenan / Rhona Waugh

 Item 5.3 Equality Diversity and Human Rights Update 20.7.23.pdf (4 pages)

14:30 - 14:45 **6. STRATEGY / PLANNING**

6.1. Annual Delivery Plan 2023/2024

Enclosed *Margo McGurk*

- Item 6.1 Annual Delivery Plan SBAR.pdf (3 pages)
- Item 6.1 Annual Delivery Plan - Appendix 1.pdf (61 pages)

6.2. Primary Care Strategy 2023-2026

Enclosed *Lisa Cooper*

- Item 6.2 Primary Care Strategy 2023-2026 SBAR.pdf (8 pages)
- Item 6.2 Primary Care Strategy 2023-2026 Final Draft Appendix 1.pdf (35 pages)
- Item 6.2 Primary Care Strategy Participation and Engagement Consultation Summary Justified Appendix 2.pdf (6 pages)

14:45 - 15:30
45 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed *David Miller*

- Item 7.1 IPQR SBAR SGC 20.7.23.pdf (3 pages)
- Item 7.1 IPQR June 2023.pdf (7 pages)

7.2. Workforce Information Overview

Enclosed *Rhona Waugh*

- Item 7.2 NHS Fife Workforce Information Overview - 20.7.23.pdf (21 pages)

7.3. Attendance Management Update

Enclosed *David Miller*

- Item 7.3 Attendance Management Update 20.7.23.pdf (4 pages)
- Item 7.3 NHS Fife Tableau Report as at June 2023 Appendix 1.pdf (5 pages)

7.4. Training Compliance Report 2023/2024

Enclosed *David Miller*

- Item 7.4 Training Compliance Report 2023-2024 SGC 20.07.23 v0.3.pdf (11 pages)

7.5. Staff Governance Annual Monitoring Return 2021/2022 Feedback and Staff Governance Annual Monitoring Return 2022/2023

Enclosed *Sandra Raynor*

- Item 7.5 Staff Governance Annual Monitoring Return 2022-2023 SBAR 20.7.23.pdf (13 pages)

15:30 - 15:40
10 min

8. FOR ASSURANCE

8.1. Whistleblowing Audit Report B18/23

Enclosed *Sandra Raynor*

- Item 8.1 Whistleblowing Audit Report B18-23 20.7.23.pdf (4 pages)
 - Item 8.1 B18-23 - Whistleblowing Audit Report Appendix 1.pdf (16 pages)
-

15:40 - 15:45 9. LINKED COMMITTEE MINUTES

5 min

9.1. Area Partnership Forum held on 24 May 2023 (unconfirmed)

Enclosed

- 📎 Item 9.1 APF Minutes 24.5.23 Cover Sheet.pdf (1 pages)
- 📎 Item 9.1 APF Minutes (Unconfirmed) 24.5.23 V0.2.pdf (10 pages)

9.2. Acute Services division & Corporate Directorate Local Partnership Forum held on 27 April 2023 (unconfirmed)

Enclosed

- 📎 Item 9.2 ASD&CD LPF Minutes (Unconfirmed) 27.4.23 Cover Sheet.pdf (1 pages)
- 📎 Item 9.2 ASD&CD LPF Minutes (Unconfirmed) 27.4.23.pdf (15 pages)

9.3. Health & Social Care Partnership Local Partnership Forum held on 29 March 2023 (confirmed)

Enclosed

- 📎 Item 9.3 H&SCP LPF Minutes (Confirmed) 29.3.29 Cover Sheet.pdf (1 pages)
- 📎 Item 9.3 H&SCP LPF Minutes (Confirmed) 29.3.23.pdf (7 pages)

9.4. Health and Safety Sub Committee held on 9 June 2023 (unconfirmed)

Enclosed

- 📎 Item 9.4 H&S Sub Committee 9.6.23 Linked Cover Sheet.pdf (1 pages)
- 📎 Item 9.4 H&S Sub Committee Minutes 9.6.23 (Unconfirmed).pdf (7 pages)

15:45 - 15:55 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10 min

10.1. To the Board in the IPQR Summary

Verbal Sinead Braiden

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

Verbal Sinead Braiden

15:55 - 16:00 11. ANY OTHER BUSINESS

5 min

16:00 - 16:00 12. Date of Next Meeting: Thursday 14 September 2023 at 10.00 am via MS Teams

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 MAY 2023 AT 10.00AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Wilma Brown, Employee Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Lisa Cooper, Head of Primary & Preventative Care Services
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management (*part*)
Margo McGurk, Director of Finance & Strategy (*part*)
Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead (*item 7.2 only*)
David Miller, Director of Workforce
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. The Chair advised that Mansoor Mahmood has re-joined the membership of the Staff Governance Committee, though is an apology for this particular meeting. It was also advised that Alistair Morris has been appointed as the Interim Chair of the Board, with effect from 1 April 2023, and hence he has stepped down from the Committee.

The Chair extended a huge thanks to staff, who continue to work in extremely challenging times.

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 member Mansoor Mahmood (Non-Executive Member), and attendees Nicky Connor (Director of Health & Social Care) and Sandra Raynor (Head of Workforce Resourcing & Relations).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 9 March 2023

The minutes of the meeting of Thursday 9 March 2023 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

Training Compliance

Following a query from W Brown, Employee Director, the Director of Workforce noted that work is ongoing in relation to capturing current training compliance data and an update on training compliance and forward plans will be provided to the Executive Directors' Group, followed by the Area Partnership Forum and Staff Governance Committee, at their next cycle of meetings.

Action: Director of Workforce

Workforce Matters

C Grieve, Non-Executive Member, advised that he had discussed workforce information matters with the Workforce team, and, following that discussion, had a better understanding of workforce reporting arrangements. This was discussed further during the presentation at agenda item 7.2.

5. GOVERNANCE MATTERS

5.1 Staff Governance Committee Annual Statement of Assurance 2022/2023

The Board Secretary explained that NHS Fife Board requires assurance that all Governance Committees have delivered on their remits and the Statement provides detail on how the Staff Governance Committee has met this through the 2022/23 financial year. The Staff Governance Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

K MacDonald, Non-Executive Member, highlighted the whistleblowing sections in the report and suggested including areas of weakness in reporting and related improvement actions. The Board Secretary agreed to liaise with K MacDonald to strengthen those sections within the report and would then circulate an updated version to the Committee for further comments and final sign-off by the Chair.

Action: Board Secretary

The Chair thanked the Board Secretary for all her hard work in producing such a comprehensive report.

The Committee **approved** the Annual Statement of Assurance 2022/2023, subject to members' further comments in respect of any necessary amendments, for final sign-off by the Chair, circulation to the Committee and submission to the Audit & Risk Committee.

5.2 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Bank & Agency Work

The Director of Workforce reported that there had been no change to the Corporate Risks aligned to the Staff Governance Committee since the last meeting.

The Director of Workforce gave a presentation on the Bank and Agency Programme. Assurance was provided that there is a concentrated focus and commitment to address the complex Bank and Agency issues. The Chief Executive outlined the concerns with Agency staffing and highlighted the associated financial and supplementary staffing risks. It was noted that this work is a high priority for the Executive Directors' Group and discussions are ongoing on a regular basis, via a newly established Bank & Agency Programme Board.

The importance of messaging was raised, and it was noted a balance is required when promoting bank work. National issues, at Scottish Government level, were highlighted, and S Fevre, Co-Chair, Health & Social Care LPF, suggested submitting reports as we go forward, via the Staff Governance Committee, which includes measurements on safe staffing and supplementary spend, to provide assurance safe staffing levels are being met. The Head of Workforce Planning & Staff Wellbeing added that NHS Fife is a volunteer Chapter Guidance Testing Board and is actively working towards safe staffing legislation. It was noted that this provides another opportunity to feed back and consider lessons learned, with an opportunity also to triangulate our data. In addition, it was noted that the e-Rostering system, once fully implemented, will be a valuable tool.

C Grieve, Non-Executive Member, recognised and outlined the difficulties with rapid recruitment. The Chief Executive noted that, longer term, we need to balance having a safe and sustainable workforce in place, whilst not using agency staff and reducing the levels of bank staff.

The team were thanked for all their hard work.

The Committee took **assurance** from the update on the Bank and Agency Programme.

5.3 Whistleblowing Quarter 4 Report 2022/2023

The Deputy Director of Workforce summarised the report and advised that there were no formal whistleblowing concerns in Quarter 4, however, there were two anonymous concerns. It was noted there was a late notification of a whistleblowing concern, which has been updated in the figures given in the Appendix to the report.

The Chair stated that changes to the reporting style and inclusion of text on lessons learned had been discussed at a previous meeting, and those updates were not evident in the current report presented to the Committee. In response, it was advised that a section is included in the report that provides detail on lessons learned and actions and the Director of Workforce agreed to take forward enhancing that section in future reports with further detail.

K MacDonald, Whistleblowing Champion and Non-Executive Member, also noted that the reporting requires improvement, to include more analysis, evidence of staff experience / engagement, safety and clinical governance aspects, the impact of the whistleblowing arrangements, and action plans. These points had been made in a recent Internal Audit report. She also highlighted and outlined the risk in terms of the not addressing in full the requirements of the Whistleblowing Standards. The Director of Workforce agreed to liaise with K MacDonald outwith the meeting and to bring an improved iteration of the quarterly report to the Committee in future, to include the points raised.

Action: Director of Workforce

W Brown, Employee Director, agreed with the points made, and highlighted the impact on staff involved in whistleblowing concerns. S Fevre, Co-Chair, Health & Social Care LPF, added that the report does not fully include all the work that is ongoing in relation to whistleblowing, including positive learning experiences and improvements that are being undertaken. The Chief Executive explained the governance role of the Committee in terms of reporting and providing assurance to the NHS Fife Board on whistleblowing.

The Committee **noted** the report, in the context of comments made by members as above.

5.4 Staff Governance Standard: Improved and Safe Working Environment

The Director of Property & Asset Management reported that a pilot was undertaken of the Health & Safety Executive Talking Toolkit within the Learning Disabilities Service, which was successful, with feedback indicating that this has been a positive experience for participants. It was noted that comments from the pilot and associated action plans are provided in the Appendix of the report, to which members' attention was drawn.

It was advised that the Talking Toolkit will be promoted appropriately and extended to other staff and services who would wish to take part. Consideration will be given to resources, supporting staff and creating space for staff to dedicate to this, particularly for specialist areas. It was also noted that there could potentially be long-term issues addressed from the iMatter survey outcomes via the feedback from the Talking Toolkit, and the importance of communication was highlighted.

The Head of Workforce Planning & Staff Wellbeing suggested that this would be a suitable topic for a future Staff Governance Committee Development Session, so that members could hear about the work from those involved.

The team involved were commended for all their efforts.

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

5.5 Delivery of Annual Workplan 2023/2024

The Committee noted the delivery updates and took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/2024

The Director of Finance & Strategy reported that the Corporate Objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and from which individual Directors' objectives will flow.

It was advised that the Corporate Objectives, detailed in the paper, are derived from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The Corporate Objectives reflect the highest levels of strategic objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic Corporate Objectives will drive forward the ambitions of the Strategy. Consideration will be given to the wording of the Corporate Objectives to give more context to the aspects of the safety, quality and wellbeing of our workforce.

The Chief Executive advised that it is anticipated that a Board Development Session will be held in the Autumn to discuss progress of the corporate objectives 2023/2024, and to look at developing corporate objectives for 2024/2025, from a Board perspective.

The Committee took **assurance** from the Corporate Objectives.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported that the current absence rate is sitting at 6.95%, which is a slight reduction compared to previous months. A further update on absence management will be provided at agenda item 7.3.

In terms of the Personal Development Plan (PDP) compliance, it was reported that the current rate of completion is at 37.9%, however, it is expected this rate will increase as the improvement work in relation to PDPs is undertaken throughout the year.

W Brown, Employee Director, questioned the plans in place to support staff and managers to improve the PDP position. In response, it was advised that there has been a large amount of activity taking place in this area, and that support for managers will continue for this process. It was noted it is expected the 80% target, although challenging, will be reached by the end of the financial year 2023/2024.

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

7.2 Workforce Information Overview

B McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead, gave a presentation in relation to the Workforce Information Overview and provided additional information to the Committee on the reasons for and destination of staff leaving NHS Fife.

It was reported that a number of groups, including the Nursing & Midwifery Group and Mental Health Services Group, are exploring the reasons why staff remain with NHS Fife, and update will be provided to the Committee in due course.

The Director of Nursing reported on the University degree leaver destination work and advised that work is being carried out at a national level. C Grieve, Non-Executive Member, queried if there is any underpinning information to help retain leavers. It was explained that work is being carried out to encourage retention, including encouraging and fully understanding exit interviews at a local level.

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

7.3 Attendance Management Update

The Director of Workforce provided a verbal update, noting that a paper will be provided to the Committee at the July 2023 meeting.

It was reported a number of meetings have taken place between the Director of Workforce and the Attendance Management Operational Group to discuss their current plans, which are currently mainly operationally focussed. The group has been stood down at present, as the Director of Workforce and EDG will require to consider how best to take forward plans and actions.

It was advised that supporting resources are limited, which has impacted on achieving the attendance management targets. Understanding the full reasons for high staff absence is currently being explored, noting that some of the reasons will include addressing bank and agency use, the establishment gap and for some areas, the high number of vacancies. It is expected that support will require to be implemented for these areas, and a plan will be brought to the Committee to outline how to target the support appropriately. This will be aligned to the Health & Wellbeing Framework and to the Population Health & Wellbeing Strategy.

W Brown, Employee Director, welcomed the renewed focus to address attendance management and requested a discussion outwith the meeting with the Director of Workforce around the changes to the Integrated Performance & Quality Report in relation to the reporting of the data.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Equal Pay Audit 2023

The Head of Workforce Planning & Staff Wellbeing outlined the key points within the paper and advised that the paper covers the legislative requirement to produce the Equal Pay gap details, information on occupational segregation and the Board's equal pay statement.

The Director of Workforce noted that the format of the data reporting section of the report will be reviewed, with support from Communications colleagues, and will be re-circulated to the Committee.

Action: Director of Workforce

S Fevre, Co-Chair, Health & Social Care LPF, welcomed the report, and it was noted the report is published on a two-yearly cycle.

The Committee took **assurance** from the report, which confirms that NHS Fife has published the information required by legislation.

9. LINKED COMMITTEE MINUTES

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

- 9.1 Area Partnership Forum held on 22 March 2023 (unconfirmed)
- 9.2 Health and Social Care Partnership Local Partnership Forum held on 24 January 2023 (confirmed)
- 9.3 Health and Safety Sub Committee held on 10 March 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

It was agreed to escalate the Committee's discussions over whistleblowing reporting to NHS Fife Board, given that the Board will receive a copy of the report at its May meeting.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Thursday 11 July 2023 at 10.00am via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 13 July 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	11/05/23	Training Compliance	To provide an update on training compliance and forward plans, to the Executive Directors' Group, followed by the Area Partnership Forum and Staff Governance Committee, at their next cycle of meetings.	KR	July 2023	Update will be provided under Item 7.4.	
2.	11/05/23	Staff Governance Committee Annual Statement of Assurance 2022/2023	To strengthen within the statement, areas of weakness in reporting and related improvement actions in respect of Whistleblowing, then circulate an updated version to the Committee for further comments and final sign-off by the Chair.	GM	July 2023	Final version circulated to Committee members on 22 May 2023.	
3.	11/05/23	Equal Pay Audit 2023	To re-circulate the report to the Committee once the format of the data reporting section of the report is reviewed, with support from Communications colleagues.	DM	July 2023	R Waugh will provide a verbal update.	
4.	11/05/23	Whistleblowing Quarter 4 Report 2022/2023	To liaise with K MacDonald outwith the meeting and to bring an improved iteration of the quarterly report to the Committee in future, to include the points raised.	DM/KR	July 2023	Discussions with K MacDonald have taken place and future quarterly reporting will reflect these discussions.	

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Internal Audit Annual Report 2022/2023
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Tony Gaskin, Chief Internal Auditor

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

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

- Well informed

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2022/2023 Annual Internal Audit Report to the NHS Fife Staff Governance Committee. This report has been considered by the Audit and Risk Committee at its meeting on 23 June 2023 as part of the wider portfolio of year end governance assurances. This report is for the Staff Governance Committee to consider and specifically note the narrative for Staff Governance.

2.2 Background

The Audit & Risk Committee has approved this report at its meeting on 23 June 2023 as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2022/2023 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2022/2023.

2.3 Assessment

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

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

Therefore, **it is my opinion** that:

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

We noted the following key themes:

- The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
- We commented on performance in the Internal Control Evaluation (ICE) but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As reported in the Annual Internal Audit Report for 2021/2022, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the SPRA which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
- Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.

- Although the 2022/2023 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report 'NHS Scotland 2022', issued February 2023, stated that 'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform'.
- Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-2028 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
- We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/2024, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
- The Audit Scotland report 'NHS Scotland 2022' recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
- Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-2025 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
- NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/2023: Strategic.
- This work will continue during 2023/2024, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
- A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.

- The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are asked to:

- **Note** the finalised report and consider the narrative for Staff Governance Committee.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Annual Internal Audit Report 2022/2023

Report Contact:

Tony Gaskin
Chief Internal Auditor
Email: tony.gaskin@nhs.scot

FTF Internal Audit Service

Annual Internal Audit Report 2022/23

Report No. B06/24

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

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

Contents

TABLE OF CONTENTS	Page
Section 1	
Introduction and Conclusion	3
Internal Control	4
Added Value	8
Internal Audit Cover	9
Performance against Service Specification	10
Staffing and Skill Mix	11
Section 2	
Detailed findings	12
Section 3	
Key Performance Indicators	40
Section 4	
Assessment of Risk	41
Section 5	
Remaining Annual Report and ICE recommendations	42

TABLE OF FIGURES	Page
Figure 1: Internal Audit Cover	9
Figure 2: Summary of Client Satisfaction Surveys	10
Figure 3: Audit Staff Skill Mix	11

Draft Report Issued	13 June 2023
Management Responses Received	19 June 2023
Target Audit & Risk Committee Date	20 June 2023
Final Report Issued	19 June 2023

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2022/23 internal audit and my opinion on the Board's internal control framework for the financial year 2022/23.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

ACTION

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

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2022/23 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

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

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued March 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due.
10. Most of the recommendations are due for completion around June and August 2023. Aspects of some recommendations have been completed with status provided to Internal Audit to confirm progress is on track. Minor slippage on Information Governance recommendations is noted.
11. The 2023/24 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development were identified and will be followed up in the 2023/24 ICE. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.

Governance Statement

13. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2022/23 Governance Statement.
14. For 2022/23, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of Integrated Joint Boards (IJBs).
15. The Board has produced a Governance Statement which states that:
 - *'During the 2022/23 financial year, no significant control weaknesses or issues have arisen in the expected standards for good governance, risk management and control.'*
16. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place within the Board throughout 2022/23, provides assurance for the Chief Executive as Accountable Officer.
17. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
18. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
 19. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

20. Detailed findings are shown later in the report, which also shows, for context, relevant Corporate Risks against each strand of Corporate Governance. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
21. The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
22. We commented on performance in the ICE but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
23. As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the Strategic Planning and Resource Allocation (SPRA) which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
24. Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
25. Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already*

difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

26. Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
27. We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
28. The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
29. Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
30. NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23:
 - New Corporate risk Register mapped to the Corporate Objectives
 - Reporting to Standing Committees and introduction of deep dives
 - Risk escalation process through the Board structure
 - Strategic risk dashboard through the IPQR
31. This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
32. A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
33. The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

34. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. During 2022/23 the Board Secretary has worked with Standing Committee Chairs to ensure Committee Assurance Principles are embedded within the Board's formal assurance processes. There are opportunities now to enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- An update on the second edition of the Blueprint for Good Governance was provided to the March 2023 Audit and Risk Committee;
- The Population Health & Wellbeing Strategy 2023-28 – Living well, working well and flourishing in Fife was approved by the Board at the March 2023 meeting. It details NHS Fife strategic priorities for the next 5 years, which will focus on continuing to deliver high quality clinical services and an increased focus on reducing health inequalities to support improvement in the health and wellbeing of the citizens of Fife;
- Initial drafts of Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 were considered by the EDG in May 2023;
- The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non Executive Directors in May 2023;
- The introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and seeks individual Executive Director support to progress these within their respective portfolios;
- The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy;
- Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021- 2025;
- Primary Care Strategy development update to the EDG in April 2023. This strategy is one of nine transformational strategies supporting implementation of the Strategic Plan for Fife 2023-26 which was approved by the IJB on 23 January 2023;
- Approval of the Medium-Term Financial Plan for the next 5 years by the Board on 28 March 2023;
- Whistleblowing directives issued by the Independent National Whistleblowing Officer have now been implemented within NHS Fife and are currently being refined after the completion of investigations into concerns raised;
- A revised approach, including additional information being supplied to management, is being taken in 2023/24 to improve Personal Development Plan Review completion, mandatory training uptake and a reduction in sickness absence;
- The Clinical Governance Strategic Framework and associated workplan were approved by Fife NHS Board on 28 March 2023;

- The Resilience Forum presented their first Annual Statement of Assurance to Clinical Governance Committee on 5 March 2023.
35. Overall, there has been good progress on recommendations from the ICE from last year and the Annual Internal Audit Report for 2021/22. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

36. During 2022/23 we delivered 16 audit products with 3 currently at draft report stage. Work is progressing on the 6 remaining reviews at work in progress, with these and the 3 draft reports to be completed for the August 2023 Audit & Risk Committee meeting. These audits reviewed the systems of financial and management control operating within the Board and the IJBs.
37. Our 2022/23 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
38. A number of our reports, including the ICE, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
39. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

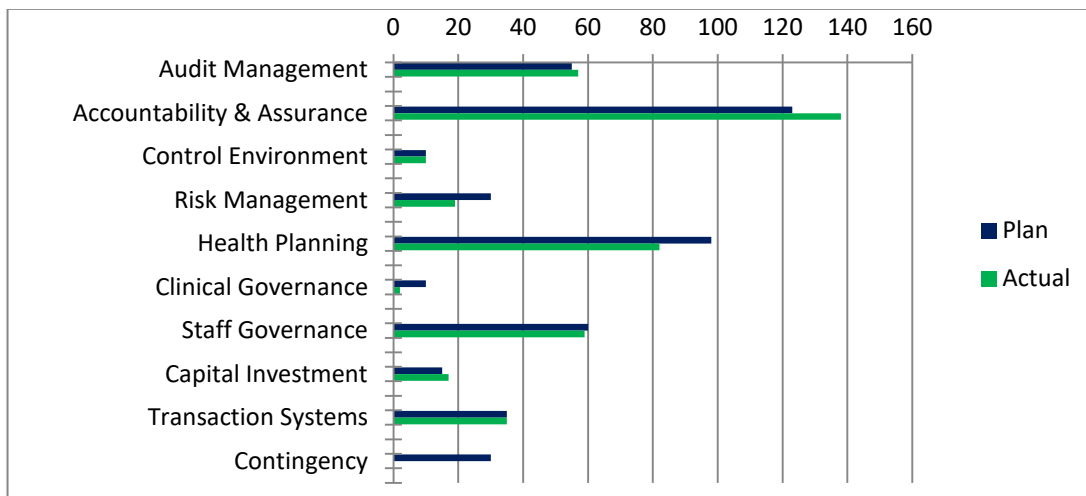
ADDED VALUE

40. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Becoming lead auditors for Fife IJB internal audits.
 - Providing internal input into Board and delivered a presentation on non-executive challenge to Non-Executive Directors in May 2023.
 - Coordinating consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire via the Chief Internal Auditor's continued leadership of the Assurance Mapping Group.
 - The Chief Internal Auditor's delivery of a presentation on assurance mapping and principles to the Audit and Risk Committee.
 - Reviewing the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, this will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.
 - Providing advice to Senior Management on the application of assurance mapping and risk management principles.
 - Advising on amendments to the Fife IJB Risk Management Strategy.

- Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Input to the update of the NHS Fife Standards of Business Conduct policy
 - Input to the response to Scottish Government regarding updating the Property Transaction Handbook
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit and Risk Committee.
41. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
 - Updating of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards (PSIAS).
42. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's Integrated Joint Board, with Internal Audit Plans agreed. Internal Audit has continued to highlight the importance of maintaining momentum to clear intractable and long-standing issues with all partners, the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

43. Figure 1: Internal Audit Cover 2022/23



44. Figure 1 summarises the 2022/23 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 16 June 2022. As at end of April 2023 we had delivered 418 days against the 463 planned days. There are currently 3 Health Board and 3 IJB reviews at work in progress stage.

45. A summary of 2022/23 performance is shown in Section 3.

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

46. The FTF Partnership Board met in March 2023 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.

47. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.

48. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

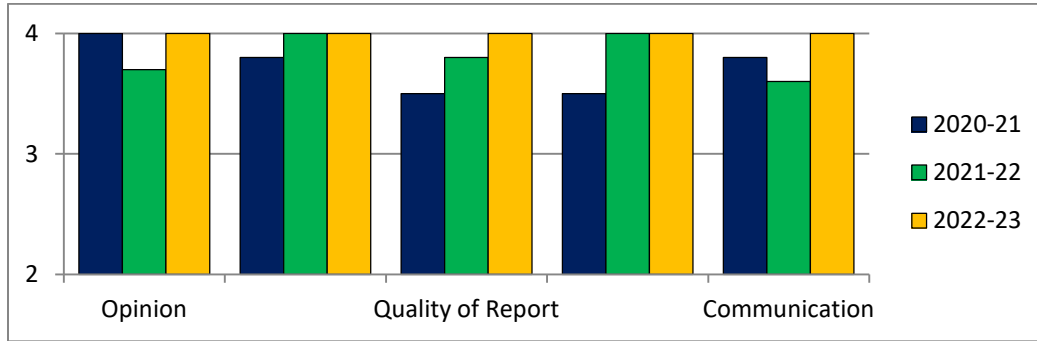
49. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

50. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, 'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.' FTF updated its self assessment during 2022/23. A further EQA is due to take place in 2023/24.

51. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

52. Figure 2: Summary of Client Satisfaction Surveys

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



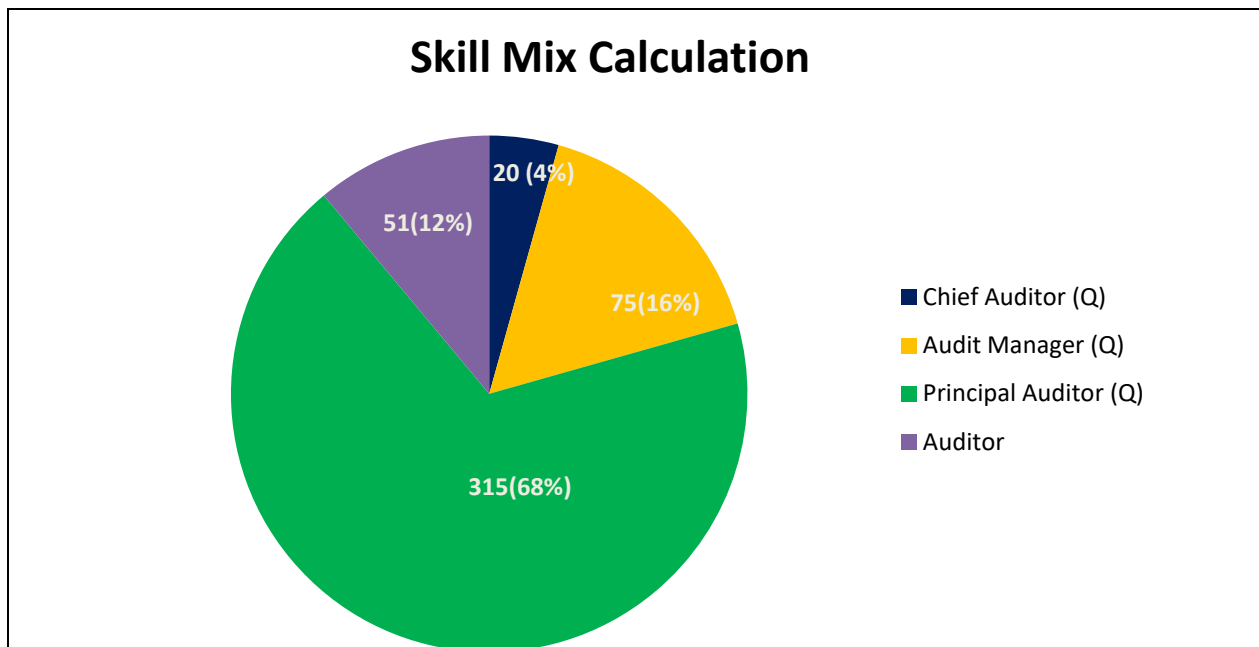
53. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

54. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2022/23 the audit was delivered with a skill mix of 88%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

55. Figure 3: Audit Staff Skill Mix 2022/23

Audit Staff Inputs in 2022/23[days] Q= qualified input.



ACKNOWLEDGEMENT

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

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – High Risk (12); Target (12) Moderate

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

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate

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

Governance Arrangements

During the pandemic, NHS Fife initiated an organisational command structure to provide direction, decision-making, escalation and communication functions. During the winter period of 2022/23, this structure was used to manage winter pressures.

NHS Fife has now rolled out the Operational Escalation Framework (OPEL), which is designed to support proactive management of increased activity, and the related impact on capacity and flow, to enable services to effectively manage associated clinical risks within acceptable limits. The OPEL provides clear escalation levels for actions to be taken and reporting of OPEL scores is available on a daily basis on Stafflink.

Blueprint for Good Governance

NHS Fife has continued to improve Board effectiveness for example introducing a new Code of Conduct for Members of Fife NHS Board in June 2022 and continuing with a yearly survey of all Board and Standing Committee members and attendees. The outputs help to identify areas for improvements and are a useful tool for supporting the year end assurance process. The interim Chair has instituted a programme for Non-Executive Directors including events to enhance scrutiny and challenge.

All actions from the initial Blueprint have been reported to the NHS Fife Board as completed. The second iteration of the Blueprint was published on 23 December 2022. A presentation of the Blueprint has been provided with a national event undertaken in May 2023, to which NHS Fife had both executive and non-executive attendance. An update was also provided to the March 2023 Audit and Risk Committee. A Board-level survey is expected to be released in early summer 2023 from the Scottish Government, the results of which will enable individual Boards to benchmark their current arrangements against the revised Blueprint and develop an action plan in response. Internal Audit has allocated time in the 2023/24 Internal Audit Plan to review the implementation of the updated Blueprint.

Strategy Development

NHS Fife Board formally approved the new Population Health & Wellbeing Strategy (PHWS) at the meeting on 28 March 2023. The Strategy describes NHS Fife's role in continuing to provide high quality clinical services but also now creating significant focus on improving population health and wellbeing. The Strategy also recognises the importance of being closely aligned to the Fife Health & Social Care Partnership's (HSCP) Strategic Plan.

The PHWS supports the four strategic priorities of NHS Fife, being:

- improving health and wellbeing
- improving the quality of health and care services
- improving staff experience and wellbeing
- Delivering value and sustainability

The delivery of the strategy will be dependent on the enabling strategies in the areas of digital and information, property and asset management, finance and workforce. The alignment of these supporting strategies to deliver the overall PHWS will be key to the effective implementation of the PHWS within the financial and workforce resources available.

The SBAR accompanying the PHWS did not reference the scale of the savings required to delivery financial sustainability, although it did say that *'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'*.

Similarly the Strategy itself did not set out the scale of the financial challenge and commented that *'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.'*

Internal Audit Report B13/22 & B14/23 Strategic Plan Development, which is out in draft, provides further detail.

Operational Planning

The draft Annual Delivery Plan 2022-23 was presented to the Board in July 2022 before submission to the Scottish Government by the end of July 2022 and subsequent approval by the Board in September 2022.

The delivery of the Annual Delivery Plan is monitored by the EDG with the most recent report to the 20 April 2023 EDG meeting for Quarter 4. Progress reporting to Standing Committees on the Annual Delivery Plan 2022/23 was added to the Workplans of the Financial Performance & Resources Committee (FPRC) and PHWC during the year but actually ceased after the November 2022 FPRC and PHWC. The 2023/24 FPRC Workplan does include Annual Delivery Plan monitoring to every meeting but the PHWC workplan does not.

There were 63 deliverables completed and 11 deliverables that are unlikely to be completed on time. Projections show that almost 100 out of 173 deliverables from the Annual Delivery Plan 2022/23 will be completed by the end of Q1 2023/24. Some of the outstanding deliverables for 2022/23 are included in the 2023/24 Annual Delivery Plan.

The guidance for Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 was received from the Scottish Government on 28 February 2023. The EDG at its meeting on 4 May 2023, considered the first draft of both the Annual Delivery Plan and Medium-Term Plan.

This guidance provides a summary of a number of strategic level programmes contributing to the planning guidance, and commits to progressing a refreshed NHS Delivery and Outcomes Framework in collaboration with NHS Boards during 2023/24. In addition, the Scottish Government re-iterated its intention to better align workforce planning and financial planning with delivery planning although there was no reference to areas for de-prioritisation, which would free up resources to be moved to identified priority areas.

To support ongoing improvement and resilience, the Scottish Government has developed 10 recovery drivers. Annual Delivery Plan¹ provides the overview to the Annual Delivery Plan consisting of Board Actions aligned to each Recovery Driver along with relevant commentary on the following:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

The Medium-Term Plan is currently in development and will be presented initially to the private session of the NHS Fife Board in June 2023. The plan will reflect the priorities agreed within the recently approved PHWS aligned to the 10 Scottish Government Recovery Drivers. The plan will also align with and be influenced by the NHS Fife Population Health and Wellbeing Strategy priorities and ambitions.

Assurance Mapping

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

The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non-Executive Directors in May 2023.

A review has also been undertaken of the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, which will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles to NHS Fife managers and Executive Directors.

Integration

A revised Fife Integration Scheme, following joint review by the partners, received formal sign-off by the Scottish Government on 8 March 2022.

In January 2023, the FPRC considered a report outlining the performance of the Fife HSCP against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. The report highlighted several examples of good practice, with work required across six further areas to fully support integration principles.

Performance

The FPRC considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the FPRC.

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

The latest IPQR, presented at the May 2023 Board meeting highlighted:

- 31 Day Cancer Target decreased to 90.1%, the first time below the 95% target since April 2019. Performance against the 62-day Cancer Standard deteriorated to 67.5% with a target of 95%.
- SAB HAI/ IVF Treatment Waiting times/Antenatal access/Drugs and Alcohol/Immunisation 6 in 1 at age 12 –all meeting target.
- Three indicators not achieving target but performing in the upper quartile: C Diff HAI/HCAI, Patient TTG %<=12 weeks and Delayed discharge % Bed Days Lost (Standard).
- 10 indicators not achieving target but performing within the Mid Range quartile for benchmarking: ECB – HAI/HCAI; Complaints Closed Stage 1; Complaints Closed Stage 2; 4- Hour Emergency Access; New Outpatients; Diagnostics; Delayed discharge % bed days lost all; Sickness Absence; Smoking Cessation; CAMHS Waiting Times and Psychological Therapy Waiting Times.
- Activity within TTG, New Outpatients and Diagnostics were all higher than forecast.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully. NHS Fife, like all other NHS Boards in Scotland will however require to follow the Scottish Government performance management arrangements currently in place and any changes which arise in due course.

Best Value

Best value and effective allocation of resources are a key element of the Strategic Planning and Resource Allocation (SPRA) process and the Financial Improvement & Sustainability Programme (FISP). Both of these contribute to *“a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.”* Each standing committee and the FPRC in particular, received progress reports on both the SPRA and FISP. Along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, NHS Fife can demonstrate processes are in place to promote and deliver best value.

Policies

A General Policies and Procedures update was provided to the May 2023 meeting of the FPRC. In April 2023, of the 56 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 10 (18%) of General Policies, 1 (2%) has been submitted to go through the formal approval process and 34 (61%) of General Policies are up to date. Since the last report in November 2022, this represents an improved position.

We note the introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and directs individual Executive Director to progress these within their respective portfolios.

Corporate Objectives

The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy. These were approved by the NHSF Board on 30 May 2023. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities or to the new 'Cross Cutting Actions' category, with delivery mapped to a responsible Executive Director.

Board and Standing Committee Development Sessions

Board Development Sessions continue to be held and areas covered since the issue of the ICE include Population Health & Wellbeing Strategy - – Living Well, Working Well & Flourishing in Fife; Medium-Term Financial Plan; Fife Mental Health Redesign; National Treatment Centre Fife Orthopaedics; and Operational Update and Winter Planning and Proactive Discharge from Hospital. Given the importance of these sessions and to ensure their value is maximised, we reiterate our comment in the B08/23 ICE that consideration should be given to formal outputs from Board Development Sessions and action plans to ensure any agreed decisions/actions are taken forward.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2022/23. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate. We have updated our report style to reflect the requirements of the recent update to the Governance Blueprint.

Whilst improvements in reducing the number of outstanding actions have been seen in this reporting year, the Audit & Risk Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the remaining actions by the EDG to drive forward prompt resolution.

Board and Standing Committee Annual Reports

All Standing Committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 23 June 2023 Audit & Risk Committee. Committee Annual reports, Directors Statements and the Governance Statement are consistent in content.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2023, but the meeting was cancelled. However the Code of Corporate Governance was remotely noted by members and was considered by the Board for formal approval in May 2023.

Risk Management

Over the years Internal Audit have made many risk management recommendations, many of which have now been implemented. We have commented positively on a number of individual Risk Management developments and also on a fundamental change in the overall approach to risk management and risk culture, which has been gratifying. However, some elements still remain outstanding and it is important that the overall improvements are embedded within the working practices of the Board and formally recorded within an approved Risk Management Framework.

Following engagement with the EDG, Senior Leadership Teams and the Board, a Corporate Risk Register (CRR) is now in place, with Standing Committees receiving reports on the respective CRR since the formal approval of the CRR at the 29 November 2022 NHS Fife Board meeting. Updates and progress were presented to the Audit & Risk Committee throughout 2022/23.

The Risk Management Annual Report 2022/23, which will be considered by the Audit & Risk Committee at its June 2023 meeting, confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management

improvement programme approved in 2022, intended to enhance the effectiveness of the risk management framework arrangements.

The NHS Fife Annual Risk Management report identifies the following areas for development in 2023/24:

- Completing the refresh of the Risk Management Framework including finalising the process to support the escalation, oversight and governance of risks;
- Refining risk management processes;
- Reviewing and updating of the Board risk appetite statement;
- Updating risk key performance indicators;
- Improving the content and presentation of risk management reports;
- Supporting the continuing development of assurance reporting in which risks are effectively reviewed, addressed and controlled through the Board's governance structures;
- Devising and delivering an education and training programme that equips staff with risk management knowledge and skills according to their roles and responsibilities.

The Board considered its risk appetite pre-pandemic in 2019 and a revised risk appetite statement was considered at a Board Development Session in June 2022, with approval by the Board on 26 July 2022.

NHS Fife have applied the risk appetite levels against each of the four strategic priorities within the new Population Health & Wellbeing Strategy, with these now reported within the CRR reports presented to the Standing Committees with an assessment provided against the risk appetite.

While we commend the positive steps taken by NHS Fife for risk management, there is a need for future development of risk appetite to include greater detail on how it will affect Strategy, decision-making, prioritisation, budget setting and organisational focus; the 'so what' question, which is fundamental to making risk appetite real. Risk reporting to Board and Standing Committees does reference risk appetite but as the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed and for the actions to be taken, where risks are above appetite to be defined. These might include increased monitoring and application of a prioritised action plan in the first instance, but in the longer term we would hope to see risk appetite influencing strategy, budgets and decision-making i.e. investment in areas above appetite would be prioritised over those at or below appetite. Target dates have now been introduced and we would expect these to feature in the deliberations of Committees as they bed in.

Standing Committees are now receiving deep dive reviews on the corporate risks delegated to them. Currently these deep dives provide evidence of the status of the mitigation plan, but require further development on assessing the key controls, actions, assurances. Mitigations are provided but the criticality and effectiveness of these is not always clear.

The CRR will continue to evolve and will be subject to further refinement and development during 2023/24. Areas for enhancement to the process and assurance reporting should include determining which management actions will impact on the target score with success criteria stated, ranking the importance of controls and the effectiveness of implemented controls and assessing the proportionality of further controls required and whether they are sufficient to achieve the target score.

An updated Risk Management Framework and Policy has been in development for some time and an update on progress will be presented to the September 2023 Audit & Risk Committee. In particular, we have highlighted the need for clarity around joint risk management arrangements with the IJB for many

years and whilst principles have been agreed, these are still not formalised within NHS Fife's own arrangements.

Internal Audit have attended the Risk and Opportunities Group and provided input accordingly, with a focus on embedding the assurance principles and sharing best practice from across the FTF client base. Moving into 2023/24 the Risk and Opportunities Group *'will further develop its knowledge and understanding of the new Population Health & Wellbeing Strategy, the Strategic Planning & Resource Allocation process and the Corporate Objectives in order to inform recommendations on changes or additions to the Corporate Risks and the broader organisational risk profile.'*

Action Point Reference 1 - Risk Management Framework

Finding:

While we commend the many positive developments in risk management in recent years, there is room for further development and formalisation of these within an approved Risk Management Framework. In particular, the following areas can be developed further:

- Risk appetite.
- Deep Dives
- KPIs
- Clarification and formalisation of the joint risk management process with Fife IJB

Audit Recommendation:

Risk Appetite

We acknowledge that risk reporting to Board and Standing Committees includes the risk appetite for each risk, we recommend this to include greater detail on how the risk appetite will affect Strategy, decision-making prioritisation, budget setting and organisational focus, with the 'so what' question, which will be fundamental to making risk appetite real.

Deep Dives

We recommend consideration is given to enhancing the process and deep dive assurance reporting as follows:

- Providing further assessment as to which key management actions will impact on the target score with success criteria stated.
- Focusing only on key controls and providing overt assurance and an overt conclusion on the effectiveness of implemented controls.
- Assessing the proportionality of proposed actions and whether they should be sufficient to achieve the target score.

KPIs

We made detailed recommendations on these a number of years ago and these should be implemented so that the ARC has data on which to assess the overall effectiveness of the system of Risk Management.

Integration

The Risk Management Framework should provide a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, sharing of information and provision of assurance consistent with the IJB Risk Management Strategy which has recently been agreed, but not yet presented to NHS Fife.

Assessment of Risk:

Moderate



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

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

Management Response/Action:	
Management accept there is further work to do to enhance and embed the new arrangements and will take these helpful points forward during 2023/24.	
Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Clinical Governance

Corporate Risks:

Risk 3 – Covid 19 Pandemic – Moderate Risk (12); Target (12) Moderate

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate

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

Risk 9 – Quality & Safety - High Risk (15); Target (10) Moderate

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

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

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

Annual Statement of Assurance

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

Covid 19 Pandemic

A Deep Dive into this risk was presented to Clinical Governance Committee on 3 March 2023 which described the management actions in place for Population Health protection.

- Achievement and maintenance of high vaccination coverage for risk groups
- Support for vulnerable settings through provision of tailored guidance and infection prevention control advice to prevent outbreaks. This includes healthcare and non-healthcare settings
- Contribution to national surveillance from community and hospital sites

This risk has achieved the target level and actions in place were deemed to provide Substantial Assurance, noting that any significant mutation of the virus would reduce the benefit of management actions and increase the risk to population health.

Clinical Governance Strategic Framework

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

The implementation of the delivery plan is to be overseen by the Clinical Governance Oversight Group (CGOG).

Actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance, are progressing and are reported to the Audit & Risk Committee within the Audit Follow Up report. Currently no regular update on progress to address internal audit recommendations is provided to CGOG or CGC and there is no conclusion regarding this in the CGC's annual statement of assurance. This will be considered for all strands of governance as part of the scheduled update to the Audit Follow Up Protocol.

CGC Governance and Assurance

The CGC annual statement of assurance reports that a comprehensive review of workplans and terms of reference of the CGC and Public Health and Wellbeing Committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure.

The Clinical Governance Oversight Group (CGOG) has an agreed Terms of Reference and Workplan. CGOG considered its annual statement of assurance at its April 2023 meeting but unfortunately this was not subsequently presented to CGC. We are advised that this was due to an administrative oversight and the 2023/24 statement is scheduled on the CGC workplan to be presented in March 2024. The CGOG Terms of Reference was to have been reviewed but this slipped, this will be presented to the CGOG on 20 June 2023.

The Clinical Governance Strategic Framework referred to above outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB, although there is little detail on those aspects delegated to the Public Health and Wellbeing Committee.

As per section directly above the actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance are in the process of being implemented with the following remaining to be fully implemented:

- NHS Fife and IJB Risk Management Frameworks, consistent and complementary with each other, to be finalised and approved.
- Clarification of the scope of the IG&SSG in respect to services delegated to the IJB.
- Updates to the CGOG Terms of Reference to include its responsibilities for providing CGC with a regular assurance report as well as copies of minutes from its meetings.
- CGC Terms of Reference to include its responsibility for providing assurance on Information Governance to Fife NHS Board.
- Clarification of the rationale behind the decision of which sub-groups/committees reporting into the CGC required to provide an annual assurance report and statement in a time frame that allows these to be considered by the CGC before it finalises its own annual assurance report and statement and those that provide their annual reports after CGC has concluded on its own statement.
- Update to the CGC workplan to indicate the year annual reports relate to.

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance has provided a nuanced and balanced reflection around reporting on the impact of cessation of treatment/diagnosis, in terms of the impact on patients, future treatment profiles and the risk of additional death and harm without appropriate prioritisation.

We also noted that 8-hour unscheduled care waits are reported within the IPQR section related to the 4-hour emergency access target and commend this as recent research has established a direct link between these waits and increased mortality.

Risk Management

The CGC has considered the risks aligned to it throughout 2022/23. This began with scrutiny of the relevant Board Assurance Frameworks and as the NHS Fife Risk Management processes have evolved CGC now considers the risks aligned to it in the corporate register (see above).

Deep dive information on risks 3 – Covid 19 and 5 – Optimal Clinical Outcomes was presented to the March and May 2023 CGCs respectively. We highlighted in our ICE report (B08/23) that risk 7 – Access to Outpatient, Diagnostic and Treatment Services, aligned to the Finance, Performance and Resources Committee, is also of interest to the CGC. This risk will remain aligned to FPRC but, going forward, it will also be presented to CGOG and CGC for information/assurance. Deep dive information on risk 7 was presented to the FPRC in March 2023.

The rewording of risk 7 to convey the entirety and seriousness of the risk has been agreed by the Director of Acute Services and the revised risk will be presented to FPRC in July 2023. The risk was scored at 16 - High when reported to FP&RC in November 2022 and but had increased to 20 – High by May 2023.

Recommended enhancements to the deep dive process are included within the Corporate Governance section.

Reporting to CGOG on the risk associated with Adult and Child Protection is scheduled in the CGOG 2023/24 Workplan for the 20 June 2023 meeting.

The IPQR has been enhanced to show relevant corporate risk information in all sections including Clinical Governance.

External Review

An activity tracker is presented to each CGOG meeting which shows inspections undertaken by external bodies (eg Healthcare Improvement Scotland (HIS)).

In response to a previous internal audit recommendation a paper was presented to CGOG meeting on 18 April 2023 regarding reviews of services delegated to the IJB undertaken by external bodies (eg the Mental Welfare Commission) that are relevant to NHS Fife Clinical Governance. The CGOG 2023/24 workplan has been updated to have an HSCP inspection update as a standing agenda item.

CGC was also informed that the issues cited in the letter sent to all NHS Scotland Boards from HIS highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections have been considered, an action plan to address the issues has been developed and mock inspections are to be undertaken to confirm that the changes have been implemented.

The Ockenden Report (independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust) was presented to CGC with assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made and had identified areas where action was needed, to help improve the quality and safety of maternity care.

Consideration will be given to conducting an Organisational Learning Group focussed on findings from external bodies and considering whether improvements are required to internal control/assurance mechanisms to ensure that should the issues highlighted recur they would be highlighted to management before an inspection discovers them.

Significant Adverse Events

The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted performance issues regarding the Adverse Events Management Process with only 37% of actions closed within the 90 day expected completion time. The reason for this was stated as being an increase in numbers of SAER/LAERs on top of an existing accumulation of open SAER/LAERs and the action being taken to address this includes a change to the process around the executive review and approval of SAER to reduce the time commitment of review teams and improve efficiency. Adverse events KPIs are now reported to CGOG routinely.

The revised draft Adverse Events Policy (GP/I9) was approved by CGOG on 14 February 2023 and has been published on Stafflink.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2021/22 financial year was presented to Fife NHS Board at their 28 March 2023 meeting. This informed the Board that between 1 April 2021 and 31 March 2022, there were 36 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 36 cases and the lessons learned from these cases as a result.

The SBAR supporting the DoC Annual Report for 2021/22 presented to March 2023 CGC includes an update on DoC activity in 2022/23 to date - 8 confirmed DoC (including 4 tissue viability and 3 falls) with 9 outcomes recorded (7 being an increase in treatment).

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2022/23 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG annual statement of assurance reported that over the year a 98% compliance rate was achieved.

Health and Safety

The 2022/23 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

The assurance also outlines the staffing changes made in year to strengthen the team and that whilst the re-establishment of the Sharps Strategy Group stalled due to continuing pressures on clinical staff, sharps was added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. At the June 2023 meeting of Health & Safety Sub-Committee agreed that a separate Sharps Group does not require to be re-established as it has been integrated effectively into the above meetings.

There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 5 May 2023. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation.

The actions to address recommendations from Internal Audit Report B23/22 on Resilience are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (12) Moderate

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.

12 Staff Health & Wellbeing - High Risk (16); Target (12) Moderate

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.

Workforce Planning

B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan submitted to the Scottish Government in July 2022. We concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, the next iteration, which will now be taken forward through the Annual Delivery Plan, requires further development to ensure that it contributes fully to the achievement of NHS Fife's strategic objectives and operational sustainability, and the mitigation of the significant workforce risks facing NHS Fife. Key issues identified were:

- It is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB's Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.
- The Terms of Reference of the SGC should be reviewed to include specific focus on the development and delivery of the Workforce Plan, which should be a key element of the SGC's assurance reports to the Board.

The draft report concluded appropriate governance arrangements were in place for the development of the plan. This included a timeline being developed to ensure that it was endorsed by the relevant stakeholders, SGC and the Board before it was finalised for submission to the Scottish Government within the required timescale. Further detail on Internal Audit findings and associated recommendations will be included within the finalised B17/23 Workforce Planning audit report.

Workforce Risks

During 2022/23, the SGC continued to review the Corporate Risks assigned to it, both of which remain high. Due to the level of challenge associated with the workforce, which is associated with both of the Corporate Risks overseen by the SGC, a deep dive review of the operational risk for nursing and midwifery was completed. This included a review of the existing mitigating actions and the inclusion of additional actions. Overall, there remains a significant level of delivery challenge relating to achieving the necessary nursing and midwifery staff levels. Arrangements are in place for completing future deep dive reviews of the Corporate Risks.

Staff Governance Assurances

Arrangements are in place via the SGC Workplan to ensure that it is given assurances on the action taken to enable NHS Fife to comply with the different strands of the Staff Governance Standards. Each strand is also considered by the Acute Services Division & Corporate Directorates local partnership forum and by the HSCP local partnership forum. Annual Reports for each local partnership forum for 2021/22 were presented to the SGC during 2022/23. Consideration of the Staff Health and Wellbeing Framework and further staff reports, provided further detail on the action taken to meet the Staff Governance Standards. This is supplemented, by a summary of the reporting made to the SGC throughout 2022/23 being included in its annual assurance statement.

The above is reporting on the action taken by NHS Fife to comply with the Staff Governance Standards during 2022/23. However, there was no concluding statement at the year-end giving the SGC an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards, detailing what has still to be achieved to fully comply with the standards and the actions being taken forward into 2023/24.

Remuneration Committee

The Remuneration Committee held regular meetings throughout 2022/23. It completed an annual assessment of its performance for 2022/23, with only a small number of minor changes to future performance being required. The SGC completed a review of its terms of reference for 2023/24 at its May 2023 meeting.

Promoting Health and Wellbeing and Appropriately Trained & Developed

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

Completed PDP reviews at March 2023 were at 38% and Mandatory Training completion levels at April 2023 at 57%, both well below the target of 80%. New management actions have been agreed and are in place to improve the completion of both during 2023/24.

Sickness absence at March 2023 was 6.76%, with the average for 2022/23 being 6.59%, a downward trend since a peak of 7.86% in December 2022, despite now including Covid-19 sickness absence. Further consideration of actions to reduce the current levels of sickness absence during 2023/24 was recently completed by the EDG in May 2023.

The results of the 2022/23 iMatter survey and the comparative national results were presented to the SGC in January 2023. NHS Fife data were broadly comparable to the national average. The results have been considered by the Area Partnership Forum, with no significant issues reported and arrangements are now being made for the 2023/24 survey.

The Workforce Plan 2022-25 includes an action to consider succession planning for a range of critical roles, including specialist and advanced practitioner roles.

Whistleblowing

Internal Audit report B18/23 on Whistleblowing, which provided reasonable assurance, reviewed Whistleblowing arrangements and found that:

- NHS Fife has introduced arrangements to comply with the Independent National Whistleblowing Officer (INWO) standards.
- Two concerns had been raised at the time of our review and although our review indicated that full efforts were made to conduct the whistleblowing investigations in accordance with the INWO standards, there is an opportunity to improve aspects of the investigation process through review of the manner in which the two concerns raised were investigated.
- Six merits attention recommendations were made to further enhance the implementation of whistleblowing arrangements and the processing and reporting of concerns raised.

Quarterly update reports detailing the steps taken to comply with the National Whistleblowing standards and report on the number of concerns raised within NHS Fife are being presented to the SGC. Assurance has also been provided in the SGC annual assurance statement on compliance with the National standards and progress in processing concerns raised.

The Whistleblowing Champion is a member of the SGC and therefore reviews all whistleblowing assurance provided to the SGC, including that within the committee's annual assurance statement. However, based on the important oversight role of the Whistleblowing Champion, it is viewed as more appropriate by Internal Audit that in future an overt statement is included within the SGC annual assurance statement specifically from the Whistleblowing Champion giving their opinion on the adequacy of NHS Fife's whistleblowing arrangements. An Annual Whistleblowing Report for 2022/23 has still to be prepared and it should include a similar statement from the Whistleblowing Champion.

Action Point Reference 2 - Staff Governance Standards

Finding:

There has been positive reporting to the SGC on the action taken within NHS Fife to comply with the SGCs during 2022/23. However, this would be further enhanced by a concluding statement being provided to the SGC at the year-end giving it an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards and detailing what still had to be achieved to fully comply with the standards and was being taken forward as actions into 2023/24.

Audit Recommendation:

To evidence that NHS Fife is fully considering its compliance with the different strands of the Staff Governance Standards and is following a predetermined plan, a separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback on:

- The action taken on each strand of the Staff Governance Standards during 2023/24.
- Reflection on how successfully and effectively these have been implemented.
- What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25.

The above feedback should form a key element of the SGC Annual Report

Assessment of Risk:

Merits
attention



There are generally areas of good practice.
Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:


I am content with the audit findings and although we already prepare and end of year summary for staff governance and agree a work plan for the following year with the chair and committee, this could be amended to take into account the points raised by the audit findings.

Action by:

Action by:

Director of Workforce

March 2024

Action Point Reference 3 - Whistleblowing	
Finding:	
<p>The B08/23 ICE review contained an agreed recommendation that SGC Annual Statement of Assurance should provide an overt opinion on the adequacy of NHS Fife’s whistleblowing process and include a concluding statement from the Whistleblowing Champion. Whilst details were included in 2022/23 SGC Annual Statement of Assurance on the implementation of whistleblowing arrangements within the previous year, but there was no overt assurance from the Whistleblowing Champion on the adequacy and effectiveness of NHS Fife’s whistleblowing arrangements.</p>	
Audit Recommendation:	
<p>In future the SGC Annual Assurance Statement should include a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<div style="display: flex; align-items: center; justify-content: center;">  <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>The opportunity to learn lessons from the experience of working with the whistleblowing standards is a key feature of how we ensure the development of our open culture in Fife. It is recognised that over the course of implementation of the whistleblowing standards, lessons learned have identified further improvements we can make with our concern handling. We have created an action plan showing specific areas where improvement can be achieved.</p>	
Action by:	Action by:
Director of Workforce	March 2024

Financial Governance

Corporate Risks:

13 Delivery of a balanced in-year financial position – High Risk (16); Target (12) Moderate

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

14 Delivery of recurring financial balance over the medium-term - High Risk (16); Target (12) Moderate

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

15 Prioritisation & Management of Capital Funding - Moderate Risk (12); Target (8) Low

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

Financial Performance

The draft financial outturn position to 31 March 2023, subject to external audit review, was:

- A break even position against Revenue Resource Limit (£908.757m) after brokerage of £9.738m
- A break-even position against the core Capital Resources Limit (CRL) of £30.709 million
- 2022/23 savings delivered of £9.8 million of which £3.0 million (32%) were recurring

The draft year-end figures for the HSCP was breakeven for Health delegated.

Finance reporting to Board and FPRC has been transparent and open and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board. Papers presented highlighted the many risks to the achievement of the target deficit budget position of £10.4m, although additional Scottish Government allocations received late in the financial year and confirmation of brokerage from Scottish Government allowed NHS Fife to achieve its original financial planned deficit level.

Medium-Term Financial Plan

The Scottish Government issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to the Scottish Government by 16 March 2023. The guidance required Boards that are currently unable to deliver financial balance in 2022-23 without support from the Scottish Government, to develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

Following discussions and agreement with the Scottish Government, NHS Fife has developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The Medium-Term Financial Plan was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. The Medium-Term Financial Plan provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted and presenting a range of potential scenarios which demonstrate the impact of changes to key parameters.

One key additional factor which will need to be taken into account, when assessing financial risk, is the availability of funds for brokerage across the whole of NHS Scotland. We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Government's financial situation as set out with its own medium term financial plan. Whilst NHS Fife's cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed. NHS Fife should monitor this risk and have contingency plans in place; the impact of a sudden, unplanned unavailability of brokerage could impact on service provision.

Very recent (post-audit) confirmation of additional recurring funding to take the Board close to NRAC parity and also non-recurring funding for new medicines will impact positively on the medium-term financial plan. This is currently being reviewed by the Director of Finance & Strategy.

Over the years NHS Fife has not always been successful at achieving its efficiency targets and most savings have been non-recurrent, with a particular reliance on financial flexibility. The 5 year plan highlights that NHS Fife will need to achieve £15m of recurrent savings each year for the next 5 years, which greatly exceeds any previous performance.

The Scottish Government's formal response to NHS Fife's Medium-Term Financial Plan was received on 31 March 2023 and has not yet been presented to the FPRC, expects the following actions by 30 June 2023:

- To provide an update on progress against actions set out in your financial recovery plan, including the work carried out in collaboration with your IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- To focus on addressing Covid-19 legacy costs, including additional bed capacity.

Whilst NHS Fife's financial governance arrangements are robust, they are operating within a system facing severe pressures and one in which resource allocation and organisational focus were understandably prioritised towards the Covid 19 response. As the environment has become more difficult, risks have increased and therefore existing controls may not be sufficiently resilient to substantially mitigate the new and increased pressures.

The NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year. In particular, it should understand the staff resource and cultural changes which will ensure that this area is given the required priority, which will be particularly challenging in a difficult operating environment and one in which NHS Fife is subject to potentially conflicting priorities from the Scottish Government.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. NHS Fife has already begun to demonstrate the necessary shift in culture required to adapt to this change, for example through its approach to agency costs, but this will require leadership from the Board itself who

should ensure that financial sustainability is at the heart of decision making and support officers when they are required to make difficult decisions.

Efficiency Savings

For 2022/23 the NHS Fife Financial Plan included an overall savings target of £11.7m. As at 31 March 2023, NHS Fife delivered £9.8m against the cost improvement programme of £11.7m, with only £3.0m (32%) of savings recurrent.

For 2023/24, a 3% cost improvement target was applied across NHS Fife's core revenue resource limit which includes the funds delegated to the Fife HSCP. A cost improvement target of £4.6m will be delegated to the partnership and the remaining £15m will be the responsibility of Health Board retained services to deliver each year for the next 5 years.

Key areas of the 2023/24 cost improvement plans are agency staff (£10m) and surge capacity (£5m).

As stated in B08/23 ICE - savings identified within the Financial Improvement and Sustainability Programme are mainly operational rather than strategic, although the NHS Fife Population Health and Wellbeing Strategy does state that *'The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'* We strongly agree with this assessment and it is vital that the delivery of this aspect of the PHWS is monitored, encouraged and supported to ensure that the identification of priority areas and disinvestment opportunities proceeds at pace, with full engagement with the Board and that clear linkages to detailed savings and transformation programmes are established as soon as possible.

Property Asset Management, Net Zero and Capital Risk

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting. For 2022/23 NHS Fife achieved its Capital Resource Limit (CRL) financial target, subject to external audit.

An interim update Property and Asset Management Strategy (PAMS) was endorsed by the FPRC and approved by the NHS Fife Board in September 2022. The PAMS is clear on its role as an enabling strategy as part of the Population Health and Wellbeing Strategy.

The Estates, Facilities and Capital Planning SPRA process has identified short and long term strategic priorities, which have been included in the PAMS as an action plan against which progress will be reported to the Fife Capital Investment Group and the FPRC.

The Scottish Government have advised that NHS Boards will not be asked to submit a PAMS but instead will require a 'Whole System Plan' setting out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans. There has been no formal guidance issued other than NHS Fife should have a programme Initial Agreement to identify relevant priorities.

Following the publication of the PHWS, NHS Fife intend to:

- Publish a PAMS (or local equivalent) document annually as a supporting strategy to the PHWS
- Adopt a more "whole system approach" which will include: -
 - The primary care premises strategy.
 - Master plans for VHK/QMH.
 - Details of any gaps including the Community Hospitals Strategy.

- Re-iteration of priorities including Mental Health Inpatients, Kincardine & Lochgelly wellbeing hubs and refurbishment programme for Acute in Dunfermline/Kirkcaldy.

The FPRC have not yet been formally informed of this approach, although a workshop on whole system working held at Fife Capital Investment Group in January 2023, included a wide range of stakeholders and the notes of the workshop were presented to the March 2023 FPRC.

The Medium-Term Financial Plan stated that during 2022-23 NHS Fife secured grant funding and took forward a significant energy saving project which reduced energy consumption by 7% as well as its carbon footprint. Going forward, NHS Fife plans to continue this agenda by investing savings from energy efficiencies to recruit staff to progress the Climate Emergency and Sustainable Development Policy including agreed Net Zero Commitments, although the associated costs have never been reported to the FPRC or considered overtly within the relevant risk.

The PHWS reflects Climate Change throughout, and there is now a relevant section in the Annual Delivery Plan for 2023-24. The Public Health and Well Being Committee receive the risk reports on Corporate Risk 4 - Policy obligations in relation to environmental management and climate change. However, the risk does not include any consideration of the associated financial costs, which are likely to be considerable.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre was delivered broadly in line with the revised budget, which reflected increases for staff costs which were approved by the SG. The Fife Elective Orthopaedic Centre was formally opened by the then First Minister of Scotland on 27 March 2023.

The FPRC receives regular reports on the Corporate Risk 15 - Prioritisation & Management of Capital Funding. A deep dive is scheduled for this risk to the July FPRC meeting. As a minimum we would expect that the impact of Net Zero and the 'whole system plan' are prominent in the consideration of this risk.

Finance Risk Reporting

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer term financial plan. These risks were first reported to the FPRC at the 15 November 2022 meeting.

The risk reporting process will continue to evolve over the coming months, in particular developing a model that allows for provisions of appropriate levels of assurance. This to include a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles. This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a Committee. As noted above, the financial sustainability risk should include specific reference to the potential that the anticipated brokerage funding may not be available in full. In addition, controls and actions should overtly reflect any changes in culture required, capacity and capability within the organisation to deliver the expected levels of savings in addition to business as usual, and the key actions to follow from the production of the PHWS in terms of prioritisation and service change.

Action Point Reference 4 –Capacity and Capability

Finding:

NHS Fife will need to deliver unprecedented savings, simply to deliver a predicted £35m cumulative overspend in 3 years with financial balance to be achieved after year 5. Although risks have been well set out, there are two key aspects which need to be considered and over which assurance should be provided:

- a) The plan relies on delivering £15m of recurrent savings each year, which is significantly above those achieved by NHS Fife in previous years
- b) The plan is contingent on the Scottish Government having the funds available to provide £35m brokerage by year three.

Audit Recommendation:

NHS Fife should present a financial sustainability action plan to the FPRC and Board which demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. This should include, *inter alia*:

- A clear process and timetable for the setting and implementation of organisation priorities, a clear methodology for agreeing areas for de-prioritisation and a robust process for identifying and delivering service change, all linked overtly to the required savings
- The process for formal monitoring of operational and strategic savings programmes
- Provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both on the short and longer term
- A clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities.

Assessment of Risk:

Significant



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

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

Management Response/Action:

There is an agreed medium-term financial plan which clearly sets out the level of challenge the organisation is facing. There is also a well-established FIS Programme which challenges, monitors and reports on in-year progress in delivering the savings required. Our efforts are on reviewing our 3 focus areas for 2023/24 and growing a pipeline for further opportunities across a number of key areas including Bank & Agency, Surge, Medicines Optimisation, Property & Infrastructure, Corporate Overheads and major contract reviews. We have successfully lobbied for more equitable NRAC parity

allocation which will significantly reduce the original £35m.

We have also agreed with the CE and Chair that in addition to the IPQR we will commence specific reporting on Financial Performance and Sustainability through FPRC and the Board which we hope to start in summer 2023. This will further support the level of transparency, scrutiny and challenge required over the coming years.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Action Point Reference 5 –Scottish Government Brokerage

Finding:

We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Governments overall projected deficit. Whilst NHS Fife’s cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, and it is likely that this will be further reduced by the receipt of significant new funding very recently, there is still a possibility that brokerage might be necessary and the availability of any required level of funding may not be guaranteed, dependent on circumstances.

Audit Recommendation:

NHS Fife should record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

Following the very recent additional funding announcement, we are in the process of reviewing and revising the MTFP. Once completed we will report the revised position to the EDG and Board, and be cognisant of this risk.

Action by:

Date of expected completion:

Director of Finance and Strategy

30 September 2023

Digital and Information Governance

Corporate Risks:

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

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

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (15) High

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

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

The following recommendations have been completed or in progress:

- Assurance reporting regarding the review status of Information Governance & Security (IG&S) Policies and Procedures is now in place and two key policies that had lapsed review dates have been reviewed, updated and published on Stafflink.
- The Clinical Governance Committee has been updated on the implementation of the Digital and Information Strategy including the risk that that elements of the strategy will no longer be delivered within the original timeframe of the strategy.
- The revised reporting format described in the section below, based on the Information Commissioner’s Office Assurance Framework (ICOAF) and Scottish Public Sector Cyber Resilience Framework (SPSCRF) mapping exercise, has been communicated to Scottish Government as an example of a more streamlined approach to assurance that could be implemented across Scotland.
- Improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board’s Governance Statement
- The Digital & Information (D&I) Workforce Plan is not yet included as a mitigation to the D&I Strategy Risk recorded on the Corporate Risk Register but we are advised that it will be in its next iteration.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been consistent throughout the year. Both groups provided update reports to the CGC during the year and Annual Assurance Reports/Statements at year-end.

Reporting to IG&SSG has been refreshed during 2022/23 following a mapping exercise of the controls required by the ICOAF and the SPSCRF (which incorporates the controls required by the Network & Information Systems Regulations (NISR). The first report prepared on this basis was presented to IG&SSG on 11 April 2023 and is titled ‘Information Governance & Security Accountability and Assurance Framework (IG&SAAF)’. The content of the report includes an executive summary, including performance measures and a risk management summary, and performance assessment reports split

across 10 categories linked to the ICOAF & SPSCRF. The report is a work in progress with data still to be added for some categories, for example subject access requests in some localities and training compliance, but is to be continually improved and will be used for assurance to various audiences going forward including the ICO and Competent Authority auditors. This new method of reporting incorporates the assurance previously reported in the Activity Tracker and Key Measures reports which have been superseded by the IG&SAAF.

Digital and Information Strategy

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted ongoing challenges to delivery including financial constraints and has informed members that continual prioritisation of business cases and work packages is being undertaken to ensure maximum return on investment is achieved. CGC have been informed that this prioritisation will continue over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (eg National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

The development of the next D&I Strategy should include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale.

Risk Management

Risk reports were presented to each IG&SSG and D&IB meeting in 2022/23 including visualisation of the risk profile. Analysis on highest ranked risks (deep dives) provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. During the period, IG&SSG noted that 9 risks improved their rating, 1 risk deteriorated during the period, 3 equalled their target risk rating and moved to a status of monitoring and 5 risks were closed whilst D&IB noted that 15 risks improved their rating, 5 moved to the target risk rating and moved to a status of monitoring and 4 risk were closed.

An IG&S Risk Management Framework was presented to IG&SSG in 2022/23. This included a risk appetite and tolerance matrix with 7 tolerance categories and was approved by IG&SSG at their April 2023 meeting.

A deep dive was presented to CGC in January 2023 regarding corporate risk 18 - Digital & Information (Finance). This listed the root causes of the risk as follows:

- Lack of financial feasibility assessment when D&I Strategy (2019-24) was written
- Historic investment in digital capability has not considered the total cost of ownership
- Digital response to the pandemic increased number of digital capabilities and infrastructure being introduced
- scale and number of nationally mandated programmes that are not fully funded
- Legacy and fragile systems are allowed to consume resource and money to run and operate as they are considered clinically important or too costly to replace

These issues are in line with Internal Audit understanding and the risk rating of high (15) and conclusions on actions to reduce this in future appear reasonable.

The SBAR supporting the deep dive stated that *'work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided'*. The CGC noted this risk continues to be high, and that the action plan will support reducing the level of risk.

External Review

Competent Authority NISR Audit

The results of the NISR audit by the Competent Authority were reported to IG&SSG at its 6 July 2022. This scored NHS Fife as 76% compliant which is an improvement on 2021 (69%) and 2020 (53%). The Competent Authority will undertake their next audit of NHS Fife in August 2023, which will incorporate elements of the new Cyber Resilience Framework.

ICO Accountability Framework

The audit was focussed on Governance & Accountability and Data Sharing i.e. *'The extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation'*.

The draft ICO report was presented to April 2023 IG&SSG and graded NHS Fife as 'Reasonable' – *'There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance'*. The audit identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation. There are twelve high, 8 medium and 3 low priority recommendations with none 'urgent'. The final report from the ICO contained no substantial changes and an action plan to address the recommendations included in the report is being developed with an activity tracker to be presented to IG&SSG to monitor progress of implementation of the actions.

Keeper of the Records of Scotland

The response from the Keeper of the Records of Scotland to NHS Fife Records Management Plan was presented to IG&SSG in October 2022 and to CGC in January 2023. The Keeper acknowledged that the Records Management Plan set out proper arrangements for the management of NHS Fife's public records and noted the improvement activities necessary in Business Classification and Audit Trail.

Digital Maturity Assessment

A paper on the forthcoming Organisational Digital Maturity Assessment, required by Scottish Government as part of NHS Fife's Annual Delivery Plan, was presented to D&I Board on 19 April 2023 and to EDG on 4 May 2023. The paper was also presented to Health & Social Care Senior Leadership Team in April 2023.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, the same number as the previous year, of which, 8 (71%) were reported within the 72-hour requirement, 10 did not require any further follow up and 4 are unconfirmed.

As per the Audit Follow Up section above, improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board's Governance Statement (Rec10 from B08/23 - ICE).

Action Point Reference 6 – D&I Strategy

Finding:

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted the ongoing challenges to delivery including financial constraints, that this prioritisation will continue to be required over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (e.g. National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

Audit Recommendation:

NHS Fife should identify and report to the CGC on those elements of the 2019-2024 D&I Strategy which will not be delivered by 31 March 2024 stating the impact upon NHS Fife's strategic ambitions and how this is being addressed in the next D&I Strategy.

The development of the next D&I Strategy should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

The recommendation will feature in reporting to CGC for their July 2023 and January 2024 meetings.

The creation of a revised D&I Strategy will include at the outset a resourcing and financial assessment to support the likelihood of delivery. These items will be reported to the D&I Board and through reporting to CGC during 2023/24, with final evidence being shown on the publication of the D&I Strategy in July 2023.

Action by:

Date of expected completion:

Associate Director of Digital and Information





31 July 2024



Key Performance Indicators



Planning	Target	2021/22	2022/23
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented May 2022	Draft presented June 2023
Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	Presented Audit & Risk Committee – June 2023
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	100%
Efficiency			
Draft reports issued by target date	75%	67%	57%
Responses received from client within timescale defined in reporting protocol	75%	100%	80%
Final reports presented to target Audit & Risk Committee	75%	67%	57%
Number of days delivered against plan	100% at year-end	67%	90%
Number of audits delivered to planned number of days (within 10%)	75%	91%	79%
Skill mix	50%	80%	88%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk



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

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	One Point 4
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Three Points 1, 5 & 6
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two Points 2 & 3

ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. the Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings</p> <p>b. risk section within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences</p> <p>c. SBARs on Policy updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and comparison of the two Action Lists shows that it is being updated between meetings.</p> <p>b. A sample of SBARs presented to Fife NHS Board and its Standing Committees in March 2023, were checked and although there is some evidence of links to relevant risks being quoted conclusions regarding the impact of the papers the SBARs are supporting on the risks is not being included. A further review of the SBAR template to strengthen the guidance in this section is to be undertaken and will look to illustrate this with an exemplar to help guide paper authors. This will be completed by the end of June validation date.</p> <p>c. The update on General Policies and Procedures presented to FP&RC on 9 May 2023 includes reference to risk assessments being required for lapsed policies. The new process (storing policies exclusively on the Board’s internet website) will significantly reduce the risk of superseded policies remaining accessible to staff. This is included in the update to FPRC on 9 May 2023.</p>	 <p>On track</p>
<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to A&RC has not yet been agreed.</p> <p>b. The Corporate Risk Register presented to Audit & Risk Committee on 15 March 2023</p>	 <p>Minor slippage on agreed timelines</p>

<p>risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report scheduled for the CGOG meeting on 20 June 2023 on its 2023/24 workplan.</p>	 <p>On track</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government’s NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework</p> <p>c. The Terms of Reference for the Clinical Governance Oversight Group to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors</p> <p>e. Minutes of Organisational Learning Group meetings to be routinely presented to the Clinical Governance</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The 2023/24 CGSF Workplan is in development and will be presented to CGOG for approval in June 2023</p> <p>c. CGOG Terms of Reference was to have been reviewed prior to its last meeting but this slipped, and the ToR is currently being reviewed. Consideration will be given to adding a responsibility for CGOG to receive assurance confirming appropriate action is being taken to address recommendations made in reports by external regulators/auditors on clinical areas in NHS Fife and services delegated to the IJB.</p> <p>d. There have not been many inspections undertaken recently but consideration will be given to conducting an OLG focussed on findings from external bodies and considering whether improvements are required to</p>	 <p>On track</p>

<p>Oversight Group</p> <ul style="list-style-type: none"> f. The description of risk 7 on the corporate risk register to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the Clinical Governance Committee i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the Clinical Governance Committee. <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<ul style="list-style-type: none"> e. Meetings have been held recently but these have been of an informal nature and concerned with setting up the group and understanding its role. A formal meeting will take place shortly and the minutes of the meeting will be presented to CGOG prior to 31 August 2023. f. The rewording of CRR 7 has been agreed by the Director of Acute Services. The reworded risk will be presented to FPRC on 11 July 2023. Therefore on track for 31 August 2023 target. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk was scored at 16 High when reported to FP&RC in November 2022 and is reported as 20 High to FPRC in May 2023. g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023. The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023. h. The alignment of risk 7 is to continue to be to FPRC but it will be presented to CGOG and CGC for information/assurance going forward. This will take place prior to 31 August 2023. i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events 	
---	---	--

	Management Process and the action being taken to address this.	
<p>10 IG Incident Reporting to CGC</p> <ul style="list-style-type: none"> The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: <ul style="list-style-type: none"> Reasons for any instances of non-compliance with the 72 hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board’s Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 October 2023</p>	<p>IG&SSG Update to CGC on 3 March 2023 – Item 9.1 - Summary of Incident Reporting in the period including assurance that they all complied with the 72 hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board’s Governance statement. This is to be included in the update presented to CGC on 8 September 2023.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11 D&I Strategy Risk</p> <ul style="list-style-type: none"> D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 July 2023</p>	<p>The CRR extract presented to CGC on 3 March 2023 (Item 6.3) does not include the D&I Workforce Plan as a mitigation to risk 18 – D&I Strategy as was required by the recommendation. This is to be included in the update to CGC on 7 July 2023.</p>	 <p>Minor slippage on agreed timelines</p>

Meeting: Staff Governance Committee

Meeting Date: Thursday 20 July 2023

Title: Update on Corporate Risks Aligned to the Committee

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 is the fifth cycle of reporting on the corporate risks aligned to the Staff Governance Committee. This paper provides an update on the current risk status since the last report on 11 May 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 16 June 2023 at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Identify the deep dive review to be prepared for 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

As previously reported, the Strategic Risk Profile contains 18 risks.

- No risks have been closed;
- No new risks have been identified;
- No changes have been made to risk levels.

The Committee is asked to note, that as previously reported, the majority of risks remain outwith risk appetite; this reflects the current organisational context and the on-going challenges across all areas of service delivery.

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							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.							

Risk Key		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

Details of the risks aligned to 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	<div style="display: flex; justify-content: space-around; align-items: center;"> 2 - - - </div>	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risks 11 and 12.

Key Updates

Risk Rating and Level

The current risk ratings and levels are unchanged from the last report on 15 May 2023.

Risk Target

Further to the previous report to the Committee, risk targets are now set at the most appropriate and realistic date rather than fixed at year end.

As part of their review, risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current climate. Details are reflected in Appendix 1.

Deep Dive Reviews

Deep Dives will continue to be commissioned for specific risks via the following routes:

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

No risk has been selected for a Deep Dive review for this Committee meeting.

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

Next Steps

Risk Assurance Levels

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the risks and the associated 'assurance framework' would evolve and be subject to further refinement and development. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The ROG has developed the assurance component around the corporate risks and explored a model that allows provision of appropriate levels of assurance. This includes a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation (Appendix 2). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee.

The Corporate Risk Register will continue to be updated appropriately to match the committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of Committee feedback and use this to enhance future reports.

Connecting to Key Strategic Workstreams

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process, and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

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 with key stakeholders.

2.3.8 Route to the Meeting

- Workforce Leadership Team on 27 June 2023

2.4 Recommendation

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

- Note the Corporate Risk detail set out within Appendix 1 as at 16 June 2023;
- Review all information provided against the Assurance Principles within Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; 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 as at 16 June 2023
- Appendix 2 – Assurance Principles

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
E-mail: pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Staff Governance Committee as at 16 June 2023

	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Owner	Primary Committee
11	<p>Workforce Planning and Delivery</p> <p>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.</p>	<p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2019 to 2022 and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.</p> <p>Harvesting and analysis of SPRA data is underway, so that Directorate and Service based workforce plans can be completed by the end of Quarter 2 of 2023/2024. Allowing mapping of Corporate priorities to the Strategic Planning & Resource Allocation (SPRA) submissions, identifying impacts on</p>	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance

		<p>the future shape of the staffing complement, and highlight any sustainability pressures.</p> <p>Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions to improve workforce sustainability.</p> <p>Rapid recruitment event held on 1 June 2023, to support workforce sustainability.</p> <p>Commencement of local guidance chapter testing to support the implementation of the Health and Care Staffing Act (2019) within NHS Fife.</p>					
12	<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022.</p> <p>Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, to develop a complementary Action Plan.</p> <p>Work is progressing on Promoting Attendance improvement actions to support staff wellbeing and reductions in absence.</p>	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance

Risk Movement Key

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

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: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile?
• Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions?
• Assessing Controls <ul style="list-style-type: none"> ○ 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 : <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Do they actually relate to the listed controls and actions (surprisingly often they don't)? ○ Do they provide relevant, reliable and sufficient evidence either individually or in composite? ○ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background
Responsible Executive:	Janette Keenan, Executive Director of Nursing
Report Author:	Isla Bumba, Equality & Human Rights Lead Officer

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Emerging issue
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Person Centred

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

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

2. Report Summary

2.1 Situation

An update on the work of the Equality & Human Rights Team is provided below and discusses the core pieces of work on-going at present. It is important for the Staff Governance Committee to be aware of emerging issues and related work activity, and to have an opportunity to comment.

2.2 Background

The NHS Fife Interpreting & Translation service is undergoing an extensive review to address issues such as quality assurance and interpreter availability to enable us to reach our ethical and legal requirements as per the Equality Act 2010 and the BSL (British Sign Language) Act Scotland 2015.

There is currently no policy, procedure or staff guidance for the management of trans (an umbrella term for all gender-divergent) patients in NHS Fife, therefore the Equality & Human Rights team are in the preliminary stages of developing a policy, taking from existing Scottish health board policies, and engagement with both staff and patient groups.

Finally, NHS Fife has been exploring methods of restarting the BAME network which was founded in 2020, in line with the Scottish Government suggestion, which aimed to improve staff wellbeing and support during the pandemic, particularly around staff groups which were found to have more adverse outcomes due to COVID-19, such as those from an ethnically diverse background. Details of the staff employed within NHS Fife from an ethnically diverse background are included within the Workforce Information Overview report (Agenda item 7.2).

2.3 Assessment

The NHS Fife Interpreting & Translation provisions at present do not fully meet the ethical and legal requirements to provide adequate interpreting services to all those who require it, making access to NHS Fife services equitable. There are a variety of issues and risks at present, such as quality assurance and confidentiality, availability of interpreters, and significant overspend of budget. The service improvements aim to address areas of legislation that NHS Fife is not currently meeting, such as the Equality Act 2010 and the BSL Act Scotland 2015 and aims to improve NHS Fife's service provisions to the same standard as other Scottish health boards. Issues with interpreter availability is exacerbated with BSL as there are currently 200 BSL users in Scotland to every 1 interpreter, meaning that finding appropriate interpreters for all of our appointments is becoming exceedingly challenging, causing delays of appointments, risk to patients and their reduced overall quality of care, as without appropriate communication, we cannot guarantee appropriate care. An options appraisal was undertaken and the best option for NHS Fife was found to be the development of an in-house/bank team of interpreters rather than continuing the use of external providers. This will improve availability of interpreters by allowing NHS Fife to prioritise where necessary, allow in-house quality assurance and confidentiality and will improve overall patient-centeredness of the service, resulting in overall more cost effective provisions.

With regards to the development of an NHS Fife Trans policy, initial engagement with Trans patients has been undertaken and will be used to inform a first draft policy. In upcoming weeks, this draft should be made available to service leads and key stakeholders within NHS Fife for comment. The aim of this policy is to improve our current provisions for trans patients and provide support to staff, empowering them to provide the best and most appropriate care for patients in this group. This policy will work towards improving patient-centred care.

The first of the NHS Fife staff groups to be developed was The DEN (Diverse Ethnicity Network), formerly the BAME network. The group was due to relaunch in May 2023, but unfortunately was not successful, therefore rethinking methods on how to restart this group are necessary. Additionally, the co-chair of the DEN has recently left NHS Fife and the

existing chair has had limited engagement with the group and its organisation, therefore recruitment of new staff chairs requires to be explored.

Finally, the unsuccessful launch meeting was disappointing as there were significant efforts from colleagues in Communications of raising awareness of the event and general network promotion through StaffLinks, posters, messaging and screen savers and promoting the network. There were also efforts made by engaging with staff through the means of a digital survey which showed promising enthusiasm for the group, but this was unfortunately not demonstrated by attendance at the May 2023 meeting. It is possible that NHS Fife move to focus on another staff group such as an LGBT+ group or a staff disabilities network to be started up in the meantime, and if successful, the same model be used to restart The DEN.

2.3.1 Quality / Patient Care

Improvements to the Interpreting & Translation service will improve both quality and patient-centeredness. Likewise, by the development of a local Trans Policy, both quality of care and patient-centeredness should be improved.

2.3.2 Workforce

Changes to the an in-house/bank team of Interpreters will involve significant on-boarding of interpreters to the staff bank (Numerous positions) and into the Equality & Human Rights team (1 FTE).

The development of the Trans policy will not result in any recruitment, however, it should be a tool that employees can use to educate and empower themselves to feel confident in dealing with Trans patients in their roles.

The development of staff groups such as a staff disabilities network and/or LGBT+ network aims to improve staff wellbeing and promote best employment practice within NHS Fife, in line with SG advice.

2.3.3 Financial

In order to progress with the changes suggested for the Interpreting & Translation service, a change to the budget must be finalised.

2.3.4 Risk Assessment / Management

With regards to the Interpreting service:

1. There is a risk of legal action being taken due to NHSF not providing an equal service delivery in line with other NHS Scotland health boards.
2. There is a risk that the revised service will not have the uptake needed for it to be sustainable, resulting in another approach being considered.
3. There is a risk to non-hearing patients that they will not be able to provide appropriate consent due to a lack of BSL provision during out of hours.

With no Trans policy, there are risks of legal action being taken due to potential discrimination or inappropriate treatment of trans patients. There are also risks to care if a Trans policy is not clearly laid out, with guidance for clinical staff.

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

All of the above relates to NHS Fife Equality work. An EQIA relating to the Interpreting & Translation service changes has been completed.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Appropriate consultation has been carried out with patient groups for both the Interpreting & Translation service changes and the Trans policy, with further patient engagement and staff engagement planned for further stages of the Trans policy development.

Patient Engagement for the Interpreting service was as follows:

- Survey for spoken languages & BSL ran with 58 responses.

Staff Engagement for Interpreting service:

- Survey ran with 92 responses.

Trans policy patient engagement:

- Engagement work undertaken at Fife Pride 1/7/23.

The DEN Staff Engagement:

- A digital survey was made available in 2022 to gather the thoughts/feelings/opinions of staff regarding the re-launch of the DEN which had a positive response rate and informed the decision to change the networks name from the BAME network to The DEN.

2.3.8 Route to the Meeting

This paper has been considered by the Head of Workforce Planning and Staff Wellbeing, Workforce Senior Leadership Team, 10 July 2023, and Executive Director of Nursing, whose comments and feedback have informed the development of the content of this report.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are requested to **note** the contents of this update.

3. List of Appendices

N/A

Report Contact

Isla Bumba

Equality & Human Rights Lead Officer

Email isla.bumba@nhs.scot

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Annual Delivery Plan 2023/2024
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Approval

This report relates to:

- Annual Delivery Plan 2023/2024

This aligns to the following NHS Scotland quality ambition(s):

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/2024 was submitted in draft on 8 June 2023 with the Medium-Term Plan (MTP) 2023-2026 due on 7 July 2023. This paper provides the Committee with assurance of the delivery of the draft ADP 2023/2024.

2.2 Background

The Scottish Government have developed 10 recovery drivers listed for the ADP 2023/2024 below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.
2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.

3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.
4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

Along with the recovery drivers described above, additional commentary was requested in the guidance as follows:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

2.3 Assessment

There are 3 submissions in relation to the ADP process: (1) draft ADP1 (attached) and (2) draft ADP2 (spreadsheet with more detailed actions, milestones and risks) were submitted on 8 June 2023 whilst the (3) draft MTP submission date is 7 July 2023.

All 3 documents remain in draft until agreed by the Scottish Government.

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.8 Route to the Meeting

EDG – 8 June 2023

Public Health & Wellbeing Committee – 3 July 2023

Clinical Governance Committee – 7 July 2023

Finance Performance & Resources Committee – 11 July 2023

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are asked to:

- **Approve** the draft Annual Delivery Plan 2023/2024

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Annual Delivery Plan 2023/2024

Report Contacts:

Susan Fraser
Associate Director of Planning and Performance
Email: susan.fraser3@nhs.scot

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

Population Health & Wellbeing Strategy

Annual Delivery Plan
2023/24



Table of Contents

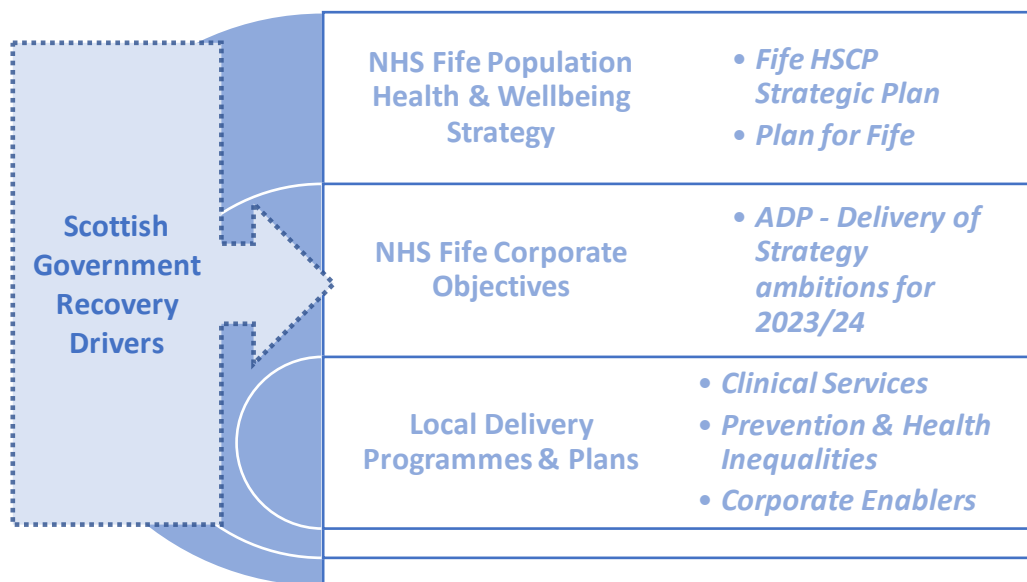
- Planning Context.....4**
- Section A: Recovery Drivers.....7**
- 1. Primary & Community Care7**
 - 1.1 Care in the Community and enhancing a focus on Preventive Care.....7
 - 1.2 Delivery of a sustainable Out of Hours service.....8
 - 1.3 Aligning Primary Care with Mental Health and Wellbeing resources8
 - 1.4 Early detection of key cardiovascular conditions.....8
 - 1.5 Frailty in Primary Care.....9
 - 1.6 Dental Care9
 - 1.7 Delivery of hospital-based eyecare in a primary care setting.....10
 - 1.8 Infection, Prevention and Control (IPC) support to Primary Care.....11
- 2. Urgent & Unscheduled Care12**
 - 2.1 Reducing Attendances: Phase 2 Redesign Urgent Care12
 - 2.2 Reducing Admissions: Alternatives to inpatient care.....14
 - 2.3 Reducing Length of Stay: Rapid assessment and streaming.....15
 - 2.4 Best Start Maternity and Neonatal Plan16
- 3. Mental Health.....18**
 - 3.1 Improving Access to Services18
 - 3.2 To deliver services that meet standards.....19
 - 3.3 Engagement with PHS to improve quality of data20
 - 3.4 Mental Health Services.....20
- 4. Planned Care21**
 - 4.1 Enabling a “hospital within a hospital”21
 - 4.2 Extending the scope of day surgery and 23-hour surgery.....22
 - 4.3 Reducing unwarranted variation.....22
 - 4.4 Validation of waiting lists23
- 5. Cancer Care.....24**
 - 5.1 Diagnostic capacity and workforce24
 - 5.2 Roll out of RCDSs25
 - 5.3 Adoption of Framework for Effective Cancer Management.....25
 - 5.4 Improving cancer staging data26
 - 5.5 Further Plans27
- 6. Health Inequalities28**
 - 6.1 Reducing health inequalities.....28
 - 6.2 Delivery of healthcare in police custody and prison29
 - 6.3 Implementation of MAT (Medication Assisted Treatment) Standards ...29
 - 6.4 Delivery of the Women’s Health Plan30
 - 6.5 Anchor strategic plan.....31
 - 6.6 Transport needs32
- 7. Innovation Adoption33**
 - 7.1 Working with (ANIA)2 partners33
 - 7.2 Reducing the barriers to national innovation adoption34
 - 7.3 Development of ScotCOM medical degree at University of St Andrews34
- 8. Workforce35**
 - 8.1 Develop a sustainable nursing and midwifery workforce.....35
 - 8.2 eRostering37

OFFICIAL


8.3	Health & Care Staffing Act 2019 – Safe Staffing legislation	38
8.4	Staff Health & Wellbeing.....	38
8.5	Recruitment & Retention of Staff	39
9.	Digital	40
9.1	Optimising M365.....	40
9.2	National digital programmes.....	40
9.3	Organisational Digital Maturity Exercise.....	41
9.4	Leadership in digital.....	41
9.5	Scottish Health Competent Authority.....	41
9.6	Paperlite project.....	42
9.7	Digital Scotland Service Standard	43
10.	Climate	44
10.1	Decarbonise fleet.....	44
10.2	Achieve waste targets	44
10.3	Reducing medical gas emissions	45
10.4	Learning from the National Green Theatre Programme	45
10.5	Implementing of a building energy transition programme.....	45
10.6	Implementing the Scottish Quality Respiratory Prescribing guide.....	45
10.7	Implementing an Environmental Management System	46
	Section B: Finance and Sustainability	47
	Medium-term Financial Plan	47
	Establishment of Financial Improvement and Sustainability Programme	47
	Section C: Workforce Planning and Sustainability.....	48
	Workforce Plan.....	48
	Key Priorities	48
	Section D: Value Based Health and Care.....	51
	Section E: Integration	53
	Section F: Improvement Programmes	55
	Appendices	56
	Appendix A: New Outpatient Capacity Projections by Specialty.....	56
	Appendix B: TTG Capacity Projections by Specialty	57
	Appendix C: Diagnostic Capacity Projections by Key Test	58
	Appendix D: Improvement Programmes.....	59

Planning Context


This Annual Delivery Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation, this Annual Delivery Plan describes our key areas of focus for the first chapter of the strategy in 2023/24.




The plan confirms the alignment across our strategic priorities and corporate objectives for 2023/24 to the Scottish Government Recovery Drivers. The sections below illustrate this alignment and also highlights additional corporate objectives identified by NHS Fife.


	Strategic Priority 1: To improve health and wellbeing	Recovery Driver
1	Progress the business case for the mental health services programme	3. Mental Health
2	Support the ADP in the delivery of MAT standards	6. Health Inequalities
3	Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities	1. Primary & Comm Care 6. Health Inequalities
4	Develop a primary care strategy and supporting delivery plan	1. Primary & Comm Care
5	Develop and deliver a system wide medicines safety programme	Local Priority


OFFICIAL

	Strategic Priority 2: Improve quality of health and care services	Recovery Driver
1	Implement redesign and quality improvement to support mental health services	3. Mental Health
2	Review and redesign the Front Door model of care to support improvements in performance	2. Urgent & Unsch Care
3	Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge	2. Urgent & Unsch Care
4	Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery	4. Planned Care 5. Cancer Care
5	Develop and deliver an improved patient experience response process to support a culture of person-centred care	Local Priority
6	Delivery year 1 of Planned Care Recovery Plan	4. Planned Care 5. Cancer Care

	Strategic Priority 3: Improves staff health and wellbeing	Recovery Driver
1	Collaborate with University of St Andrews to develop the ScotCOM medical school	7. Innovation
2	Develop and deliver an action plan to support safe staffing legislation	8. Workforce
3	Develop and deliver a sustainability plan for the nursing and midwifery workforce	8. Workforce
4	Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing	8. Workforce
5	Develop and deliver a leadership framework to increase team performance	8. Workforce

OFFICIAL

	Strategic Priority 4: Deliver value and sustainability	Recovery Driver
1	Deliver year one actions of the financial improvement and sustainability programme	B. Finance & Sustainability
2	Implement actions to support climate emergency	10. Climate
3	Develop the digital medicines programme	9. Digital

	Cross-cutting actions	Recovery Driver
1	Develop a corporate communications and engagement plan	Local Priority
2	Develop the strategic plan to secure teaching health board status	Local Priority
3	Deliver Anchors ambitions working collaboratively with partners	6. Health Inequalities

Section A: Recovery Drivers

1. Primary & Community Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*
- *Develop a primary care strategy and supporting delivery plan*

1.1 Care in the Community and enhancing a focus on Preventive Care

Following a period of review and extensive engagement, Fife HSCP are currently refreshing our Primary Care Improvement Plan (PCIP) to make sure plans will provide the best opportunity for General Practitioners to fulfil the crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented.

In line with MOU (Memorandum of Understanding) 2, we have been carrying out a focused piece of work to develop our CTAC (Community Treatment and Care) services to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop joint Ear Care strategy
- Leg ulcer specialist clinics

In line with a wider review of Leadership and Governance Primary Care Contracting services and associated services, work is ongoing to review the integration of Primary Care nursing teams, to provide more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.

This work will be brought together in a Primary Care Strategy and Delivery Plan which underpins both the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan and focuses on the important role of all Primary Care Providers supporting:

- Recovery of Primary Care
- Quality within Primary Care
- Sustainability across Primary Care services

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery plan focusing on the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the

best care or support they need. This will follow a life course approach, preventing, or limiting problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding on current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce; The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

In line with the Scottish Government's vision for the future of primary care services we are enabling multidisciplinary working to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

The approach focuses on multidisciplinary working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

The key goal of the project is to develop and plan for the establishment of multidisciplinary Mental Health and Wellbeing in Primary Care and Community Services (MHWPCS) within GP clusters or localities, which will include:

- An Integrated Community Based System
- The Promotion of Fife Population Mental Health and Wellbeing
- Strengthening and Improving Formal and Informal Mental Health Care Provision
- Placing service users at the heart of design and planning

We have identified three initial test sites for this work to take learning across different localities within Fife who each have different needs including Cowdenbeath, North East Fife and Levenmouth. A critical part of this process is enabling co-production which is underway with the locality planning groups to shape the design and range of supports that need to be available in the mental health and wellbeing hubs and inform the future roll out across the 7 localities of Fife.

1.4 Early detection of key cardiovascular conditions

The ambition of the strategy is that we enable everyone living in Fife to have the same chance of getting the best care or support they need applying a life course approach, preventing, or limiting problems arising so their lives will be healthy and independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them. The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.
- Developing low risk chest pain pathways to ensure care in the right place and right time
- Work collectively to improve services capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.
- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, and improve flow, provide a more flexible service.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to manage those at most risk of admissions, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Homes residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. ANPs are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

1.6 Dental Care

Much like the rest of Scotland there are ongoing challenges with recruiting and retaining NHS Dentists across Fife, with many dental practices having very limited cover and access arrangements in place for NHS patients registered with them or capacity to register new patients.

Dental practitioners are independent contractors and own their own businesses, with many providing NHS care along with private practice. There are a number of complex reasons why dental services are experiencing significant challenges including the backlog created during the pandemic along with issues of recruitment and retention and the impact of Brexit.

The Dental Management Team are proactively working with Dental Practices across Fife to explore ways to facilitate and improve patient access. Our NHS Fife Dental Advice line links in with practices on a fortnightly basis to monitor and evaluate capacity for registering new NHS patients. Currently the position in Fife is that no practices are in a position to register new NHS patients although a few practices are

OFFICIAL

offering a waiting list with the expectation of new patients being able to access appointments in the autumn/winter.

The current guidance for people in Fife who are experiencing acute dental pain, and are not registered with a dentist, is to call the Dental Advice Line which is staffed by members of our NHS Fife Public Dental Service (PDS) (Monday to Friday, 8.30am – 5.00pm) with a commitment that they will receive dental care within 24 hours.

The PDS also offers a short course of care to get people dentally 'stable', and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth, Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support and access and treatment to patients who are non-registered or de-registered as a result of the reduction of NHS GDS provision. The PDS are having to see registered General Dental Practitioner (GDP) patients as a number of practices can't recruit and have limited capacity to see their own patients. This is in addition to the pressures of the backlog in core services due to the pandemic.

The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include 4 areas in Fife-Tayport, Newburgh, Leslie and Auchtermuchty which will take effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.

In Q1 of 2023/24, we will explore ways to maximise capacity to increase access to dental care to get people dentally stable e.g., evening clinics. We will aim by Q2 to recruit to small test of change sites to deliver extended day time service to meet urgent needs of unregistered/deregistered patients. Successes from these tests of change will be used to spread and sustain service from Q3.

1.7 Delivery of hospital-based eyecare in a primary care setting

Optometry has been assisting colleagues within secondary care through shared care schemes since the COVID pandemic focusing mainly on emergency and glaucoma eyecare. This has allowed upskilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

To alleviate the burden of glaucoma care on the hospital eye clinic, plans are well underway with the aim of 'going live' in April 2024, recognising that locally within Fife we have a well-established Shared Care arrangements in place for eye care, including emerging eye care and Glaucoma.

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

1.8 Infection, Prevention and Control (IPC) support to Primary Care

We are implementing the IPC Workforce Strategy 2022-24 with the goal of having an appropriately skilled, resilient, sustainable, and confident workforce working in an integrated way. Delivering evidence-based advice, guidance and interventions appropriate to localised need in both acute and community settings.

OFFICIAL

An oversight board is currently being convened to develop a Local Integrated Service Delivery Plan (LIDP) in response to implementing the IPC Workforce Strategy 2022-24.

The oversight board is being led by the Director of Nursing and HAI Executive and supported by the Infection Control Manager to review current service provisions and focusing on how the AMS, HP and IPC workforce could be strengthened in the short term whilst planning for a more sustainable long-term position.

The oversight board will link in with professional groups and the Primary Care workforce specialists in these areas when undertaking the review and prepare an action plan considering what additional roles and resources are required.

2. Urgent & Unscheduled Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Review and redesign the Front Door model of care to support improvements in performance
- Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

Access will be improved through the development and optimisation of pathways, scheduling and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

We will appraise the current established workforce model for the Flow Navigation Centre (FNC) and develop this further to ensure the model adds value ensuring a whole system approach to accessible pathways in line with national and local strategic direction and that we remain financially effective. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU). By focussing on our model of virtual triage from NHS 24 flow we have increased our redirection rate by 29% from ED to QMH MIU.

To reduce unscheduled admissions and keep care closer to home, we will also be reviewing and developing further pathways in social care, respiratory, heart failure and mental health. We are also looking to scale up from earlier TOCs around Call Before Convery (CBC) embedding the learning from these to become a business-as-usual model.

Connections to national best practice and learning opportunities will be made.

2.1.2 'Scheduling' unscheduled care

We are planning to improve scheduling processes within FNC increasing the use of NearMe, where appropriate and further utilise the Rapid Triage Unit (RTU) and ambulatory models of care as a means of scheduling patients to ensure patients are directed to the right place. As examples we have increased our capacity for patient's requiring access to DVT and OPAT pathways with concurrent increases in nurse numbers and skill mix to develop nurse led approaches for these services.

2.1.3 An integrated approach to all urgent care services

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours.

OFFICIAL

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create a sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours. This will be progressed in synergy with continued implementation of the Primary Care Improvement plan 2023/24 and in alignment with national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the deliverable plan underpinning the HSCP Primary Care Strategy 2023 – 2026 with a strategic focus on recovery, quality improvement and sustainability.

We will work collectively to develop, refine and embed a performance framework with clear and consistent data and defined KPIs to provide assurance regarding delivery and target improvement.

We will deliver a refreshed communication plan to support, enable and empower people to access care in the right place with the right person first time.

As part of an integrated approach, we are committed to improving our ED 4-hour performance target and have an agreed action plan covering the following improvements:

- Improve virtual triage at Queen Margaret Hospital to redirect patients from VHK
- Review ENT/OMFS protocols to support in reach and faster transfers to ward
- Review ortho assessment protocols to achieve faster transfers to ortho assessment
- Evaluate Push Model to avoid patients breaching in ED and reduce overcrowding
- Evaluate ED call before you convey outcomes comparing to FNC Call before you Convey
- Stroke Thrombolysis review – earlier moves to MHDU to support stroke bundle performance
- Reduce Ambulance Waits and improve turnaround times to 30 mins max.
- Optimise triage further – expand nursing workforce to support with agreed escalations for 1st assessment breaches
- Improve use of data –performance/bed waits/site capacity- development of dashboard and visibility within the dept
- Review all ED protocols to ensure tests / results can be undertaken & completed within 4 hours
- Further improve minors performance and sustain at above 95%
- Improve night and weekend medical cover at senior clinical decision-making level
- Reintroduce frailty practitioner with direct moves to RAD/RADU
- Redirection protocols with primary care/OOH/AU1/community teams to be adhered to
- Closer links with mental health and potential of co-location with UCAT on site
- Agreement of medical model redesign

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

	Week Ending									
	25-Jun	30-Jul	27-Aug	24-Sep	29-Oct	26-Nov	31-Dec	28-Jan	25-Feb	31-Mar
VHK ED 4 hour %	70.3%	71.8%	73.1%	74.3%	75.8%	77.0%	78.5%	79.8%	81.0%	82.5%

2.2 Reducing Admissions: Alternatives to inpatient care

2.2.1 Further develop OPAT, Respiratory and Hospital at Home pathways.

Our OPAT service is currently unfunded as a 5-day service however we recognise a 7-day model would support a greater number of clinically appropriate patients who do not require Hospitalisation over the weekend but who currently remain/become in-patients. We are increasing our skill mix through specialist nursing developments to implement a full 7-day model with Consultant oversight.

We are planning to enhance integration and collaboration with Hospital at Home (H@H) and Acute Services to ensure early supported discharge of step-down referrals are facilitated in a timely manner

By testing this model of care, H@H Service aims to facilitate timely and safe discharge to H@H and support the front door model. Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community, and this will result in increased capacity and resilience across H@H and the system.

Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including complex planning and assessment these do not always happen. Recent data demonstrates that a third of step-down referrals do not progress to a discharge. This results in inefficiencies due to these places being held therefore some admissions to H@H are being declined. Introducing In-Reach Nurse Practitioner (NP) posts will ensure smoother, more timely and appropriate discharges to the service with clear intervention plans 7 days per week. In addition, having H@H assessments for step down patients commencing in the acute environment and supporting the front door team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:

- Accepting more referrals
- Offering 7 day a week in reach
- Accepting later step-down admissions i.e., from a 5pm cut off to a 8pm cut off if treatment is required or if no treatment is required admission at any time with review the following day
- Reducing the number of occasions that H@H reach maximum capacity and are unable to take new referrals
- Increasing caseloads
- Improving patient experience
- Supporting the front door model

We will increase the capacity for IV antibiotics to be delivered in the community at a patient’s home by diversifying the clinical services that can support the existing

Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care, secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient, and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe, discharge.

To increase access and keep paediatric care closer to home, several services are provided on an out-reach model, including Specialist Nursing Care for children with complex and chronic illnesses including diabetes and epilepsy. Paediatrician in-reach to the Emergency Department for children presenting urgently aims to reduce delay and minimise the need for hospital admission where possible. Increasingly NearMe and telephone appointments are used to facilitate access to Community Paediatric services. We are also exploring potential opportunities to implement virtual pathways in Paediatrics using NearMe for Rapid Review clinics where it is clinically safe to do so.

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

Early supported discharge and admission prevention will be achieved by developing and scoping out ambulatory models of care by improving person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reduction in readmission rate, supporting chronic disease management clinics with rapid access slots for exacerbations and improving bed availability by providing ambulatory treatments in a Clinical Intervention Unit to avoid overnight stay requirement. We are currently monitoring repeat admissions within 12 weeks and linking with HSCP to support patients where alternative pathways are appropriate.

2.3.2 Optimise Flow to align discharge and admission patterns

There are a number of plans in place to deliver effective discharge planning:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase as an outreach model will be developed to support clients at home.
- Developing additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.

OFFICIAL

- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.
- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need
- We are supporting and embedding a criteria led discharge model to reduce boarding and improve flow
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. It is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Currently, there is a commitment to have no more than 48 Standard delays across Acute Services and Community Hospitals on any given day with goal of reducing this to 44 by end of 2023/24.

2.4 Best Start Maternity and Neonatal Plan

2.4.1 *Delivery of The Best Start programme*

We will continue to implement our Best Start Plan which is aligned to the 4 strategic priorities of NHS Fife's Population Health and Wellbeing Strategy.

The local lead is the Director of Midwifery supported by the Executive Nurse Director with Clinical Leaders from across the Maternity Services supporting the range of recommendations currently in place and underway.

Data analysis and user feedback will contribute to the planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus. Data regarding current status will be provided on the Best Start Template requested for submission in April 2023.

The following planning assumptions need to be considered when discussing the Implementation:

- The still significant impact of COVID-19 on the entire Health and Care System including Maternity Services. Maternity Services will require being adaptable to any future effects of COVID- 19.

OFFICIAL

- Balancing the capacity to maintain current service provision and to implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT) as directed by Scottish Government, alongside local mandatory training, an increasing part-time workforce (the need for CMT calculation to be per head and not per wte) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Progress the business case for the mental health services programme*



To improve quality of health and care services

- *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity with our services.

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions.

- The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs. Actions in the following areas have been and continue to be:
 - Service redesign (e.g. new group delivery options)
 - Service development (e.g. establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services)
 - Staff training (e.g. within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff)
 - Workforce skill mix and other efficiencies measures (e.g., introduction of Enhanced Psychological Practitioners)
 - Developing/supporting provision delivered by other services (e.g., via clinical supervision and with 3rd sector partners).

PTs and PIs are delivered in 32 clinical services within Fife. Alongside delivery of specialist and highly specialist PTs, service provision includes a suite of PT and PI options which are low intensity in terms of therapist time. People can self-refer to many of these PT options via the Access Therapies Fife website. There are no capacity issues within the low intensity delivery options.

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Comments (please include here any assumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation											

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57
Comments (please include here any assumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.											

3.2 To deliver services that meet standards

A summary of the plan to build capacity is outlined below:

- Recruitment is ongoing and under continual review to ensure workforce is at full capacity.
- CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services and to enable young people who require specialist CAMHS intervention to achieve timely access.
- Caseload management is implemented to ensure throughput, reduce bottlenecks and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

3.3 Engagement with PHS to improve quality of data

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife's Digital & Information to introduce a different patient appointment system and also an electronic patient record system. Timelines mean that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

3.4 Mental Health Services

The vision as detailed in the Mental Health Strategy 'Let's really raise the bar' is: 'We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible'. This strategy is currently being refreshed and will be mapped against the soon to be published national Mental Health and Wellbeing strategy to support alignment of priorities against to priorities to 'Prevent, Promote and Provide'. This work will inform any changes or refinement to the 5 key priorities within Fife Mental Health Redesign Programme including:

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) which is a time limited and supportive problem-solving contact with an individual in distress and works across not only front-line health services but also commissioned third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which is described more fully earlier within this delivery plan.

4. Planned Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

4.1 Enabling a “hospital within a hospital”

The opening of the National Treatment Centre - Fife Orthopaedic continues to provide protected capacity for elective Orthopaedics in a fit for purpose facility. This will also provide capacity for the East region neighbouring boards.

Capital work in Ward 24 has been completed in early 2023/24 to optimise the Gynaecology model. Beds are now available for unscheduled activity based on specified criteria with one bed available for emergency admission. The ward reconfiguration has increased the bed base to support the capacity required for elective activity.

Improvement support locally directed to support high volume nationally and locally identified specialties to adopt and spread ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). Currently there is engagement and adoption of ACRT for five specialties with further exploration required for robust recording of enhanced vetting where guidance is sent directly back referrer and not to the patient. Ten specialties are engaged and adopting PIR and we are continuing to receive support for scale up and spread to other specialty cohorts.

ERAS (Enhanced Recovery After Surgery) is business as usual but requires visibility and development of robust mechanisms for reporting in Orthopaedics and General Surgery. There are plans to implement in Gynaecology following completion of capital works.

Fife’s Integrated Planned Care Programme Board (IPCPB) has oversight of all elective improvement work including CfSD (Centre for Sustainable Delivery) work and is directing next steps aligning to CfSD and local drivers.

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24 based on assumptions such as annual leave and availability of workforce.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in [Appendix A](#) whilst similar for TTG can be found in [Appendix B](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
New Outpatients	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
TTG	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164

4.2 Extending the scope of day surgery and 23-hour surgery

We are creating a procedure room in our day surgery facility to release theatre capacity through capital investment to optimise opportunities for procedures conducted under local anaesthetic in the day surgery unit at Queen Margaret Hospital (QMH). Work is underway due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK.

We continue to provide same day hip and knee arthroplasty where appropriate in line with the British Association of Day Surgery (BADs) guidance via the NTC facility.

Figure 6 – Same Day Knee and Hip Replacement Projections

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
KNEE Arthroplasty	Number of same day procedures	3	3	3	3
	Total number of procedures	162	162	162	162
	Percentage Same Day	1.9%	1.9%	1.9%	1.9%
HIP Arthroplasty	Number of same day procedures	8	8	8	8
	Total number of procedures	185	185	185	185
	Percentage Same Day	4.3%	4.3%	4.3%	4.3%

Project commenced with all specialties to identify and remove barriers to optimise BADs procedures within a day case setting in QMH. Plans to recruit Clinical Lead for Day Surgery as per BADs recommendations.

Ongoing review of IP/DC activity to maximise capacity on QMH site where theatre resources allow.

4.3 Reducing unwarranted variation

There is a focus on specialties to reduce variation aligning to ATLAS of variation; theatre work in planning to look at variation.

We are participating and engaging with national drives toward standard high volume same procedure lists such as Cataracts.

We encourage continued clinical engagement with CfSD SDG (Speciality Delivery Group) and support implementation of national pathways including Endometriosis for Gynaecology and develop an NHS Fife sustainable model including training for local consultants.

Figure 7 – Unwarranted Variation Projections (Cataracts & 4 Joint Sessions)

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
Average Cataracts per 1/2 day session (Cataract only session)		4.5	4.5	4.5	4.5
% of 4 joint sessions (of all full day sessions with at least 1 joint)		25.0%	25.0%	25.0%	25.0%

4.4 Validation of waiting lists

In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of 2023 and will be engaging with NECU shortly.

Figure 8 describes the waiting lists will continue to increase despite the improvement work that is being undertaken in 2023/24. The capacity described in Figure 5 is based on the current funding available.

Figure 8 – New Outpatient and TTG Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)				
Over 104 Weeks	0	74	212	352
Over 78 Weeks	150	339	849	1358
Over 52 Weeks	1646	2275	2902	3497
Total List Size	27101	28764	30429	32094
InPatient / Day Cases (TTG)				
Over 104 Weeks	16	67	173	351
Over 78 Weeks	159	305	547	893
Over 52 Weeks	688	1157	1718	2593
Total List Size	7126	7816	8506	9196

5. Cancer Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To improve
quality of health
and care services*

- *Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery*
- *Delivery year 1 of Planned Care Recovery Plan*

5.1 Diagnostic capacity and workforce

We have identified a number of actions to increase diagnostic capacity and workforce:

- Development of project team within Endoscopy to identify tests of change for more efficient booking processes and to book patients with longer lead time to ensure routine and surveillance waiting times are reduced, filling every slot where possible.
- Readjustment timings within new Endoscopy Management System will explore if this improves efficiency and provide good data on turnaround times and duration of endoscopies and use for list planning to improve efficiency and explore text messaging system to reduce DNA.
- NHS Fife pool of Nurse Endoscopists available to backfill short notice cancellation
- Regular audits and target improvement measures are in place.
- Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff – focused on improvement in quality measures as well as upskilling of trained and untrained staff that includes nurses trained in trans-nasal endoscopy and investment in other specialist roles including scrub training for HCSW (Healthcare Support Workers).
- Within Radiology, every effort will be made to fill every slot and activities to promote this include accurate measurement of performance, introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, resourcing and training in the department and ensure awareness of available funding streams
- Continue to protect and prioritise urgent and cancer requests by managing appointing system to ensure sufficient slots available for urgent and planned follow up appointments are completed withing target - monitor and adapt as proportion of urgent requests increases.
- Match ultrasound physical facilities (Ultrasound rooms) with sonographer availability, this may require additional local footprint or adapting existing resources.

- Minimising the impact of acute service pressures on planned care CT and MRI service by redesigning of out of hours acute CT staffing to smooth acute demand and continue with extended day and weekend MRI service.
- Use funding from cancer pathway projects to use weekend CT capacity.

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24 based on assumptions such as annual leave and availability of workforce. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in [Appendix C](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Endoscopy	899	899	899	899	899	899	899	899	899	899	899	899
All Radiology	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks		3	0	0
Over 26 Weeks		109	63	10
Over 6 Weeks		373	250	140
Total List Size		755	785	795
Radiology 4 key diagnostic tests				
Over 52 Weeks		0	0	0
Over 26 Weeks		0	0	0
Over 6 Weeks		4966	6577	8188
Total List Size		9107	10718	12329

5.2 Roll out of RCDSs

The principles of RCDS (Rapid Cancer Diagnosis Service) will continue to be rolled out following the success of the pathfinder in Fife. We are looking to expand the service into additional tumour specific sites. Upper GI (Gastrointestinal) and (HPB) Hepatobiliary pathways have commenced with further implementation expected in the Colorectal service during 2023.

5.3 Adoption of Framework for Effective Cancer Management

The Cancer Framework 2022-2025 has eight key commitments with high level actions noted below:

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.

OFFICIAL

5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.
7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

The Fife action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Figure 11 – Cancer 31-day DTT Projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	95.0%	95.0%	95.0%	95.0%
Cervical	95.0%	95.0%	95.0%	95.0%
Colorectal	95.0%	95.0%	95.0%	95.0%
Head & Neck	95.0%	95.0%	95.0%	95.0%
Lung	95.0%	95.0%	95.0%	95.0%
Lymphoma	95.0%	95.0%	95.0%	95.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	95.0%	95.0%	95.0%	95.0%
Upper GI	95.0%	95.0%	95.0%	95.0%
Urological	82.7%	86.0%	88.3%	90.0%
All Cancer types combined	93.8%	94.1%	94.3%	94.5%

Figure 12 – Cancer 62-day RTT Projections

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	93.0%	93.3%	94.0%	94.0%
Cervical	50.0%	50.0%	53.0%	53.0%
Colorectal	87.0%	87.0%	90.0%	92.0%
Head & Neck	83.0%	87.0%	90.0%	90.0%
Lung	90.0%	90.0%	92.0%	93.0%
Lymphoma	80.0%	85.0%	90.0%	90.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	85.0%	85.0%	87.0%	87.0%
Upper GI	93.5%	94.0%	94.0%	94.0%
Urological	62.0%	62.0%	65.0%	66.0%
All Cancer types combined	81.9%	82.8%	85.0%	85.4%

5.4 Improving cancer staging data

The following plan are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.

OFFICIAL

- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

There will be full participation to support delivery of the upcoming national oncology transformation programme. The following are currently under way:

- A Single Point of Contact Hub has been implemented to support patients who are referred USC or diagnosed with a urological or colorectal cancer. Introduction of this service will be rolled out to the lung cancer service to support the Optimal Lung Cancer Pathway in 2023
- Many services have a dedicated Pathway Navigator (Urology, HPB, RCDS, UGI) to support patients or applications for this resource is being explored (Breast).
- Maggie's Prehabilitation service has been implemented offering universal sessions for anyone with a cancer diagnosis.
- A project group has been set up to implement the Optimal Lung Cancer Pathway.
- Psychological support is already embedded within our cancer services. RCDS and other services complete Holistic Needs Assessments and make referrals to Maggie's Centre for Prehabilitation and other support, to Improving the Cancer Journey (ICJ) routinely, and to Clinical Psychology, spiritual care and counselling as required. Training on aspects of emotional wellbeing is undertaken by Pathway Navigators and Cancer Nurse Specialists for example through Good Conversations and Sage and Thyme training, and case consultation with clinical psychology. Through the recently published Psychological Therapies and Support Framework there will be a continued focus to ensure equitable access to psychological support across Fife and tumour groups and identify areas for further development.
- All patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ).

6. Health Inequalities

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Support the ADP in the delivery of MAT standards*
- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*



Cross cutting actions

- *Deliver Anchor's ambitions working collaboratively with partners*

6.1 Reducing health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. It is likely that the current cost-of-living crisis will exacerbate health inequalities because it will lead to a deterioration in living conditions which will inevitably impact on individual and population health. NHS Fife recognises the importance of developing and implementing an effective strategic approach to address avoidable health inequalities and their root causes. Without deliberate effort the current cost-of-living crisis will widen the gap in health outcomes which already exists between people living areas most affected by deprivation and those living in areas with less financial pressures. It will also result in greater pressures on NHS services.

Our ambition to tackle health inequalities is set out in the recently published Population Health and Wellbeing Strategy for NHS Fife. The response that is required involves deliberate long-term efforts in collaboration with other statutory agencies in Fife. Preparatory work for the strategy included an evidence-based review of the role the NHS has in preventing illness and reducing health inequalities. The strategy also utilised information within the Director of Public Health annual report for 2020/2021, which contains the most recently collated information describing the health of the local population and the factors that are important for creating and maintaining health.

The review we conducted noted that the risk factors which contribute most to poor health and wider conditions where people live, and work are all experienced unequally in our society. The result is worse health outcomes and reduced life expectancy amongst those living in areas most affected by deprivation in Fife.

The review identified six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities

- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

Given the current cost of living crisis and service pressures there is a risk that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 Delivery of healthcare in police custody and prison

In NHS Fife, the Executive Lead is shared from prison healthcare – Director of HSCP and those in custody - Director of Acute Services.

Healthcare in custody is led by Acute Services in collaboration with police based locally whilst HSCP are involved in pathways on release from prison back to community which includes links to forensic service and there is involvement from Perth Prison on the Alcohol and Drugs Partnership Board.

We now have commissioned hospital liaison service and third sector provision, this includes Near Fatal Overdose service, Custody Navigation, and In-reach/Outreach peer mentoring service in prisons.

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

The standards provide a framework to ensure that they system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

MAT 1 to 5 to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10 to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

Examples of work being progressed to support delivery of the MAT standards are;

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS Addictions services are delivered.
- There is access to access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.4 Delivery of the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with Public Health on reducing health inequalities on women’s general health.

The plan includes:

- Collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.
- Training GP to be more confident to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.
- Training to non-healthcare staff over the next year to allow them to have conversations with women about health and health care services available for them to access.
- Working with acute colleagues on early referral for patients with possible endometriosis.

Over the next year, work will be undertaken to scope what access there is in primary care teams to a Healthcare Professionals (HCPs) who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

We are looking at improving women's heart health by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

6.5 Anchor strategic plan

As a large organisation connected to our local area and community, we recognise we can make a positive contribution to benefit the population of Fife, not only through service delivery but also by developing our Anchor ambitions.

We have worked with our third sector interface (Fife Voluntary Action) to establish a local website interface which aims to enhance community benefits within Fife. Fife Voluntary Action will support local community organisations to develop their community benefit need bids before they are uploaded to the national community benefit gateway. Working in this way we believe will improve the quality of bids and support organisations to access alternative funding if their needs do not fit with the community benefit gateway criteria. The local interface was launched in March 2023. FVA have been raising awareness of the portal with local organisations at locality funding events and are currently working with a number of community organisations with a target of reaching approximately a dozen bids uploaded to the national portal by the end of June 2023.

We have established an Anchor's Operational Group which will develop priority areas for inclusion in the Anchors Strategic plan by October 2023. The Operational group will agree milestones, and progress will be tracked through monthly meetings to measure against outcomes using self-assessment against the local progression framework.

The Anchor's Strategic Plan will align with NHS Population Health & Wellbeing Strategy, NHS Fife Midterm Delivery Plan and Public Health Midterm Delivery Plan recovery drivers. The baseline focus will include:

OFFICIAL

- Utilisation of land and assets to support communities
- Purchase locally to support social benefit
- Prioritise environmental sustainability
- Widen access to work

6.6 Transport needs

Plans are in place to

- Revise the Patient Information leaflet on claiming travel costs and will include:
 - Promotional Plan – via Primary Care, Localities, and NHS Acute
 - Monitoring and evaluation
- Deliver Poverty Awareness Training Post incorporating travel claims as part of health inequalities workforce training.

There is work ongoing with the 7 Localities groups to gather data and information on barriers to accessing service and health inequalities. For example, patients travel to other health board areas for treatment.

7. Innovation Adoption

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Collaborate with University of St Andrews to develop the ScotCOM medical school*

7.1 Working with (ANIA)2 partners

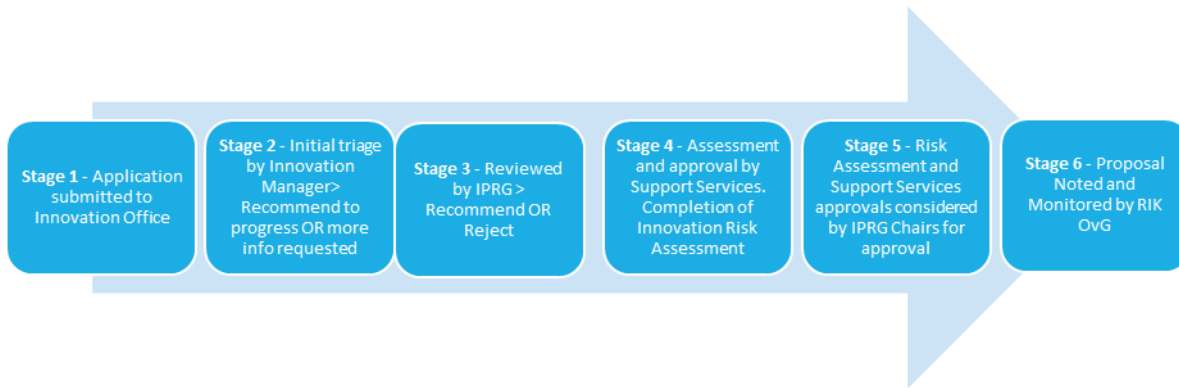
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG will provide the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG will review Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is directly engaged locally with Fife Council, and the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed.

The IPRG will play a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG will operate within a framework considering local, regional and national strategic priorities supporting transformation of health service delivery through innovation. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

NHS Fife is a member Board of HISES and our processes have been designed to articulate with processes already established within the HISES governance framework. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards and there is representation from the NHS Fife in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption.

Innovation team within NHS Fife, works with, and attend regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG).

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development. NHS Fife interacts with the ANIA team at regular meetings with the South East Test Bed and at the SHIP pipeline bi-monthly meeting.

It is planned that the NHS Fife Innovation team will communicate and update the RIK OVG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted.

7.3 Development of ScotCOM medical degree at University of St Andrews

University of St Andrews is developing a new five-year MBChB programme for medical students (ScotCOM), with NHS Fife as its partner Board. NHS Fife will develop suitable clinical placements to align with the St Andrews curriculum.

8. Workforce

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

The nursing and midwifery workforce plays a vital role in the delivery of healthcare services and ensuring an adequate and well-supported nursing and midwifery workforce is essential for maintaining safe, quality care.

This section explores the challenges faced by NHS Fife in terms of supply, retention, and vacancies, and provide trajectories for 2023, 2024 and 2025.

Supply Challenges

One of the key challenges is the supply of registered nurses (RNs). There is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

a) Age profile

The median age for nurses and midwives in NHS Fife is 44 years, however 20.2% of the nursing workforce is aged over 55 (NES Turas Data March 2023). This percentage is higher in specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over.

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

Student attrition rates continue to cause concern. The number of applicants for nursing courses in Scotland in 2023 is 24% down compared to the same point last year.

c) Newly Qualified Practitioners

We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 WTE students across Fife; this dropped to 155 in June, but with less than 145 WTE eventually joining us.

This year, we again recruited 180 WTE (this includes a rise of 10 WTE in midwifery). Of this 129 WTE were adult nurses, but this has already dropped to 112 WTE. There is concern that only 130 WTE will join us this year.

d) Vacancies

There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can strain the remaining workforce, increase workload, and potentially compromise patient care.

The vacancy rate is part of the NES published data. The vacancy gap being reported for Fife is 12.9% for March 2023 (data is embargoed until June 2023). The anticipated published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, targeted recruitment, student recruitment etc).

We can calculate an approximation of vacancies using the WTEs from the financial system, noting these do not provide an actual representation of vacancies due to staff who do not generate a WTE, and other caveats related to translating financial information into workforce numbers. Nursing & Midwifery funded establishment in the ledger at March totals 4267, estimated vacancies based on difference between WTEs worked in March compared to the funded establishment is 424 WTE, approximately 10% of our nursing workforce.

There has been an agreement with Directors of Finance, Workforce and Nursing to use 10% as a realistic vacancy rate. NES data suggests 587 WTE vacancies. Work between Workforce and Finance describes 329 WTE RN vacancies of less than 3 months, 55.6 WTE between 3 and 6 months and 18.5 WTE over 6 months – a total of 403 WTE RN vacancies.

e) Turnover

Turnover rate has increased from December 2022 (10.8%) to 13.5% in March 2023 (based on NES data).

Supply Opportunities

a) International Recruitment

International recruitment is recognised as a contribution to the medium-long term solution with this being a positive experience to date for both the Board and the International Recruits, working in collaboration with Yeovil Hospitals Foundation Trust. The cost is £12k per nurse with funding from SG in Acute to date for 23 in 2021/22, 50 in 2022/23 and for 7 in HSCP making a total so far of 80 RNs.

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical Examinations) for registration, however, this can take 4–6 months from arrival to registration.

There is now an International Recruitment Coordinator in post within the Workforce Directorate and a PPD Facilitator in post in order for OSCE prep to be all in-house.

OFFICIAL

NHS Fife can support 8 IRs per month with limiting factors being accommodation and OSCE support. To do this we require confirmation of the additional funding required from SG.

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

5 places have been made available to Fife - in discussion with Open University for additional places.

d) HNC Route

There have been 16 applicants for HNC with interviews planned in May 2023. This 2-year course allows entry to 2nd year of pre-reg nursing course.

e) Assistant Practitioners

The development of bands 2 to 4, particularly the role of the Assistant Practitioner, is being implemented to support a sustainable workforce.

- Cohort 1 (n=21) started PDA in April- should qualify January 2024
- Cohort 2 (n= 44) start PDA in August- should qualify May 2024
- Cohort 3 (n tbc) start PDA in January 2025

8.2 eRostering

Work is progressing on the implementation of eRostering, with plans for roll out to the next phase of services being agreed. Business as usual resource requirements are currently work in progress, with initial agreement for the Workforce Directorate to host eRostering in future once full implementation has been realised.

Implementing eRostering can bring numerous benefits to NHS Fife. Key advantages include:

1. **Efficient workforce management:** eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. **Time and cost savings:** The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. **Enhanced staff satisfaction:** the eRostering systems has an online app feature which allows staff members to indicate their availability, preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.
4. **Improved patient safety:** Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can

OFFICIAL

provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.

5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

In summary, implementing eRostering will lead to efficient workforce management, time and cost savings, improved staff satisfaction, enhanced patient safety, compliance with regulations, and data-driven decision making. It will significantly transform the rostering process and contribute to the overall effectiveness and performance of NHS Fife.

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

Work is progressing across professions in preparation for full implementation of the Health and Care (Staffing) (Scotland) Act 2019 on 1 April 2024. Teams are currently in testing Guidance chapters. Learning from the plans for implementation of the legislation across nursing, midwifery and other clinical professions, is being shared across the organisation.

8.4 Staff Health & Wellbeing

Supporting wellbeing and maximising attendance is a key focus of our recovery work. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

NHS Fife has a range of core staff wellbeing services in place as part of the tiered approach to wellbeing, starting at local level within teams / wards. This includes:

- Occupational Health Service
- Spiritual Care
- Peer Support
- Staff Listening Service and
- Psychology Staff Support

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



8.5 Recruitment & Retention of Staff

In addition to the work described above and in Section C below in relation to our Bank & Agency Programme, a number of other initiatives are ongoing within NHS Fife to support recruitment and retention of staff, including within our Medical & Dental and Pharmacy functions and through development of extended roles in terms of advanced practitioners, consideration of areas where Physicians Associates and other MAPs could be employed, skill mix and improved use of technology.

9. Digital

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Develop the digital medicines programme*

9.1 Optimising M365

We will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023.

We will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.

9.2 National digital programmes

Within D&I, we are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the Medium Term. These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system which supports staff to deliver services. This will conclude during the medium-term plan period
- Community Health Index (CHI) – We are collaborating with the national team to deliver this programme.
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation – M365 was rolled out during the pandemic, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care.
- GP IT – To deliver a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- HEPMA – NHS Fife are in the process of signing a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Fast Access to images, NHS Fife have undertaken several upgrades of the current PACS system implemented in Fife, following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system into NHS Fife.

- Vaccination and Immunisation – continue to support this work ongoing within this area.
- Radiology Information System (RIS) – Consideration to a new national approach to RIS is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.
- Digital Pathology – Has been implemented within NHS Fife we will continue to collaborate closely with teams to ensure safety standards continue to be met.

9.3 Organisational Digital Maturity Exercise

NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023. The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

9.4 Leadership in digital

We will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:-

- Information Technology Infrastructure Library (ITIL) – Digital have committed to the continued support of ITIL for those working within the digital environment.
- Digital Leadership – An MSc Course is available and will be cascaded to relevant teams, with leaders within the organisation supported to undertake this qualification.
- Digital Mindset Masterclasses – We will support the cascading of these sessions to our senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- KIND – Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.

Roles and Pathways – Digital are in the process of creating a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, NHS Fife digital are supporting modern and graduate apprenticeships to support the ongoing delivery of digital and show the benefits of a career in digital to young people within the local community.

9.5 Scottish Health Competent Authority

NHS Fife will undergo the NIS (Network and Information Systems) audit in July 2023. Following the completion of the report the NIS Action Plan will be created and presented to the Information Governance and Security Steering Group and the Digital and Information Board for awareness and assurance. Both groups will then

track the progress of the Action Plan in the normal manner. Items of note will also be escalated through the standing governance arrangements as required.

NHS Fife continues to seek confirmation of the strategy for the Cloud Centre of Excellence (CCoE) and its associated services. On identification of these then direct engagement, in relation to support of compliance with NIS will form part of the Action Plan. At present engagement with CCoE is based on their national role in informing threat intelligence and identification.

9.6 Paperlite project

The Paperlite project as it was known has been reshaped into an Electronic Patient Record programme, with key benefits beginning to be derived, which will be around 70% complete within the medium-term delivery timescale. The programme will focus on maximum utilisation of our key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support our clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making and the patient experience.

This programme will also focus on how we interact with patients to improve their experience through the continued use and introduction of digital technology.

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife, that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- Near Me – The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- Digital Front Door – NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife have also recently introduced ‘Elsie’ to support digital preassessment within orthopaedics, in the medium term there is an ambition to further expand the use of this technology. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.

OFFICIAL

- Digital Pathways – Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.
- Digital Mental Health Support – Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Digital Inclusion – Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.

9.7 Digital Scotland Service Standard

Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with this methodology to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

10. Climate

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

NHS Fife are to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

10.2 Achieve waste targets

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO), which is of limited use currently. We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste, which has reduced by 15%.

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence progress to the target, ensuring no more than 5% of domestic waste goes to landfill. We will also ensure that we can demonstrate our waste is treated to meet the target of 70% of domestic waste is composted or recycled in conjunction with Fife Council.

There will be continued investment in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

We will also take part in trials of re-usable PPE, ensure laundering improvements to reduce the use of disposable curtains and mopheads and will pursue the installation

of a heat recovery system within laundry. The latter utilising hot water to be re-circulated and reduce gas consumption.

10.3 Reducing medical gas emissions

There is a commitment to ending the use of desflurane and will therefore promote Sevoflurane as the first-choice option within Anaesthetics. The use of Tiva will also be promoted and encouraging the use of regional or local anaesthetics to reduce the need for volatile gases.

Work is ongoing to decommission nitrous oxide manifolds across the estate. A nitrous oxide mitigation team will be formed then discuss and document our approach to eliminating piped nitrous oxide. By the end of 2023, these reductions will be incorporated as part of our annual reporting process.

10.4 Learning from the National Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed for 2023/24.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need focused on to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5 Implementing of a building energy transition programme

To begin the implementation of a building energy transition programme, we have started the process of creating net zero road maps for all NHS Fife sites. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will have all 12 net-zero road maps completed by the end of year 1. Then, using the completed road maps we will identify the measures to take that will allow us to deliver a 75% reduction by 2030, compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors

OFFICIAL

- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

NHS Fife is one of three NHS Boards participating in redesign to transition from three separate formularies to a single East Regional Formulary (ERF). As part of this process, the Respiratory prescribing section was reviewed in October 2021 and released in December 2021.

The ERF group was tasked with reviewing inhaler choices based on the following criteria: Efficacy, Safety, Cost Effectiveness and Environmental impact. This represented the first time that Formulary Committee made a conscious effort to include environmental considerations in Formulary choices. To guide prescriber selection, a clear sign has been added to the inhaler poster to enable environmentally friendly choices of inhalers.

NHS Fife is currently awaiting publication of the Scottish Quality Respiratory Prescribing Guide (SQRPG), due April 2023. To pre-empt the SQRPG, ERF Committee is establishing an Expert Working Group of Clinicians and Respiratory Pharmacists to review how we utilise the current choices of formulary inhalers in order to assess how current choices affect the environment. A plan will then be developed to improve inhaler choices to reduce greenhouse gas emissions and limit detrimental effects on the climate. The ERF group will align discussions with the SQRPG.

10.7 Implementing an Environmental Management System

We have engaged with HDR to implement an Environmental Management System (EMS) across NHS Fife. They attended site in May to carry out an initial assessment of Victoria Hospital, with the intention of populating an EMS at this site first. We are aiming to populate an EMS at our largest site, Victoria first, with the intention of rolling out our EMS across all NHS Fife sites moving forward. Phase 1 of EMS implementation will involve Victoria Hospital, and this will be done in quarter 3 giving us 6+ months. Phase 2 will involve EMS implementation at all major sites and phase 3 will be EMS implementation at all sites. We also aim to have full implementation of an EMS at 2 sites by the end of quarter 4. By the end of quarter 1 we want to have a full plan written as to how we are going to progress with our EMS over the next year.

Section B: Finance and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Deliver year one actions of the financial improvement and sustainability programme*

Medium-term Financial Plan

We have recently submitted our medium-term financial plan to Scottish Government which sets out the key risks to delivery of financial balance in-year and over the medium-term. Discussion is ongoing with Health Finance Directorate colleagues in relation to our key planning assumptions including:

- Ongoing distance from our NRAC share and the cumulative impact of this on the financial position
- Unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- Requirement to maintain all surge capacity throughout the full year
- Significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- Increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- Inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- Reduced levels of funding for planned care services
- Significant increasing costs across acute prescribing budgets

NHS Fife continues to operate out with the agreed Board risk appetite in relation to delivering value and sustainability. The financial plan does however set out a realistic and credible plan to respond effectively to this over the medium-term. During 2023/24, we will continue to utilise the infrastructure we put in place previous year to help support delivery and identification financial and productive opportunities.

Establishment of Financial Improvement and Sustainability Programme

We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.

We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.

Section C: Workforce Planning and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

The Board's three-year Workforce Plan for 2022 to 2025 was published in November 2022 and gave a commitment to the development of Directorate / Service based Workforce Plans, which in turn would form the supporting action plan to achieve the commitments set out in the Workforce Plan.

As part of the Board's Strategic Planning & Resource Allocation process, all services were provided with and submitted documentation in support of meeting this commitment, which enabled workforce projections aligned to the Workforce Plan to be captured, alongside workforce commitments, priorities and risks aligned to service deliverables. This demonstrated our triangulated approach to Service, Finance and Workforce Planning.

The details submitted have been harvested and are in the process of being analysed, so that Directorate and Service based workforce plans can be completed by the end of quarter 2 of 2023/2024. This will allow us to map corporate priorities across to the SPRA submissions, identifying those submissions that may impact the future shape of the staffing complement, and highlight any sustainability pressures, included within the Workforce Plan for 2022 to 2025.

Through our joint work with Fife HSCP workforce colleagues, we have contributed to their Workforce Action Plan, reinforcing the linkages necessary in workforce terms with our partners, including Fife Council and the voluntary and third sectors.

Key Priorities

The key priorities in the Workforce Plan for 2023/24 are:

a) General Practice Sustainability

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. NHS Fife initiated a tender process for external bids in early 2023, for three General Practices in this category, working towards an outcome of stability and resilience. The initial tender process has been agreed and will be implemented over 2023/24. This is part of a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c General Practices. The aim being to develop resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice.

b) International Recruitment

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 2023/24. 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.

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

Our Band 2 to 4 workforce progression will focus on establishing a recruitment programme, career development from Band 2 through to post registration and support for managers and educators.

d) Youth Employment, Employability

Last year dedicated leadership on the Employability agenda supported NHS Fife is progressing our aims in this area which sit at the heart of the Employer commitments in our Anchor Organisation delivery plan. Lessons learned from our first-year delivery are now informing our intended planning for an increased capacity for our Modern Apprenticeship (MA) programme expansion. This work will also be informed by the Director of Workforce's role in the newly established NHS Scotland Anchors Workforce Strategic Group.

In 2023/24 we will grow our MA numbers in partnership with Fife College with initial focus on our Healthcare Support Worker workforce, aligning with the work being led by our Nursing & Midwifery Workforce Group to support Band 2-4 progression to address establishment gaps within this job family. As well as building numbers in Nursing & Midwifery we will develop plans to increase our MA provision across other professions and to integrate this work with Foundation Apprenticeship activity as we build our connections with local schools to open access to increased numbers of school leavers accessing health & social care career pathways.

As part of this initiative, links are being established with NHs Fife's Executive Directors with Head Teachers across the 18 secondary schools in Fife.

e) Health & Wellbeing Framework

The NHS Staff Health & Wellbeing Framework was published in December 2022 and is aligned to the Population Health & Wellbeing Strategy. Given the importance of and continued focus on Staff Health and Wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions was key. The Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the Framework aligns to the commitments set out in the three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

The infrastructure to support this has been enhanced this year by the opening of new Staff Hubs on several of NHS Fife sites, providing staff with bright, modern spaces to relax, refresh and recharge.

f) Implementation of Safe Staffing - The Health and Care (Staffing) (Scotland) Act 2019.

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines,

OFFICIAL

actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) Bank & Agency Programme

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is a high priority area for NHS Fife.

An existing commitment made by the Executive to create a consolidated single Staff Bank for the management of all supplementary staffing needs has now been expanded under a new Bank & Agency Programme led by the Director of Workforce which will aim to deliver a revised model to contribute to financial and workforce sustainability to meet current and future service needs.

The Programme will be to deliver the aims set out by the national Supplementary Staffing Task & Finish Group including the adoption of the National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards. As the model is developed it will align with our broader work on staff recruitment and retention noted above and will reflect and work compatibly with the introduction of the new national e-Rostering solution and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Section D: Value Based Health and Care

The Realistic Medicine (RM) Plan is being rolled out to embed Realistic Medicine across Fife. Engagement meetings with stakeholders suggest that communication is the most important factor in embedding Realistic Medicine in Fife. A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. A stakeholder analysis workshop was also undertaken, and Communications and Engagement Plan developed. A Benefits Workshop has been undertaken to identify benefits and enable benefits realisation. A workshop is being planned to support governance arrangements. Engagement meetings were held with the Realistic Prescribing steering group to identify areas of collaboration.

Process mapping exercises were undertaken with a Sexual Health Consultant and a Consultant Surgeon on their process of engaging with patients and sending letters to them. This was undertaken for the Organisational Learning Group (OLG). It helped to identify areas of efficiency and improvements in patient satisfaction.

The 'Questions that matter' (QTM) RM tool has been developed for use in Fife and has been rolled out to patients. The tool ensures that patients are able to reflect on questions to ask ahead of consultations. A one-page digital version and QR code have been developed with excellent feedback. The RM message has been embedded on Desktops in NHS Fife with fantastic feedback and request for more information from staff.

Engagement meetings have been undertaken with the NHS Fife Communication team to identify areas of collaboration, such as developing Communications Matrix (workshop). Information on Realistic Medicine are to be rolled out to staff on desktops, hospital screens and pop-up banners. Information Realistic Medicine is now on the NHS Fife Staff intranet (Blink). There has been engagement with RM network meetings and other NHS Boards (such as NHS Ayrshire and Arran) to share learning and practice. We plan to work with Realistic Prescribing and other teams to reduce waste and enable strategies for a greener, sustainable health care system.

We plan to align our work with the 5 strategic priorities of the Scottish Government. With regards to encouraging staff to access the RM Module on TURAS, we will engage with Directors and workforce committees and ensure that staff have easy access to the RM module on TURAS via the staff intranet (Blink). We will also engage with NHS Education for Scotland (NES) to ensure the TURAS module contents flow better.

There are plans to engage with the General Medical Council (GMC), GP clusters and staff and disseminate information about RM through grand rounds. With regards to encouraging patients and families to ask the BRAN (Benefits, Risks, Alternatives, Nothing) Questions, we plan to engage with the Patient Experience Team to embed RM principles, engage with patients and continue to roll out the QTM that contains BRAN questions. We plan to mainstream person centred stories and collaborate with communications and Information technology to ensure that information on BRAN questions is placed on patient and staff facing sides of NearMe (video conferencing) with prompts on IT systems on the BRAN questions.

With regards to evaluation of shared decision making from patients, we plan to undertake a variety of strategies including surveys, analysing data from care opinion and staff engaging with patients to fill feedback forms. With regards to supporting

OFFICIAL

local teams work with the Centre for Sustainable Delivery (CfSD) to roll out the Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways, we plan to engage with local teams to facilitate RM sensitive pathways. Taking cognisance of encouraging local teams to engage with the CfSD to consider current and future Atlas of Variation, we plan to collaborate with colleagues at Public Health Scotland to facilitate better understanding and consideration of this with local teams in Fife.

Section E: Integration

In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as ‘health and social care integration’.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as “Team Fife”, recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people’s lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence “integration in action” in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy

OFFICIAL

development and supporting us to engage meaningful with the people of Fife to inform our priorities.

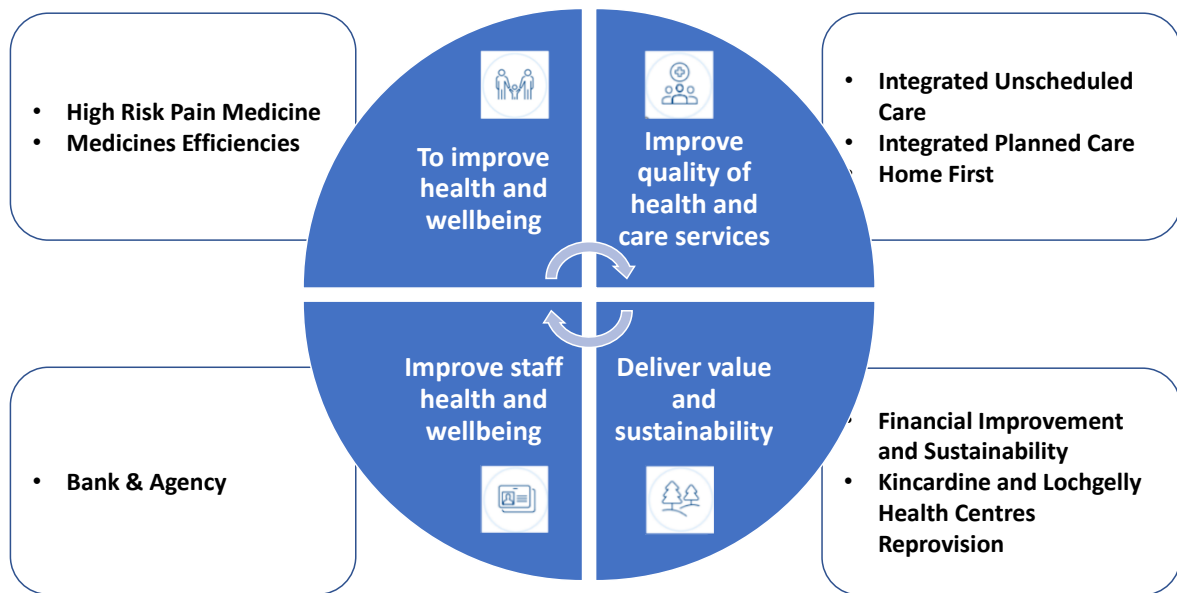
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

NHS Fife and Fife Health and Social Care Partnership have established Programme Management Offices to manage and deliver the key strategic improvement programmes for the respective organisations.

We have high aspiration to support improvement and transformation of services in Fife. This is supported by a Programme Management Approach in both NHS Fife and the Health and Social Care Partnership which recognising the multi-agency integration of many programmes of work within the community. The examples below relate to the programmes aligned to NHS Fife services recognising there are a range of wider improvement programmes also aligned to Fife Council delegated services not listed within this plan.

The diagram below illustrates the programmes currently underway. A more detailed table with objectives and outcomes for each programme can be found in Appendix D.



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
All Specialties	Routine												
All Specialties	Urgent												
Anaesthetics	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Anaesthetics	Routine												
Anaesthetics	Urgent												
Cardiology	All Urgencies	130	130	130	130	130	130	130	130	130	130	130	130
Cardiology	Routine												
Cardiology	Urgent												
Dermatology	All Urgencies	843	642	642	843	642	642	642	642	642	642	642	642
Dermatology	Routine												
Dermatology	Urgent												
Diabetes/Endocrinology	All Urgencies	48	48	48	48	48	48	48	48	48	48	48	48
Diabetes/Endocrinology	Routine												
Diabetes/Endocrinology	Urgent												
ENT	All Urgencies	871	871	871	871	871	871	871	871	871	871	871	871
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies	125	125	125	125	125	125	125	125	125	125	125	125
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Medicine	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	Routine												
General Medicine	Urgent												
General Surgery (inc Vascular)	All Urgencies	715	715	707	707	707	723	712	723	712	727	727	727
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	750	750	750	750	750	750	750	750	750	750	750	750
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies	233	233	233	233	233	233	233	233	233	233	233	233
Neurology	Routine												
Neurology	Urgent												
Neurosurgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	Routine												
Neurosurgery	Urgent												
Ophthalmology	All Urgencies	518	518	518	518	518	553	553	553	553	553	553	553
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	169	169	169	169	169	210	210	210	210	210	210	210
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies	74	74	74	74	74	74	74	74	74	74	74	74
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	770	770	770	770	770	770	770	770	770	770	770	770
Other	Routine												
Other	Urgent												
Pain Management	All Urgencies	88	88	88	88	88	88	88	88	88	88	88	88
Pain Management	Routine												
Pain Management	Urgent												
Plastic Surgery	All Urgencies	49	49	49	49	49	49	49	49	49	49	49	49
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Respiratory Medicine	All Urgencies	192	192	192	192	192	192	192	192	192	192	192	192
Respiratory Medicine	Routine												
Respiratory Medicine	Urgent												
Restorative Dentistry	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	Routine												
Restorative Dentistry	Urgent												
Rheumatology	All Urgencies	186	186	186	186	162	162	162	162	162	162	162	162
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	496	496	496	496	496	496	496	496	496	496	496	496
Urology	Routine												
Urology	Urgent												



Appendix B: TTG Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164
All Specialties	Routine												
All Specialties	Urgent												
ENT	All Urgencies	90	90	90	90	90	90	90	90	90	90	90	90
ENT	Routine												
ENT	Urgent												
Gastroenterology/ Gastroenterology	All Urgencies												
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Surgery (inc Vascular)	All Urgencies	190	190	190	190	190	190	190	190	190	190	190	190
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	101	101	101	101	101	101	101	101	101	101	101	101
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies												
Neurology	Routine												
Neurology	Urgent												
Ophthalmology	All Urgencies	222	222	222	222	222	222	226	226	226	226	226	226
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	52	52	52	52	52	52	52	52	52	52	52	52
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies												
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies												
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	51	51	51	51	51	51	51	51	51	51	51	51
Other	Routine												
Other	Urgent												
Plastic Surgery	All Urgencies	30	30	30	30	30	30	30	30	30	30	30	30
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Rheumatology	All Urgencies												
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	267	268	268	273	273	274	287	287	288	289	289	289
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	135	135	135	135	135	135	135	135	135	135	135	135
Urology	Routine												
Urology	Urgent												



Appendix C: Diagnostic Capacity Projections by Key Test

New Elective Diagnostic Test - Activity Projections	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Endoscopy	All Urgencies	899	899	899	899	899	899	899	899	899	899	899	899
All Endoscopy	Routine												
All Endoscopy	Urgent												
All Endoscopy	Urgent Suspicion Cancer												
All Endoscopy	Bowel Screening												
Upper Endoscopy	All Urgencies	291	291	291	291	291	291	291	291	291	291	291	291
Upper Endoscopy	Routine												
Upper Endoscopy	Urgent												
Upper Endoscopy	Urgent Suspicion Cancer												
Lower Endoscopy (other than colonoscopy)	All Urgencies	131	131	131	131	131	131	131	131	131	131	131	131
Lower Endoscopy (other than colonoscopy)	Routine												
Lower Endoscopy (other than colonoscopy)	Urgent												
Lower Endoscopy (other than colonoscopy)	Urgent Suspicion Cancer												
Colonoscopy	All Urgencies	450	450	450	450	450	450	450	450	450	450	450	450
Colonoscopy	Routine												
Colonoscopy	Urgent												
Colonoscopy	Urgent Suspicion Cancer												
Colonoscopy	Bowel Screening												
Cystoscopy	All Urgencies	27	27	27	27	27	27	27	27	27	27	27	27
Cystoscopy	Routine												
Cystoscopy	Urgent												
Cystoscopy	Urgent Suspicion Cancer												
All Radiology	All Urgencies	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222
All Radiology	Routine												
All Radiology	Urgent												
All Radiology	Urgent Suspicion Cancer												
Magnetic Resonance Imaging	All Urgencies	944	944	944	944	944	944	944	944	944	944	944	944
Magnetic Resonance Imaging	Routine												
Magnetic Resonance Imaging	Urgent												
Magnetic Resonance Imaging	Urgent Suspicion Cancer												
Computer Tomography	All Urgencies	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285
Computer Tomography	Routine												
Computer Tomography	Urgent												
Computer Tomography	Urgent Suspicion Cancer												
Non-obstetric ultrasound	All Urgencies	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993
Non-obstetric ultrasound	Routine												
Non-obstetric ultrasound	Urgent												
Non-obstetric ultrasound	Urgent Suspicion Cancer												
Barium Studies	All Urgencies												
Barium Studies	Routine												
Barium Studies	Urgent												
Barium Studies	Urgent Suspicion Cancer												

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 <p>To improve health and wellbeing</p>	<p>High Risk Pain Medicine</p>	<p>Develop a High Risk Pain Medicines Patient Safety Programme to:</p> <ol style="list-style-type: none"> Understand how pain is currently managed across Fife including examples of good practice, in order to increase: <ul style="list-style-type: none"> learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions options and the use of supported self-management solutions for pain management. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings. 	<ul style="list-style-type: none"> Improved Quality of Life for Service Users / Patients Safe and effective use of HRPM medicines no matter what setting in NHS Fife Appropriate initiation, review and stopping of HRPM. Improved financial efficiency for NHS Fife in relation to HRPM.
	<p>Medicines Efficiencies</p>	<ol style="list-style-type: none"> Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy 	<ul style="list-style-type: none"> Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 <p>Improve quality of</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home Redesign of Urgent 	<p>The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time, first time for urgent care.</p>	<ul style="list-style-type: none"> Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
health and care services	3. Discharge without Delay		<ul style="list-style-type: none"> • Increase in people directed to alternative pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	<p>Timely: manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times.</p> <p>Person-Centred: Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition.</p> <p>Effective & Efficient: Clinicians can offer improved methods of access to service when systems are robust.</p> <p>Equitable: Implement pathways and sharing best practice across the nation that will promote less unwarranted variation.</p>
	Home First	<ol style="list-style-type: none"> 1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable. 	<ul style="list-style-type: none"> • Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of 'At Risk' individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of "delayed days" (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		5. Assessment and planning of treatment/care will be co-ordinated. 6. Data will lead the planning and commissioning of services.	
 Improve staff health and wellbeing	Bank / Agency Project	<ul style="list-style-type: none"> • Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around policies and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 Deliver value and sustainability	FIS Programme	Overseeing the following work: <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend 	<ul style="list-style-type: none"> • Financial Control
	Kincardine and Lochgelly Health and Wellbeing Centres Provision	Progress the Full Business Case process in line with Scottish Government timelines and funding availability.	

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Primary Care Strategy 2023-2026
Responsible Executive:	Nicky Connor, Director Health and Social Care Dr Chris McKenna, Medical Director
Report Author:	Lisa Cooper, Head of Primary Preventative Care Services Carol Bebbington, Consultant

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- 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 the Staff Governance Standard requirement that staff are:

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

2. Report Summary

2.1 Situation

The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (HSCP) and NHS Fife Medical Director to support delivery of excellent high quality accessible and sustainable services for the population of Fife

The Primary Care Strategy is one of the key strategies supporting delivery of Fife HSCP vision for the *people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

The strategy focuses on recovery, quality and sustainability of primary care services to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.

This SBAR accompanies the draft strategy for consideration and onward approval.

2.2 Background

Primary Care is normally a person's first point of contact with the NHS and is where most patient contacts occur. A good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early intervention/ detection of disease and harm.

Primary care covers a wide range of services including General Medical Services, Community Pharmacy, Optometry, Primary Care Dental Services.

General practices, optometrists, pharmacists, and dentists are mostly independent contractors who provide services in line with nationally negotiated contracts.

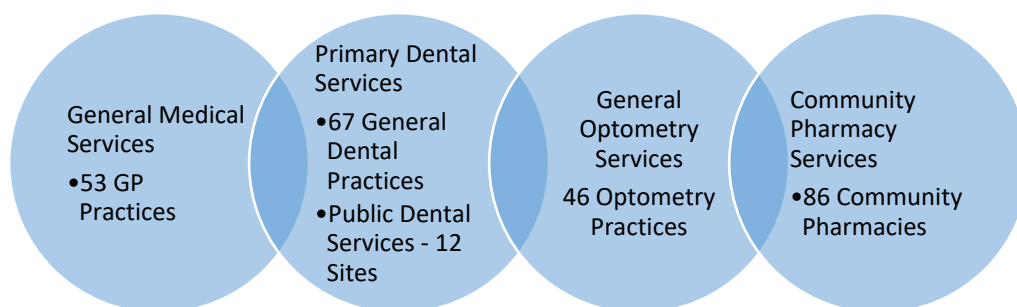


Figure 1 Primary Care Services

The Scottish Government Health and Sport Committee reported on their national work on *What should primary care look like for the next generation ? (2021)* which identified 5 key areas for development:

1. Workforce and ways of working
2. Patient centred approach
3. Preventative focus
4. Community wide approach to wellbeing
5. Use of data and technology

A strategic needs assessment was undertaken to develop this strategy which identified the following themes:



Figure 2 Primary Care Strategic Themes

Primary Care faces a range of challenges in common with other parts of the health and social care system and some specific challenges to different components:

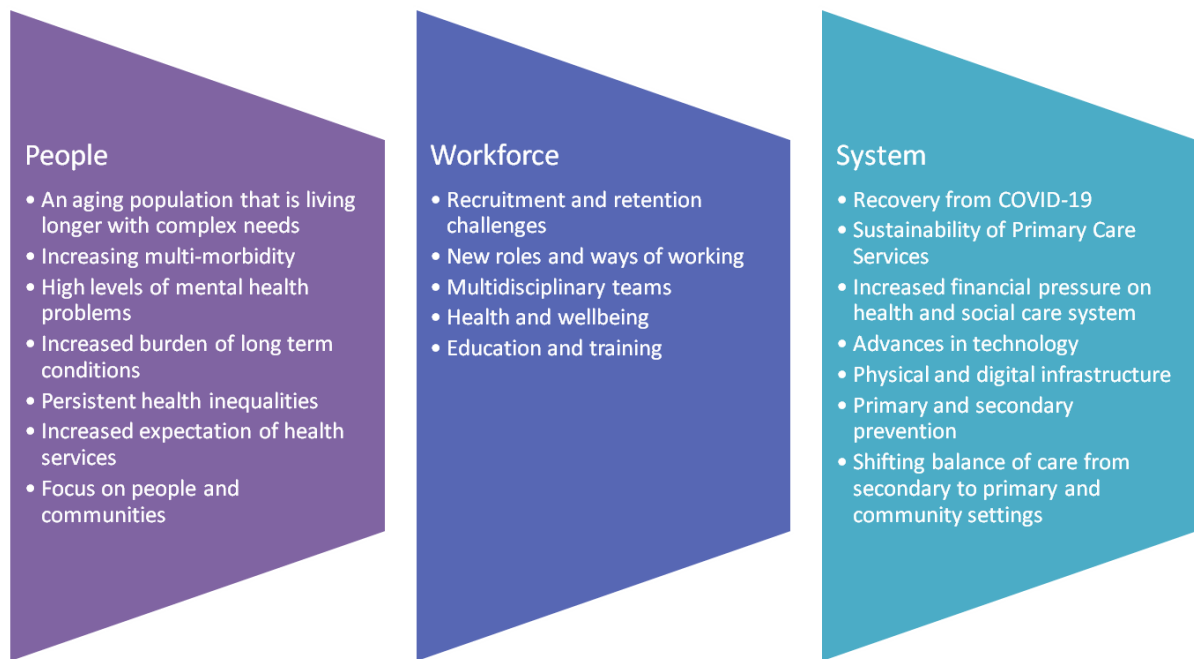


Figure 3 Challenges affecting Primary Care Services

Demographic challenges mean our population is aging and living longer with more complex needs and there are persistent inequalities affecting population health and wellbeing. The working age population is shrinking and there are challenges in recruitment and retention of staff across multiple disciplines. The Covid -19 pandemic has had a significant impact on primary care services requiring changes to the way care is delivered and how people access services as well as having an adverse impact on population health and wellbeing.

2.3 Assessment

Our Vision

Primary care at the heart of the integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services

Strategic Focus

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.

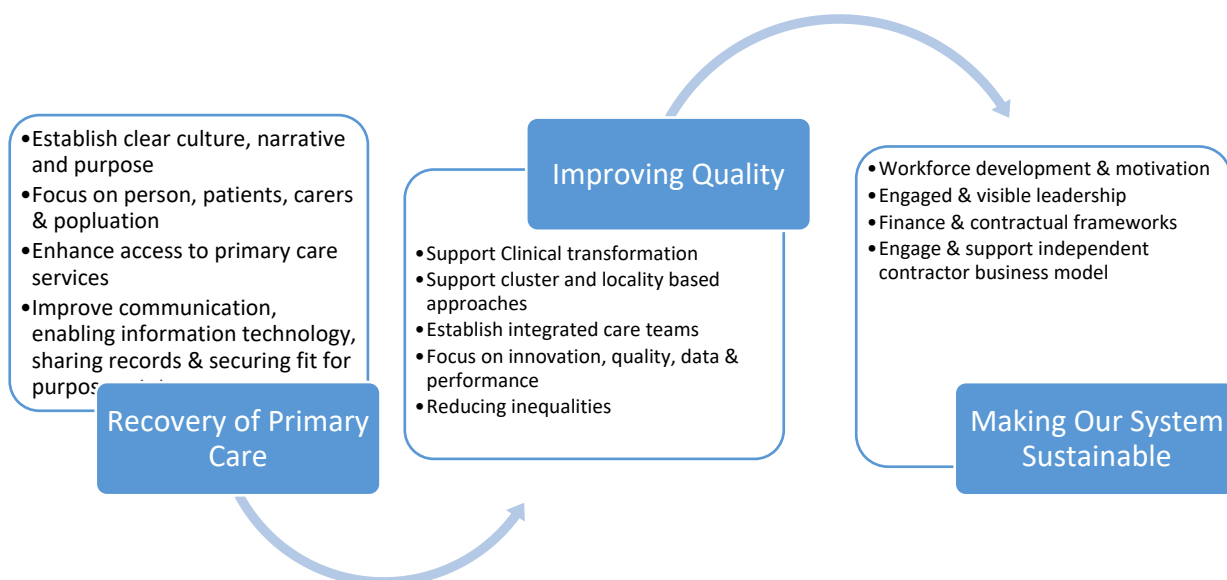


Figure 4: Strategic Focus

Our Primary Care Priorities

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system.
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care.
5. To contribute to improving population health and wellbeing and reducing health inequalities.

The strategy is underpinned by the following core principles:



Figure 5 Core Principles

The following key enablers are critical for implementation of the strategy:

- Workforce
- Premises
- Digital Technology
- Finance
- Communication

An overarching delivery plan and 3 year action plan have been developed to support implementation.

2.3.1 Quality / Patient Care

The core principles underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing will underpin the strategy and will be key for success

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements and set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors.

There is a significant funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

The National Code of Practice for GP premises (2017) describes the planned transition over a 25 year period to a model where GP contractors no longer own their own premises. A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. A separate report on the Primary Care Premises Strategy is being brought forward for consideration.

The Primary Care Strategy will support achievement of the medium-term financial strategy including:

- Ensuring Best Value - ensure the best use of resources.
- Whole system working - building strong relationships with our partners.
- Prevention and early intervention - supporting people to stay well and remain independent.
- Technology first approach - to enhance self-management and safety.
- Commissioning approach - developing third and independent sectors.
- Transforming models of care - to support people to live longer at home, or a homely setting.
- Prescribing - reduce medicines waste and realistic prescribing.

2.3.4 Risk Assessment / Management

Primary care services are an integral part of a well-functioning healthcare system. Development of the Primary Care Strategy supports a collaborative whole systems approach across NHS Fife and Fife HSCP to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

The key risks relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

A detailed risk register will be developed to support implementation of the strategy.

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

Both Fife HSCP and NHS Fife recognise that Primary Care Contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of our anchor ambitions.

An Equality Impact Assessment stage 1 has been completed. This identifies that the Strategy will delivery positive change across Fife for staff, patients, and the people of Fife. When implemented the Strategy will improve access to Services and reduce the risks associated with health inequalities and long-term conditions.

EQIA will continue to be undertaken as implementation of the strategy is progressed.

2.3.6 Climate Emergency & Sustainability Impact

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated

2.3.7 Communication, involvement, engagement and consultation

The strategy development has been informed through a range of activity including:

- Consultation output on the Health and Social Care Partnership's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy;
- Evidence from the Health and Care Experience Survey (2022): 27% response rate in Fife with over 8000 respondents;
- National report on *What should primary care look like for the next generation?* Including output from public panels- one of which was held in Dunfermline- and 2500 survey responses including views from the Scottish Youth Parliament who are aged 12-25 years;
- Local stakeholder engagement on the Vision, Priorities and Deliverables including online survey, 3 online events and public representative forums (156 responses); and
- Individual stakeholder meetings.

Overall, the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan. Further detail is contained within Appendix 2.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan.

2.3.8 Route to the Meeting

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

- HSCP Senior Leadership Team: 12 June 2023
- Executive Directors Group: 22 June 2023
- HSCP Q&CC: 30 June 2023
- PHWBC: 3 July 2023

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance**.

The Staff Governance Committee are asked to be assured that the Fife Primary Care Strategy will underpin delivery of NHS Fife Public Health and Wellbeing Strategy and the Committee are asked to support progression for approval through to the Integration Joint Board and NHS Fife Board.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Draft Fife Primary Care Strategy 2023-2026
- Appendix 2: Primary Care Strategy Participation and Engagement Consultation Summary

Report Contact:

Lisa Cooper
Head of Service
Primary and Preventative Care Services, Fife HSCP
E-mail: lisa.cooper@nhs.scot



Fife Primary Care Strategy 2023-2026

Contents

- Forward.....3
- Executive Summary4
- Introduction5
- National and Local Context.....6
- Policy Context.....8
- General Challenges10
 - General Medical Services13
 - Primary Care Dental Services15
 - Community Pharmacy17
 - Optometry Services.....18
- Strategic Themes.....19
- Vision20
- Our Priorities21
- Our Core Principles21
- Strategic Alignment.....21
 - Anchor Ambition23
- Our Enablers.....23
 - Workforce23
 - Premises24
 - Digital Technology.....25
 - Finance25
 - Communication26
- Participation and Engagement27
- Delivery Plan.....28
- Planning and Governance30
- Monitoring and Review31
- Appendix 1: 3 Year Action Plan32

Forward

This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

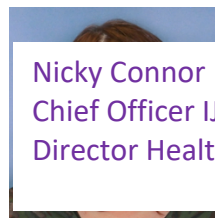
Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

Across general practice, community pharmacy, dentistry and optometry services thousands of people are in touch with primary care services every week and those services work in partnership with a much wider team across different professions, sectors and agencies.

The pandemic has had a significant impact on everyone's lives and we have all had to adapt and respond to the greatest personal and collective challenge many of us have ever faced in our lifetimes. We recognise the incredible commitment of staff within primary care and the teams that support and are aligned to primary care that have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe. We also recognise the outstanding contribution of unpaid carers and the impact of living with and recovering from the pandemic has had on people receiving health and social care support. The ambition in this strategy is focused on the recovery, quality and sustainability of primary care services in order to support access, continuity of care and the primary care workforce and the people of Fife.

The experience of patients, staff and those who are cared for through our services are at the heart of what matters. We recognise our primary care services are ideally placed to develop continuously supportive and enabling relationships with people and supporting them to make shared decisions about their care and helping them to manage their own health and wellbeing. We would like to thank everyone involved in developing this strategy for their commitment, innovative ideas and desire for positive change and for sharing what matters to them.

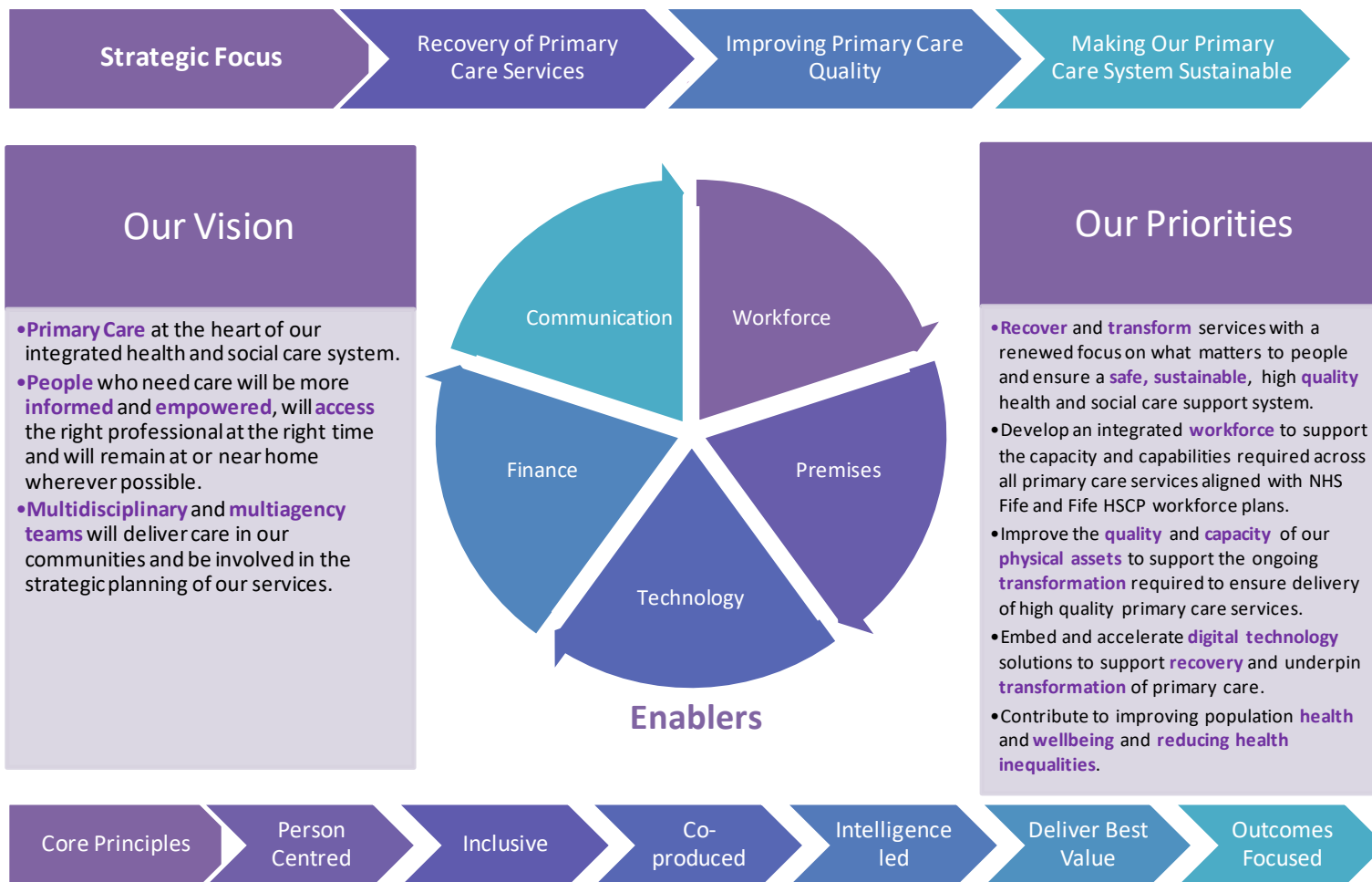
This strategy and delivery plan outlines our ambitious programme to support the recovery and transformation of our primary care services to ensure we have a resilient and thriving primary care at the heart of our integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.



Executive Summary

Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



Introduction

Primary care services are an integral part of a well functioning healthcare system and its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Primary care is an individual's most frequent point of contact with the NHS and covers a wide range of services including:



Figure 1: Primary Care Services

This strategy recognises the importance of self care and self management. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.

The scope of this strategy includes General Medical Services, Primary Care Dental Services including General Dental Services and the Public Dental Service, Community Pharmacy Services and Community Optometry Services (High Street Opticians).

Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

National and Local Context

The Public Bodies (Joint Working) (Scotland) Act 2014¹ requires local authorities and health boards to work together to integrate health and social care services. With a greater emphasis on joining up services and focusing on anticipatory and preventative care, integration aims to improve care and support for people who use services, their carers and their families.

The Council and Health Board working together to deliver these services is known as health and social care integration. Fife Integration Joint Board (IJB) is responsible for the planning and delivery of integrated arrangements and delegated functions in Fife which includes all aspects of Primary Care. The HSCP is the public facing aspect of the IJB and bring together employees of both organisations to work in partnership to deliver health and social care services (Figure 2).

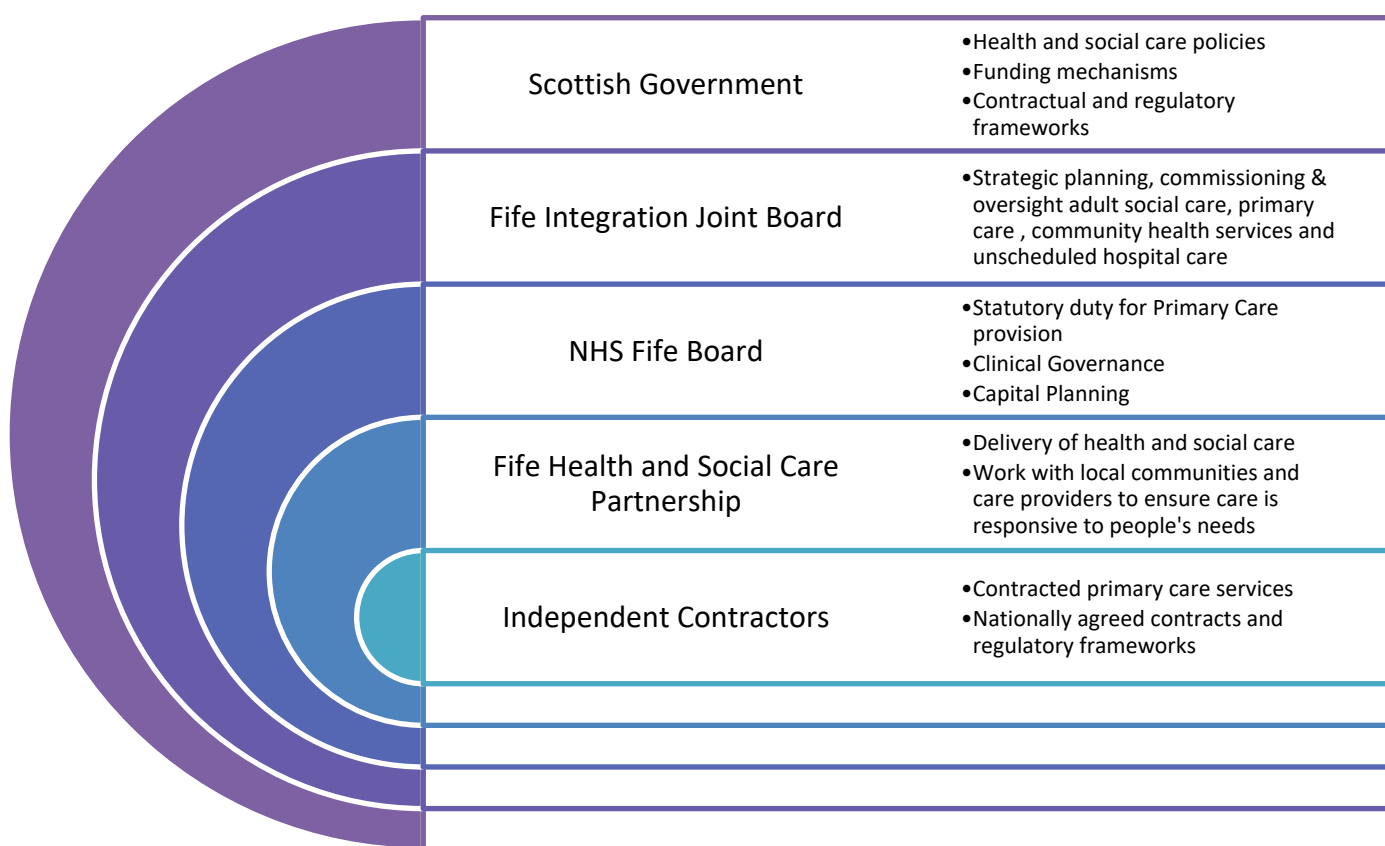


Figure 2: National and Local Context for Primary Care Services

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks (Figure 3).

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

General Medical Services	General Dental Services	Pharmaceutical Services	General Optometry Services
<ul style="list-style-type: none"> •Primary Medical Services (Scotland) Act 2004 •The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 	<ul style="list-style-type: none"> •National Health Service (General Dental Services) (Scotland) Regulations 2010 and Amendment Regulations 2019 	<ul style="list-style-type: none"> •The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 and Amendment Regulations 2021 •Scottish Drug Tariff 	<ul style="list-style-type: none"> •The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 and Amendment Regulations 2018 •The National Health Service (Optical Charges And Payments) (Scotland) Regulations 1998 and Amendment Regulations 2023

Figure 3: Primary Care Contract and Regulatory Framework

Fife HSCP has set out the future direction of all health and social care services across Fife within their Strategic Plan². This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership’s Strategic Plan and achievement of their vision *for the people of Fife to live independent and healthier lives* and contributes to the delivery of their strategic priorities for local, sustainable; integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife’s Population Health and Wellbeing Strategy³ and their four strategic priorities to:

- Improve health and wellbeing;
- Improve the quality of healthcare;
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife⁴ which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between primary, secondary and social care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

² www.fifehealthandsocialcare.org/publications

³ [Living well working well and flourishing in Fife \(nhsfife.org\)](http://livingwellworkingwellandflourishinginFife.nhsfife.org)

⁴ Plan-for-Fife-2017-2027.pdf

Policy Context

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable⁵. This approach supports person centred holistic care, minimises unwarranted variation and reduces inequalities which underpin the principles of Realistic Medicine⁶. This supports innovative ways to improve the way healthcare is delivered through value based health and care models to support a more sustainable health and care system⁷.

The National Health and Social Care Workforce Plan: Part Three⁸ focuses on improving workforce planning for primary care to support improvement and sustainability of primary care services, promote prevention and self management and development of new models of care. The future primary care workforce will have further enhanced and expanded multi-disciplinary teams. This will ensure the primary care workforce is made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities.

The Scottish General Medical Services Contract⁹ and its associated Memorandum of Understanding committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care. It aimed to improve population health, reduce health inequalities and reduce General Practitioner (GP) workload through expansion of the multidisciplinary team and further development of GP clusters.

General practices are supported by primary health care teams, including community nursing, mental health and allied health professionals, to provide effective response to local health care needs. The planned expansion of the multidisciplinary team will enable clinical work previously undertaken by GPs to be delivered safely and effectively by other members of the multidisciplinary team and allow GPs to develop their role as expert medical generalists focusing on undifferentiated presentations, complex care, quality and leadership. The multidisciplinary team comprises a wide cohort of professional roles including nursing, pharmacy, paramedics, and allied health professionals.

Seven key principles underpin the expansion of the multidisciplinary team to ensure new roles and service provision is safe, person-centred, equitable, outcome focussed, effective, sustainable and affordable and which represents value for money. The agreed priorities for implementation of the contract include:-

- Vaccination Transformation Programme;
- Pharmacotherapy;
- Community Treatment and Care services;

⁵ [A National Clinical Strategy for Scotland - Summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

⁷ [Delivering Value Based Health & Care: A Vision For Scotland \(www.gov.scot\)](http://www.gov.scot)

⁸ [National health and social care workforce plan: part three - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Urgent Care;
- Additional professional roles; and,
- Community Link Workers.

GP Clusters are professional groupings of general practices with each practice represented by their Practice Quality Lead. The GP Clusters are aligned to the seven localities in Fife which supports strong multiagency working. The leadership of the Cluster Quality Lead (CQL) is essential to facilitating quality improvement work across the clusters and liaison with locality and professional structures. The CQLs work together, with protected time, to improve the quality of care for their local populations and contribute leadership to the development and planning of integrated care which will support quality improvement and reduce health inequalities.¹⁰

The Oral Health Improvement Plan¹¹ provides the overarching framework for the development of NHS dental service provision in Scotland. The programme of work aims to improve child oral health, access to NHS dental services, reduce oral health inequalities, meet the needs of an aging population, deliver more services in the high street, and improve information for patients and quality assurance and improvement.

Achieving Excellence in Pharmaceutical Care¹² sets out Scotland’s strategic plan to transform the role of pharmacy across all areas of pharmacy practice, increase capacity and offer the best person centred care. Pharmacy teams are an important part of the workforce with specialist skills and expertise in medicines. The plan focuses on improving NHS pharmaceutical care services including delivering safer use of medicines and enabling NHS pharmaceutical care transformation through developing the capability and capacity of the pharmacy workforce, developing a digitally enabled infrastructure and planning delivery requirements for sustainable pharmaceutical care services.

Optometry services have developed since the introduction of free eye examinations in 2006 to the services being the first port of call for people with eye problems, helping to detect eye diseases early. Optometrists are an integral part of the transformation of primary care services and the on-going development of community based care. The Community Eyecare Services Review (2017) highlighted areas of good practice and made recommendations to develop services to facilitate the care of patients safely in the community through local schemes supporting, for example, anterior eye conditions, post surgery cataract care, glaucoma and low vision services. It also recognised that those living in challenging circumstances are less likely to attend for regular eye examinations and recommended that local initiatives promoting a wider appreciation of eye health, the vital role of community optometry in the early detection of eye disease and for unplanned and emergency eye care, should be supported and new ways of working developed to promote accessibility.

¹⁰ [PCA \(M\) \(2019\)08 - National guidance for clusters. A resource to support GP clusters and support improving together \(scot.nhs.uk\)](#)

¹¹ [Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

¹² [Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot \(www.gov.scot\)](#)

General Challenges

As described in the Fife Health and Social Care Strategic Plan and NHS Fife Population Health and Wellbeing Strategy, the whole system faces significant challenge. The challenges facing Primary Care in common with other parts of the health and social care system are summarised in Figure 4.

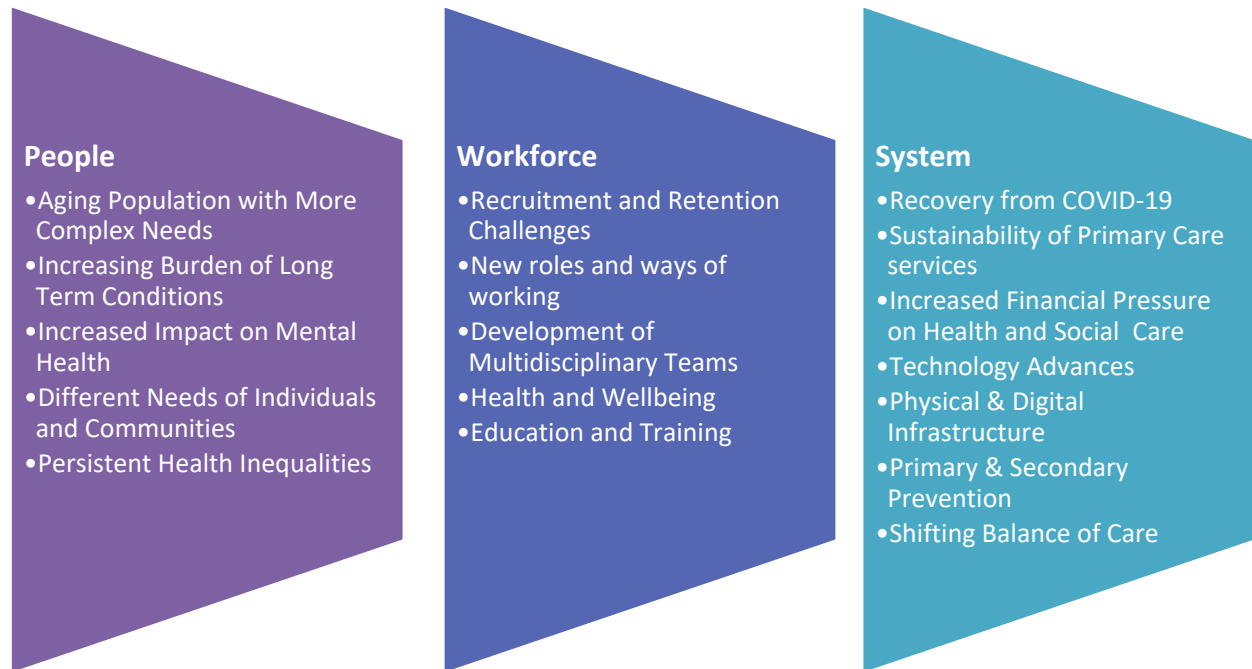


Figure 4 Challenges Affecting Primary Care Services

Changing Population

The population of Fife is aging and living longer with more complex needs. In particular the growth in the over 65 populations is projected to increase which will create additional demands for health and care services. The demographic challenges also mean the working age population is shrinking which will impact on training and recruitment of health and social care staff as well as impacting on the number and age of people with caring responsibilities (Figure 5).

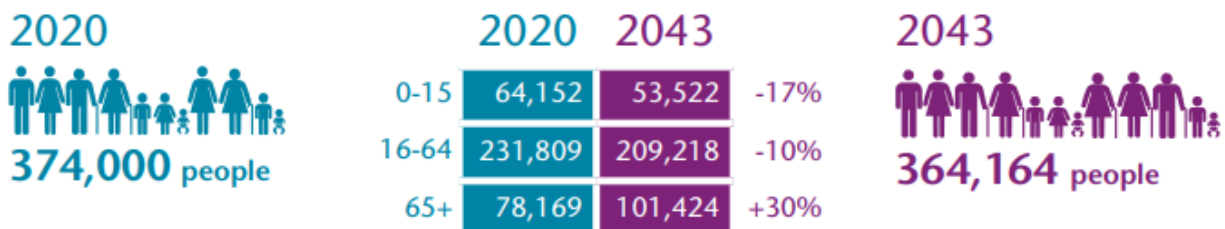


Figure 5 Projected population change in Fife 2020-2043

There are significant housing developments across Fife which will attract new populations and change the makeup of communities. This population growth will have a direct impact on all public services and increase demand for health and social care.

Carers

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets. Unpaid carers make a significant and highly valued contribution to supporting people in need in Fife. All partners are committed to working collaboratively to support carers and achieve the ambitions within the Carers Strategy¹³. The local knowledge of primary care practitioners and their relationships with individuals, their families, carers and communities means they can play a key part in ensuring carers have the information, advice and guidance they need, can direct them to available practical support, and contribute to them having a more positive experience.

Covid-19 Pandemic

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff adding to the challenges already being faced by the health and care system and it will be some years before the full legacy is understood.

This has been a very challenging period with limited access to and delivery of some services resulting in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

In addition to the overall impact on population health and wellbeing the way people access services and how care is delivered has changed, for example, innovative use of digital technology has enabled provision of flexible services and alternative models of care to support people.

The pandemic continues to require the workforce to operate in an agile and dynamic way using a range of technologies to meet the daily challenges whilst ensuring people are safe and have their care needs met.

Mental Health

Good mental health is essential in achieving and improving outcomes for individuals and families. The growing demand for mental health care was a challenge pre pandemic. Primary Care are often the first point of contact in supporting people experiencing and living with mental ill health and responding to people experiencing trauma and distress. Together with the HSCP's Mental Health Strategy this strategy supports the promotion of good mental wellbeing, prevention of poor mental health and distress, and provision of appropriate care and support locally and aligns with the National Mental Health Strategy priorities to prevent, promote and provide mental health care.

Health Inequalities

Health inequalities are caused by a wide range of factors which influence health and wellbeing. The rise in the cost of living, including fuel, energy, and food, is increasing the pressure on people, particularly those already facing financial hardship. In addition, there are different challenges

¹³ [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf \(fifehealthandsocialcare.org\)](#)

across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Significant health inequalities exist and persist within the Fife population.

- In 2016-2020 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived for males and 8 years lower among females.
- The most deprived areas have 35% more deaths and approximately double the number of early deaths (aged 15 to 44) than the Fife average.
- Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland.
- The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average.

Socioeconomic deprivation and cost of living pressures are the main drivers affecting people's health. Each of Fife's localities contain geographies which have higher levels of need and therefore it is important to consider the impact of place on people when planning services¹⁴.

Workforce

The demographic of the workforce, changes in training, training gaps due to the pandemic and development of new and specialist roles are all impacting on the availability and recruitment and retention of key staff.

Finance

Demand for health and social care services is increasing whilst the available financial resource is under significant pressure. Making the best use of resources by redesigning services and doing things differently will be essential to meet the future health and care needs of the population.

There is a challenge between the planned projections of the workforce required and the available funding to fully implement the Primary Care Improvement Plan. This is a high level corporate risk and one of the key drivers in development of this strategy to ensure delivery of sustainable and effective primary care services. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

There is limited access to capital funding to support premises development which may impact on future capacity for service delivery. In developing models of care how existing resources can be used to maximise clinical space and optimise accessibility needs to be carefully considered.

Digital Infrastructure

Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when needed; for example, use of *Near Me* video technology for consultations, access to therapies websites and technology enabled care. Alignment with NHS Fife and Fife HSCP digital strategies will ensure

¹⁴ [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](https://www.nhs.uk/consult/condemned-to-fife-report-2020-and-2021-220220616.pdf) (nhsfife.org)

connectivity and support digital approaches that remain inclusive to the needs of our workforce and population and enable equitable access to primary care.

General Medical Services

Sustainability

Sustainability of GP practices has been a national concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with general practitioner (GP) recruitment and financial security. Over the past 10 years these sustainability challenges have resulted in an overall reduction in the number of general practices in Fife and a corresponding 16% increase in the average number of patients per practice.

Currently there are 53 general practices across Fife with an average practice population of 7,394.

Sustainability challenges have also resulted in some practices returning their contracts and currently being managed as Health Board run services. General practices and primary care teams are greatly valued for their commitment to provision of primary care services. The HSCP will continue to work collaboratively to support the independent contractor status of general practice.

Workforce

The Primary Care Improvement Plan set out the planned implementation of the priorities with investment supporting the expansion of the multidisciplinary team being made through the primary care transformation fund.

Significant progress has been made to date with implementation of the new contract, including the aspirations published in 2021 with a second Memorandum of Understanding.

Investments made in expanding the workforce to deliver the aims of the contract have been partially implemented however, challenges remain:-

- Recruitment of staff with the skills and competencies required;
- Significant pressure on the available funding to fully implement the plan;
- Premises capacity for additional clinical and administrative accommodation for the multidisciplinary team ;
- Digital solutions to enable remote working to happen more easily whilst retaining local access; and,
- The impact of the expanded multidisciplinary teams on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy.

Progress on each of the priorities and remaining challenges is outlined in Table 1.

Transformation Priorities	Progress	Challenges
---------------------------	----------	------------

Vaccination Transfer Programme	Fully transferred	
Pharmacotherapy	Partial provision	National availability of Pharmacy workforce for delivery Financial resource No nationally agreed service specification
Community Care & Treatment Service	90% complete Full transfer expected by end 2023	
In hours Urgent Care	Partial provision Aim for full transfer by April 2024	Availability of Nursing and Paramedic workforce for delivery Financial resource
Additional professional roles	Partial provision	Availability of Advanced Practice Physiotherapists & Mental Health Nurses for delivery Financial resource
Community link workers	Link Life Fife available to all practices	

Table 1: Primary Care Improvement Plan Progress

Medical Training

General Practitioner Specialty Training

In partnership with National Education Scotland General Practitioner Specialty Training in Fife is fully supported. A breadth of relevant experience is provided through a variety of hospital placements and practice based experience within eleven GP training practices. However there are challenges in retaining general practitioners on completion of their training and there is a need to support development of portfolio career options and promote Fife as a good place to live and work.

ScotGEM

ScotGEM is a four-year graduate entry medical programme taught through a partnership between the Universities of St Andrews and Dundee in collaboration with NHS Fife. It is designed to develop doctors interested in a career as a general practitioner and focuses on rural medicine and healthcare improvement. The first cohorts graduated in 2022 and are progressing through their foundation years. It is too early to know how many will become GPs in the future.

ScotCOM

NHS Fife has a strategic ambition to become a teaching Health Board. ScotCOM (Community Orientated Medicine) is a proposed medical degree which will be delivered between NHS Fife and the University of St Andrews. It is anticipated this programme will commence in 2025. Being able to provide high quality medical school placements in primary care and supporting practices to develop placement opportunities will support expansion of the future workforce and new career opportunities.

Digital Infrastructure

A programme of work is underway to standardise the clinical system used by primary care which will require investment to implement.

In addition, the design and development of the Digital Prescribing and Dispensing Pathways Programme¹⁵ is progressing with implementation anticipated to begin from 2024. The requirements for this will need to be factored into the digital health infrastructure.

Premises

There is a requirement improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services. A primary care premises review has been undertaken which assessed the appropriateness of current primary care premises including the condition, functional suitability, utilisation, and quality of estate and identified the investment priorities to inform the updated Property & Asset Management Strategy and Primary Care Premises Strategy.

Primary Care Dental Services

General Dental Services

There are 67 independent dental practices (including 5 orthodontist practices) in Fife providing General Dental Services (GDS) through a mix of NHS and private care.

Dental Registration

Dental registration policy has changed over time and in 2010 lifetime registration was introduced. Figure 6 shows the trend in NHS dental registrations from 2006 to 2022. As demonstrated NHS dental registrations have been declining since 2020 as a consequence of the pandemic and workforce challenges.

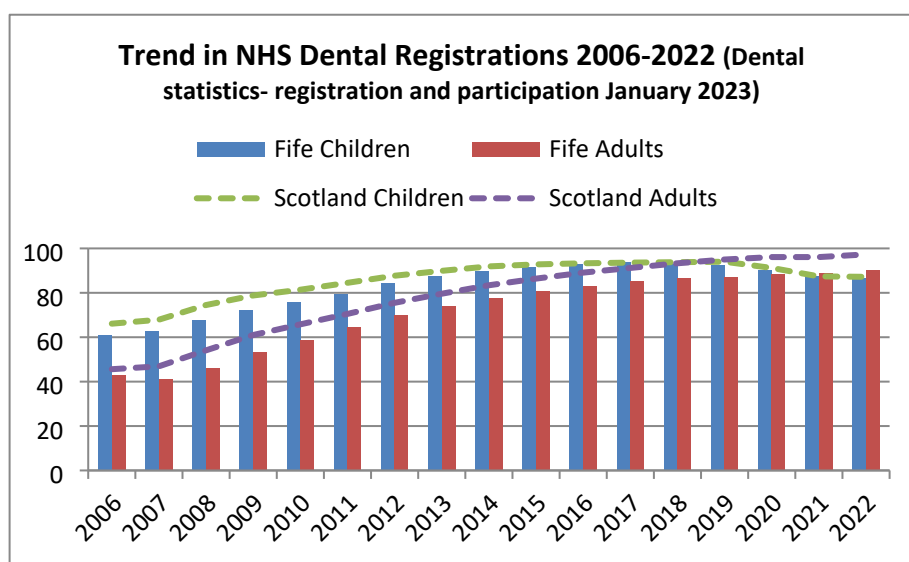


Figure 6 Trends in NHS Dental Registrations

¹⁵ [About the Digital Prescribing and Dispensing Pathways programme | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/about-the-digital-prescribing-and-dispensing-pathways-programme/)

It is currently very challenging to register with an NHS Dentist in Fife and this is also a national concern. In particular the proportion of children registered with an NHS Dentist has reduced from 93% in 2019 to 87% in 2022. Registrations are also impacted by deprivation with 85% of children living in the most deprived areas registered with an NHS dentist compared to 90% in the least deprived.

Dental Participation

NHS dental participation is defined as contact with general dental service for examination or treatment in the 2 years prior to point of interest. Figure 7 shows the trend in participation rates. As demonstrated, participation rates have been affected by the lifelong registration policy from 2010, however there has been a marked reduction due to the impact of the pandemic on access to dental care with only 54% of registered patients having seen an NHS dentist within the previous 2 years in 2022 compared to 74% in 2019.

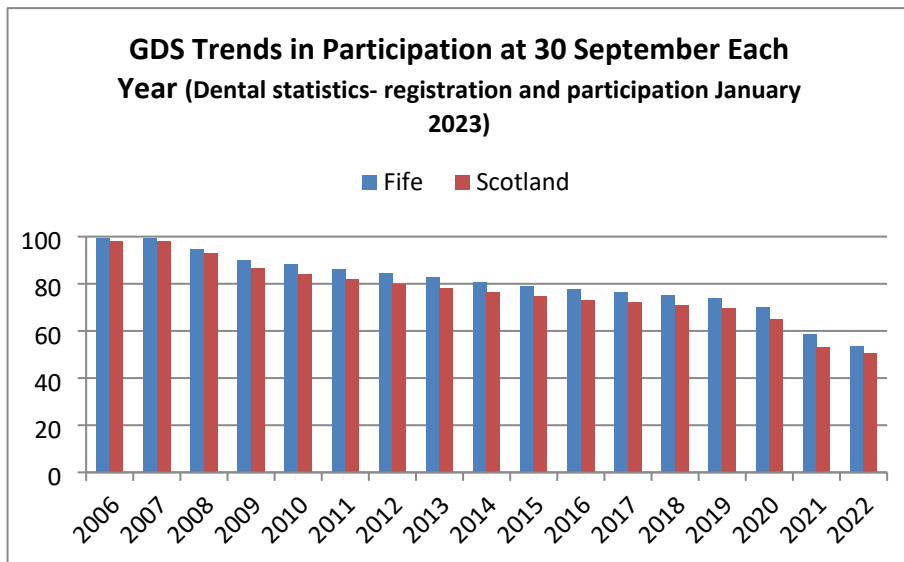


Figure 7 Trends in NHS Dental Participation

Children and adults from the most deprived areas were less likely to have seen their dentist within the last 2 years than those in the least deprived (table 2)

Table 2 Dental Participation Rates	Most Deprived	Least Deprived
Children	56.6%	74.7%
Adults	45.7%	54.1%

There are a number of complex reasons that dental services are experiencing significant challenges as a result of the backlog due to the pandemic.

- Issues with recruitment and retention of dentists and dental care professionals are an ongoing national problem.
- The pandemic impacted on dental training and there were no dental graduates.

- Many dental practices have very limited cover and access arrangements in place for the NHS patients registered with them.

Public Dental Services

The Public Dental Service (PDS) dental team are employed by NHS Fife and provide core services as well as priority group NHS dental care services across 12 sites in Fife including on hospital premises.

The PDS host the Fife Dental Advice Line for patients with an urgent dental need to facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner.

The national oral health improvement programmes are delivered by the PDS. Oral health improvement actions continue to be recovered post pandemic with a focus on reducing inequalities.

Community Pharmacy

Pharmacy services have expanded considerably over the last decade and play a crucial role in supporting people in their own homes and communities. There are 86 community pharmacies in Fife providing approximately one pharmacy per 4,300 population. The pharmacies are well distributed across the region and meet the access needs of the vast majority of the population with no large gaps identified¹⁶.

The launch and expansion of the core NHS Pharmacy First service in April 2020 demonstrates the role of community pharmacies as one of the first points of call for people to access healthcare advice and medicines. Other core services, universally available, include Acute Medicines Provision, Public Health, and Medication Care and Review Services for people with long term conditions.

Community pharmacies also provide a wide range of enhanced services including services to care homes, care of people with substance misuse problems, palliative care network and vital capacity in vaccination programmes.

The Pharmaceutical Care Services in NHS Fife (2022) report highlights the importance of continuing to support the development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population. Further development of local services may be impacted where the local facilities are not flexible enough to allow this to happen or where workforce challenges mean pharmacists need to focus on their core business and service.

Workforce challenges have emerged in part due to the expansion of clinical pharmacy roles working in General Practice. This service is a welcome addition to the multidisciplinary primary

¹⁶ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk)

care team and delivers on several commitments to improving patient care. There is opportunity to focus on making best use of skill mix, including the roles of pharmacy technicians and pharmacy support workers to enable pharmacy teams embedded in GP Practices to focus on direct patient care activities, optimising their skill set.

In addition, there are challenges to the financial sustainability of community pharmacies more broadly. Nationally, a challenging set of community pharmacy financial settlement negotiations are ongoing for the financial year 2023/24.

Optometry Services

Optometry services are provided by High Street Opticians and play a key role in the provision of community care. Optometry is a stable and strong part of our healthcare economy, where national contracts facilitate a good balance of innovation and stability.

There are 46 optometry practices across Fife with a good distribution across the seven localities.

In 2021-22 37.2% of Fife's population received a sight test/ eye examination. Of those who received an eye examination 34% lived in the most deprived communities compared to 39% in the least deprived.

There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home for our population.

A number of shared care schemes have been developed to provide enhanced local service provisions within Fife for the treatment of common eye conditions and management of chronic eye diseases such as glaucoma. These schemes have required optometrists to undertake additional accredited training and have enabled patients to be safely discharged from hospital eye care services into the community.

The Optometry Pharmacy First Pathway is working well and it is recognised that developing the referral pathway between general practice and optometry would support sharing of information and good practice.

Since 2006, significant investment has been made both through direct Scottish Government funding and by individual optometric practices in ensuring that the appropriate equipment is available to provide the relevant services and meet specific patient needs.

Future development in community based eye care will need to include consideration of any related equipment and technology requirements.

Strategic Themes

A strategic needs assessment was undertaken to develop this strategy. The themes from this are identified in Figure 8.



Figure 8: Primary Care Strategic Themes

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

Primary care services are an integral part of a well-functioning healthcare system. Primary care services aim to:-

- Provide high-quality, equitable care for the population they serve;
- Prioritise those at highest risk;
- Support those with long-term conditions to self-manage these conditions as well as possible;
- Play a significant role in longer-term prevention and early intervention and detection of disease and harm;
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife (Figure 9).

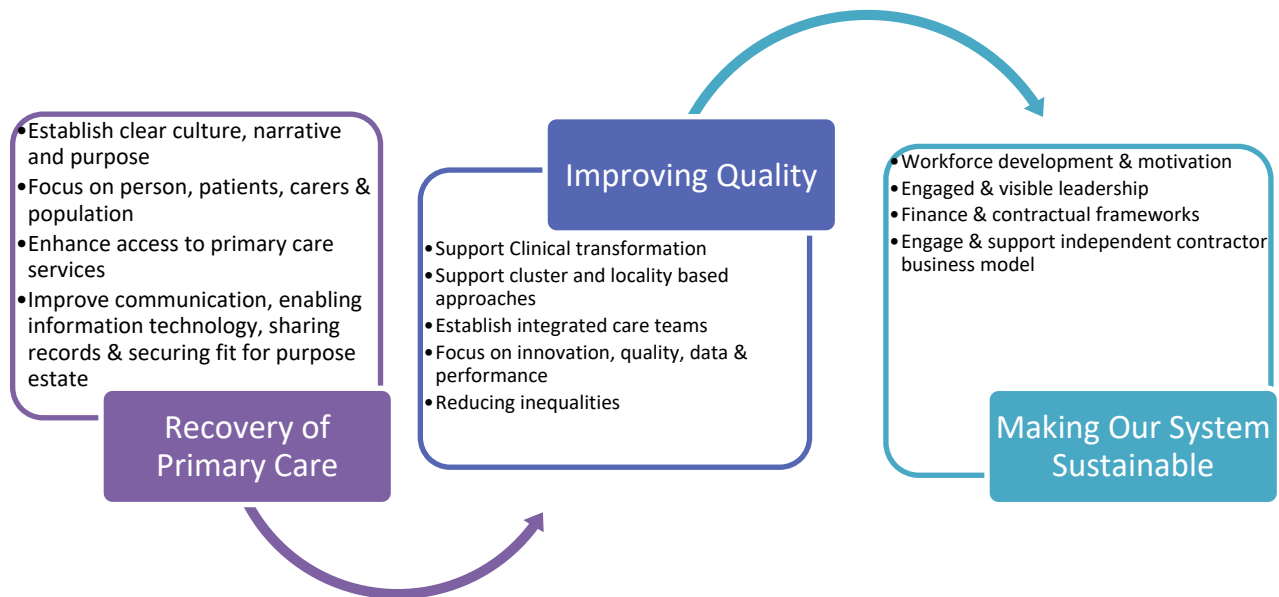


Figure 9: Strategic Focus

Our Priorities

Our Priorities:

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Our Core Principles

The core principles (figure 10) underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals. They will ensure services are as inclusive and accessible as possible, informed by clinical evidence and expert advice. Services will be delivered at an appropriate pace to reduce risk and ensure people experience high quality, safe, effective and efficient care. Locality planning and engagement with partners and communities across the system will ensure services are co designed and tailored to local need and any barriers to accessing care and support services are removed. The development of a performance, quality and assurance framework will focus on continuous improvement in delivery and access to primary care services.



Figure 10: Core principles for the strategy

Strategic Alignment

This strategy supports the delivery of local and national strategic priorities together with the nine national health and wellbeing outcomes and six public health priorities (Table 3).

Primary Care Vision	Primary care at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services					
Primary Care Priorities	Recovery safe, sustainable, high quality services	Workforce development	Quality and capacity of our physical assets	Digital First solutions for recovery and transformation	Improve health & wellbeing & reduce inequalities	
Fife HSCP Vision	People of Fife Live Independent and Healthier Lives					
Strategic priorities	Local	Sustainable	Wellbeing	Outcomes	Integration	
NHS Fife Vision	Living well, working well and flourishing in Fife					
NHS Fife Priorities	Improve Health and Wellbeing	Improve The Quality Of Health And Care Services	Improve Staff Experience And Wellbeing	Deliver Value And Sustainability		
Plan for Fife Vision	A Fairer Fife					
Plan for Fife Priorities	Opportunities for all	Thriving places	Inclusive growth and jobs	Community led services		
Delivering Value Based Health & Care Vision	To deliver value based health and care; this will achieve the outcomes that matter to people and a more sustainable system					
Value Based Health & Care Aims	Improved Outcomes and Experience		Improved Equity of Access and Transparency		Sustainability & Stewardship	
Nine National Health & Wellbeing Outcomes	People can look after their own health	Live at home or in a homely setting	Positive experience of services	Services improve quality of life	Services mitigate inequalities	
	Carers supported to improve health	People using services are safe from harm	Engaged workforce Improving Care	Efficient resource use		
Six Public Health Priorities for Scotland	We live in vibrant, healthy and safe places and communities	We flourish in our early years	We have good mental health	We reduce the use of harm from alcohol, tobacco and other drugs	We have a sustainable, inclusive economy with equality of outcomes for all	We eat well, have a healthy weight and are physically active
Table 3 Strategic Alignment of Vision and Priorities						

Anchor Ambition

Fife HSCP and NHS Fife are large organisations connected to the local communities of Fife. It is recognised that anchor institutions can make positive contributions by investing in and working locally and responsibly with others to:

- Employ people from local communities through fair and equitable employment practices and paying a living wage;
- Use our land and buildings to support local communities and influence health and wellbeing in education, housing and employment;
- Purchase goods and services locally where appropriate to support local businesses.

Both Fife HSCP and NHS Fife recognise that Primary Care Contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of this ambition and alignment with the Fife Population Health and Wellbeing Strategy.

Our Enablers

The following enablers are critical to the successful implementation of this strategy (figure 11):

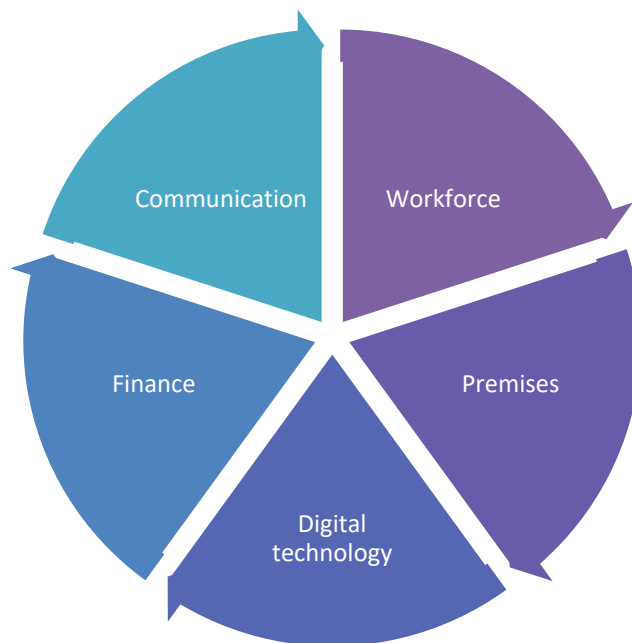


Figure 11 Key enablers

Workforce

A growing and aging population with increasingly complex health conditions needs a primary care workforce with the numbers and the breadth of skills to help people access the healthcare they need. As the front door to many other NHS services, sufficient capacity and capability in primary care is critical for people getting timely access to other parts of the health and social care system.

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Development of initiatives that encourage people to want to live and work in Fife will maximise opportunities for recruitment and retention of all healthcare professionals. Developing careers of choice can be supported, for example, developing clinical and leadership roles for GPs such as the Primary Care Clinical Lead for Cancer and Palliative Care.

Both NHS Fife and Fife HSCP workforce plans are aligned to the five pillars of the national workforce strategy, to plan, train, employ and nurture their workforce¹⁷.

These principles underpin the development of an integrated primary care workforce with commonality across all independent contractors, managed services and across the wider health and social care system including the third and independent sectors with a focus on recruitment & retention, skill mix, training & development, health and wellbeing, career pathways and succession planning.

Development of the primary care workforce will also ensure locality and cluster based models are aligned with the HSCP's strategic vision and will ensure there is a focused, targeted approach related to the individual needs of communities.

Premises

The National Code of Practice for GP Premises¹⁸ sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision, the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourages GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner. The code describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises.

A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review considered:-

- The appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. The development of primary care premises is being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of primary care and improved access to functionally suitable primary and social care premises.

¹⁷ [Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

¹⁸ [National Code of Practice for GP premises - gov.scot \(www.gov.scot\)](#)

Engagement with partners regarding the Local Development Plan for Fife¹⁹ and place based initiatives will support identification of opportunities for future developments with the aim of designing premises which support delivery of public services in shared buildings with shared facilities.

Digital Technology

Improved use of technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Although technology offers opportunities consideration needs to be given to issues related to digital exclusion and ensuring greater use of technology does not become a barrier for people.

Triage systems will continue to be developed to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

The development and spread of models that allow for access and maximise communication technologies, for example, phone, NearMe, e-consult; will be supported to develop a system which reflects modern needs and expectations.

Collaborative working with digital colleagues in NHS Fife and partners across the health and care system will ensure alignment with NHS Fife and Fife HSCP digital strategies to support growth and embed and accelerate digital solutions to support recovery and underpin transformation of primary care.

Further investment in technologies which support self-care and self-management of long-term conditions will be required. In addition, there is a need to support the workforce and the population of Fife to increase their skills, confidence and access to digital options. These will be linked to the completion of the 2023 Digital Maturity Assessment and the HSCP Digital Strategy.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions will be critical to sustainability for all contractors and early engagement with Government colleagues will be important to understand any potential impacts and mitigations.

Although contracts and associated payments are determined nationally, there is some, limited opportunity to implement local services to meet population need. Optimising use of available funding by targeting resources, seeking innovative and dynamic approaches and delivering at scale where appropriate will enable local needs to be met and deliver best value.

¹⁹ [Adopted FIFEplan - Keystone \(objective.co.uk\)](https://objective.co.uk)

This strategy will contribute to achievement of the measures within the Medium Term Financial Strategy including:

- Ensuring Best Value - ensure best use of and working within the resources available;
- Whole system working - building strong relationships with our partners;
- Prevention and early intervention - supporting people to stay well and remain independent;
- Technology first approach - to enhance self-management and safety;
- Commissioning approach - developing third and independent sectors;
- Transforming models of care - to support people to live longer at home, or a homely setting;
- Prescribing - reduce medicines waste; promote realistic prescribing to make effective contributions to the medicines efficiency programme.

The Primary Care Improvement Fund supports delivery of the Primary Care Improvement Plan. The plan is regularly reviewed and monitored to maximise use of all available resources and track future commitments and is reported through the finance and primary care reports to the relevant committees and Integration Joint Board.

Communication

Localities provide an opportunity for communities and professionals including GPs, primary care teams, secondary care, social care, nurses, allied health professionals, pharmacists and others together with the third and independent sectors, to take an active role in, and provide leadership for, local planning of health and social care service provision.

Improving communication across the interface between primary, secondary and tertiary care services and developing care pathways, shared care initiatives and working collaboratively a strong vision for service delivery can be achieved and delivery of excellent care to improve population health and wellbeing can be maximised.

Strengthening primary care and community-based provision in each locality, and promoting recovery following the COVID-19 pandemic will be underpinned through design and delivery of services and supports that are based on an understanding of what matters to people in terms of their values, outcomes and experiences.

A Fife wide primary care communication plan will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

Participation and Engagement

In developing this strategy consideration has been given to the published reports of the Health and Care Experience Survey²⁰, the Health and Sport Committee findings of their inquiry on

²⁰[Health and Care Experience Survey - gov.scot \(www.gov.scot\)](http://www.gov.scot)

what primary care should look like for the next generation²¹ , the consultations supporting the development of the Partnership and NHS Fife strategic plans as well as engaging with a wide range of stakeholders. A summary report of the engagement activity is provided in appendix 2. The Health and Sport Committee report identifies five key areas for development (Figure 12).

Workforce & Ways of Working	Patient Centred Approach	Preventative Focus	Community Wide Approach to Wellbeing	Use of Data and technology
<ul style="list-style-type: none"> •GPs share responsibility with Multi-Disciplinary Team; •Improved information sharing including access/input into records; •Better management of workforce to ensure supply meets demand; •Professional career development 	<ul style="list-style-type: none"> •More flexible appointment systems for working people; •Easy and accessible signposting to other available services; •More personalised relationship with health care professional; •Better triage system to direct service users 	<ul style="list-style-type: none"> •Encourage healthy eating; physical activity •Increase mental health services; wellbeing places in schools and workplaces •More holistic policy approach on health issues e.g. education , urban planning, Infrastructure •Personal responsibility for health; •Social prescribing 	<ul style="list-style-type: none"> •Making better use of community facilities for multifunctional purposes; •Bringing communities together could reduce loneliness and mental health issues; •Minimise costs of access, making initiatives more accessible to people including those in deprived areas 	<ul style="list-style-type: none"> •Desire for change including scheduling appointments; receiving results; corresponding with medical professionals by email; appointments via video; •Shared electronic patient record; •Data ownership; •Greater use of technology to monitor health

Figure 12 Five key areas for development (Scottish Government 2021)

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

Delivery Plan

The overarching delivery plan (table3) sets out our priorities, deliverables and planned outcomes and is supported with a more detailed action plan in Appendix 1.

²¹ [What should Primary Care look like for the next generation? Phase II | Scottish Parliament](#)

Table 3 Overarching Delivery Plan	Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife
--	--

Priorities	Deliverables	Outcomes	Strategic Focus		
			R	Q	S
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system	<ul style="list-style-type: none"> Improve access to a wider range of care in our communities; Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services; Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;	<ul style="list-style-type: none"> Expand our primary care workforce and ensure that this is more integrated, and better coordinated; Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing;	R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.	<ul style="list-style-type: none"> Develop primary care premises strategic framework Support creation of whole system Initial Agreement; Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> Digital solutions are created to enhance capacity and support the care delivery models; The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health Address the systematic disadvantage faced by people in deprived areas through provision of needs based care 	Services are co-designed with communities to better meet the needs of people, families and carers Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

Planning and Governance

The planning and governance of primary care services are shared across Fife Integration Joint Board, NHS Fife and Fife HSCP (Figure 14).

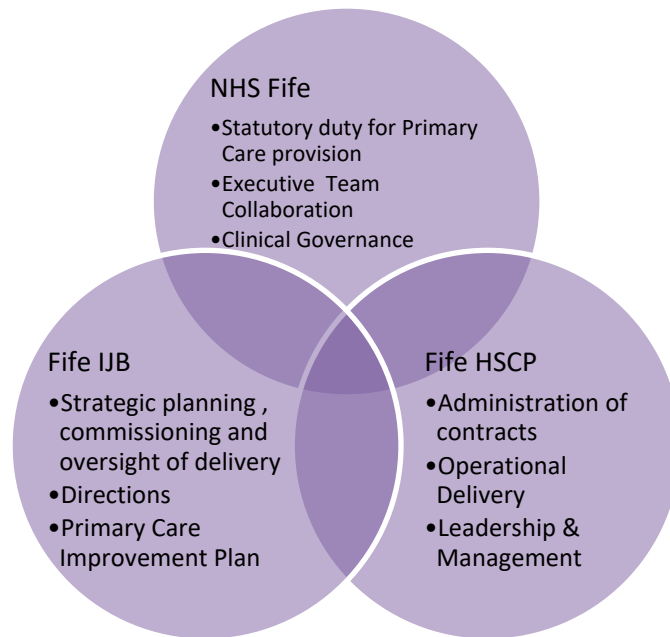


Figure 14 Planning and Governance Responsibilities

The statutory responsibility for the strategic planning, commissioning and oversight of delivery for primary care services lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for primary care provision with the Medical Director having executive responsibility for General Medical, Dental and Ophthalmic Services and the Director of Pharmacy and Medicines having executive responsibility for Community Pharmacy. The Director of Property and Asset Management has executive responsibility for the retained estate and the Director of Public Health ensures executive leadership to improving population health. This systems leadership approach values the individual and collective responsibilities of the Executive Team in support of Primary Care in Fife.

Through the governance structure effective oversight of implementation of the primary care strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Monitoring and Review

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

Progress on implementation of this strategy will be monitored through the Primary Care Strategic Oversight Group to enable responsive decision making and identify any necessary remedial actions, where required, to improve outcomes. Transformation and sustainability initiatives for all four independent primary care contractors together with any critical aspects of governance will be overseen by this group.

The Primary Care Improvement Plan is regularly monitored and reports to the GMS Board, Quality & Communities Committee, IJB and Scottish Government.

There has historically been a lack of reliable and robust data for primary care. The National Monitoring and Evaluation Strategy sets out the overarching national approach and principles which will shape future sustainable policy and service developments for primary care²². To better understand how primary care contributes across the wider health and social care system, to equality of outcome and access, to ensuring our communities thrive, and to delivering public value a national indicator set and outcomes framework is in development.

A performance framework incorporating and building on the national key performance indicators will be established to monitor implementation and evaluate impact of this strategy.

Regular updates on progress will be reported to the Executive Directors Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the third year of implementation, will inform future direction and the development of future strategic plans.

Revision History

Document Title:	Primary Care Strategy		
Document Owner:	Lisa Cooper Head of Primary Preventative Care Services	Document Number:	
Date Approved by IJB:		Revision Number:	
Implementation Date:		Review Date:	
Print Date:	10/07/2023	Author:	

²² [national-monitoring-evaluation-strategy-primary-care-scotland.pdf](#)

Appendix 1: 3 Year Action Plan

To realise our vision, the following plan outlines the actions to support recovery of and improve quality and sustainability primary care services. R=Recovery : Q=Quality: S=Sustainability

Overarching Actions							
Strategic focus			Action	Year 1	Year 2	Year 3	Systems Leadership
R	Q	S	Develop primary care workforce plan aligned with NHS Fife and Fife HSP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	√	√	√	Lead : Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy Critical: Head of Service Primary Preventative Care, HSCP Chief Finance Officer; HSCP Workforce & Organisational Culture Lead; Head of Workforce Planning & Staff Wellbeing NHS Fife; Staff Side Representative
R		S	Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	√	√	√	Lead: Associate Director Communications NHS Fife; Head of Service Primary Preventative Care Critical: Head of Nursing Primary Preventative Care; Senior Portfolio Lead Primary Care
R	Q	S	Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract management and performance framework for Primary Care	√	√	√	Lead: Head of Performance, Planning and Commissioning Critical: Head of Service Primary Preventative Care, Director of Nursing HSCP, Deputy Medical Director HSCP
R	Q	S	Further strengthen leadership and governance arrangements	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
R	Q	S	Assess impact of strategy against HSCP strategic plan and NHS Fife Population Health and Wellbeing Strategy			√	Lead: Head of Service Primary Preventative Care Critical: Head of planning, performance and commissioning HSCP; Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care

Q	S	Evaluate impact on reducing health inequalities		√			Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
General Medical Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Support general practice in stabilising its position.	√	√	√	Lead: Head of Service Primary Preventative Care ;	
R	S	Support ongoing development of MDT	√	√	√	Deputy Medical Director;	
	Q	S Support development of GPs Expert Medical Generalist Role	√	√	√		
R	Q	S Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	√	√		Critical: Portfolio Lead Primary Care;	
R	S	Refresh and implement PCIP 2023/24	√	√		Head of Nursing Primary Preventative Care;	
	Q	S Support CQLs in delivery of cluster functions	√	√	√	Programme Manager Primary Care Improvement Programme;	
		S Develop plan for GP training and options for portfolio careers to attract and retain GP workforce	√	√	√	Clinical Directors Primary Care;	
		S Increase GP training accredited practices			√	Head of Pharmacy – Population Health and Wellbeing; Medical Education Lead;	
		S Explore options to join Rediscover Joy in General Practice programme		√	√	Head of Capital Planning / Project Director;	
R	S	Continue to support GP sustainability loans	√	√	√	Head of Estates and Facilities;	
R	Q	S Continue to support minor works to make most of existing premises	√	√	√	Head of Digital Strategic Delivery;	
	Q	S Develop Primary Care Premises Strategy;	√	√		HSCP Communications Officer;	
	Q	S Develop whole system Initial Agreement		√	√	LMC.	
	Q	S Develop performance activity and outcomes data including assessing progress towards addressing health inequalities	√	√	√		
	Q	S Implementation of new GP Practice system (VISION)	√	√			
R	Q	S Support development and spread of models that allow adoption of technologies	√	√	√		

Q	S	Digital Prescribing and Dispensing Pathways Programme			√		
Q		Establish calendar of protected learning time in collaboration with UCSF	√	√	√		
	S	Evaluate the impact of the improvement plans on general practice capacity			√		
Q	S	Review delivery model for GMS learning from MOU implementation		√	√		
Primary Care Dental Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Increase access to NHS dental services.	√	√	√	Lead: Head of Service Primary Preventative Care Consultant in Dental Public Health; Critical: Clinical Director Public Dental Service; HSCP Dental Advisor Primary Care Manager; Business manager Public Dental Service Portfolio Lead Primary Care	
R	S	Consider recruitment and retention options	√	√	√		
R	S	Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes	√	√	√		
R	S	Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care	√	√			
Q		Refine referral pathways between GDS, PDS and secondary care services	√	√	√		
R	Q	S	Review Emergency Dental Service to improve sustainability and access	√	√		
Q		Continue to recover Oral Health Improvement actions to reduce oral health inequalities	√	√	√		
Q	S	Assess impact of OHIP and refine Annual Delivery plan – targeted approach		√	√		
R	S	Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates		√	√		

Q	S	Consider national contracts revisions and impact on service delivery	√	√		
Community Pharmacy Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
R	S	Review current process and assure robust arrangements for recovery and progression of new pharmacy applications	√	√		Lead: Head of Service Primary Preventative Care Head of Pharmacy - Population Health and Wellbeing
Q	S	Refresh Community Pharmacy hours of service contractual arrangements	√	√		
Q		Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice – Right place, right time, first time	√	√	√	Critical: Lead Pharmacy, Community Pharmacy and Public Health; Primary Care Manager HSCP Locality Planning Manager HSCP Participation and Engagement Lead Portfolio Lead Primary Care;
Q	S	Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities	√	√	√	
Q	S	Digital Prescribing and Dispensing Pathways Programme			√	
Q		Prepare for all newly qualified pharmacists being independent prescribers from 2026			√	
Q	S	Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	√	√	√	
Optometry Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
Q	S	Develop GP-Optometry Pathway	√	√		Lead: Head of Service Primary Preventative Care Deputy Medical Director
Q	S	Implementation of national community glaucoma service	√	√		

Q		Review uptake of GOS across all localities and develop plan to address inequalities	√	√	√	Critical: Secondary Care Ophthalmologist HSCP Optometry Advisor Primary Care Manager HSCP Clinical Director Portfolio Lead Primary Care;
Q	S	Develop standardised approach to delivery of additional services	√	√	√	
Q	S	Review demand, access and equality of low vision services		√	√	
Q		Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care	√	√	√	
Q	S	Consider national contracts revisions and impact on service delivery		√	√	
Q		Prepare for all newly qualified optometrists being Independent prescribers from 2028			√	

Fife Health
& Social Care
Partnership



Fife Primary Care Strategy 2023-2026

Participation and Engagement Consultation Summary

Fiona Ashton-Jones, Participation & Engagement Officer

Ann Kerr, Participation & Engagement Officer

June 2023

Introduction

The Primary Care Strategy is currently in development as one of the key 9 strategies defined in the HSCP Strategic Plan 2023-2026. The Strategy will focus on recovery, growth, and transformation to ensure Fife has a resilient and thriving primary care at the heart of an integrated health and social care system. The primary care strategy will focus on recovery of primary care, improving quality and making systems sustainable.

Fife Health and Social Care Partnership's Participation and Engagement Team is supporting the development of the Primary Care Strategy 2023-2026 working group through consultation on the Vision, Mission & Deliverables to ensure that they are realistic, achievable and to identify any gaps that need to be addressed.

This consultation summary highlights the feedback from those who responded to this consultation, which was open for a 5-week period from 24th April to 26th May.

Previous Engagement

The following consultation was previously undertaken to help inform the National priorities.

- ✓ Public engagement was undertaken by the Scottish Government HACE Survey 2022. Published May 2021-2022) with over 8,000 responses (27% response rate) received from Fife.
- ✓ 'What Primary Care Looks Like for The Next Generation' survey.
- ✓ Local engagement as part of the HSCP Strategic plan.

Further engagement work as required to ensure that the national priorities and delivery plan met the needs of the public as well as ensuring they can realistically be delivered by the 4 key service providers- GPs and surgery staff, community pharmacy, dentistry and optometry.

Methodology

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

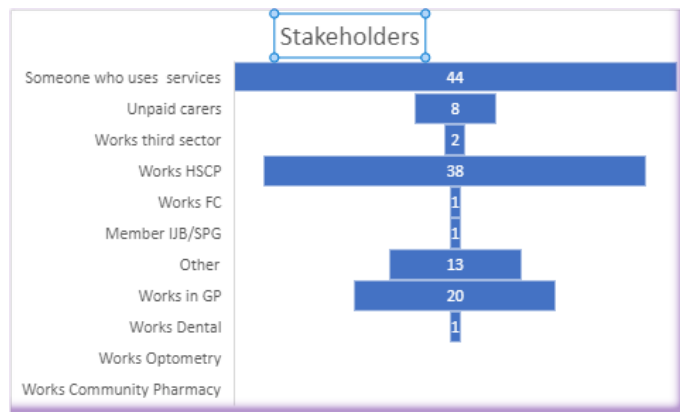
Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Consultation Summary

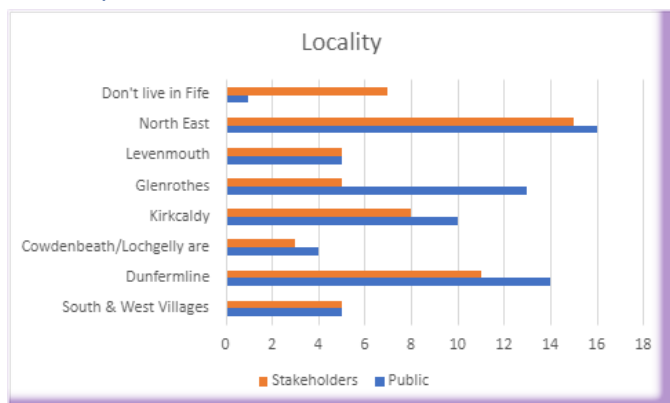
Response Rate

A total of 156 people took part, 128 through the online forms consultation and 28 who attended the online events.

- **Staff:** The Microsoft form was completed by 60 staff with a further 28 staff attending one of three online events. The majority of responses were received from Females (70%) with the overall ages being between 35 – 54.
- **Public:** The Microsoft form was completed by 68 members of the public with an equal representation between male and female genders and within the age categories of 45 and above, of which 66% of responders recorded as 65+.



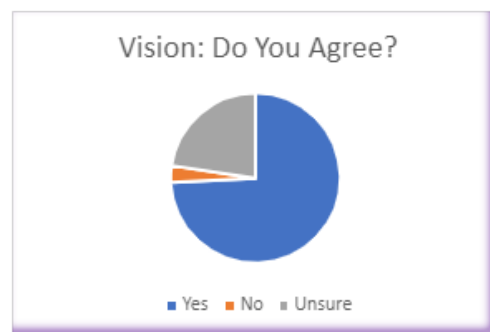
Locality



A representation from across Fife was obtained with the highest responses coming from Dunfermline & North East Fife localities.

Primary Care Vision

78% of public representatives agreed with the vision in comparison to 70% of staffing group with a larger percentage of staff being unsure. A key theme was the feasibility to deliver the vision and whether aspirations were matched by appropriate mechanisms and resources, with funding and work force plans being a primary concern. Minimal comments were received from Dentistry, but the pressure dental services are under was referenced.



There was recognition from the public that they needed to take responsibility for their own health as well as from 'staff' that 'patients needed to be educated and empowered.

'Agree, but infrastructure funding may be needed to achieve the vision'.

'I agree but in reality, this feels highly ambitious given the crisis that the NHS is in and the staff shortages both within primary and community settings'.

Primary Care Principles

The public and staffing groups were in alignment with both having 82% agreeing with the principles.

There was a high level of support for the principles with positive comments recognising the recognition of requirements. There is the appetite to see these delivered with evidence of impact to ensure accessibility of services, expertise, and support for everyone. The key theme from the public were around access to services whilst stakeholders focused on delivery of these in view of work pressures.

'Many people have difficulty finding or contacting the help they need. These principles seem to address this'.
'Local access to information, expertise and support is important. Good information delivered early and with community support helps early interventions and ultimately help support the NHS long term'.
'Principles are sound, my concern is how they will be put into practice'.

Priority One Deliverable

Similar results were received from the public and staff with overall 74% agree with this deliverable. There was also minimal difference between those staff who completed the survey online and those who attended the live events and had the benefit of a presentation. This deliverable had the lowest percentage of those that disagreed however the highest percentage of those that were unsure.

Key comments related to: resources, effective communication, and connectivity between services with the requirement to enhance partnerships, understanding & flexibility across organisational working. Resources were a key theme featured in all categories relating to time, funding, staff & support to enable people to be able to deliver this, to reduce backlogs and deliver a continuity of care. Request for a clear line of vision of where we are now and sight of deliverables as it was felt the 'Devil is in the detail', Comments also surrounded ability for easier access to services and enhanced communication within the public domain of the proposed delivery plan as well as the status of services.

'Invest more in a dual-focus approach - help services to both transform and try new ways of working whilst addressing backlog. This requires clinicians to be given job-planned time and space for new ways of working. It cannot be something fitted into existing work requirements.

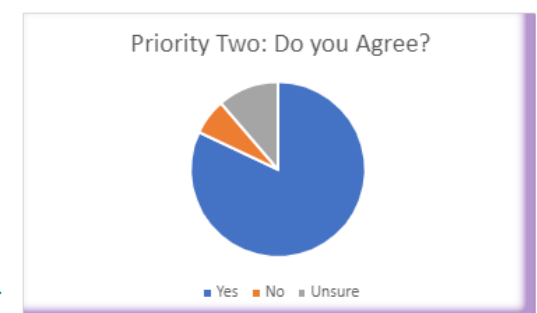
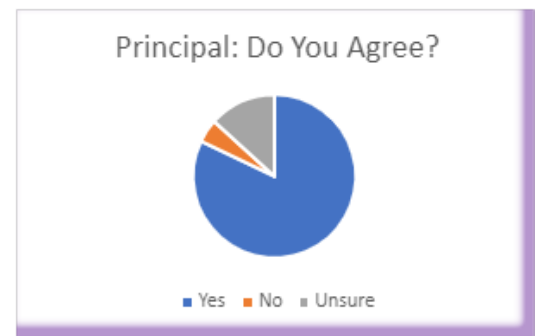
'Be open to the idea of providing services out with normal hours so that everyone is able to access the help they need even those that work during normal office hours'

Priority Two Deliverable

87% of the public and 76% of staffing groups agreed with this deliverable with 12% of staff compared to only 3% public disagreeing. This may be due to the operational knowledge by stakeholders as the key theme related to the recruitment and retention of staff with comments surrounding pay, acknowledgement, support, terms & conditions and incentivisation.

There was recognition that: '*A lot of this is outside of the control of Fife*' and that '*This deliverable should be more specific on what can be achieved*'.

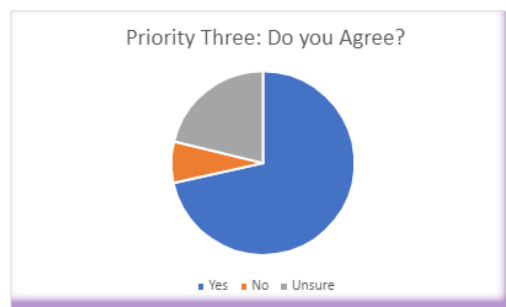
'*It's fine thinking the partnership is going to achieve your goals but can the staff cope with these new values and will it have a knock-on effect to the patients*'.



Priority Three Deliverable

Overall, 72% agree with this deliverable with a breakdown of 81% from public and just 64% from staffing groups.

Staff commented mainly on the condition of properties, the cost to improve these, funding provision and communication whereas the public's focused on the need for more staff and for budgets to be provided to enhance access to services. There were also some comments that reflected on the definition of 'asset-based approach' and 'neighbourhood'.



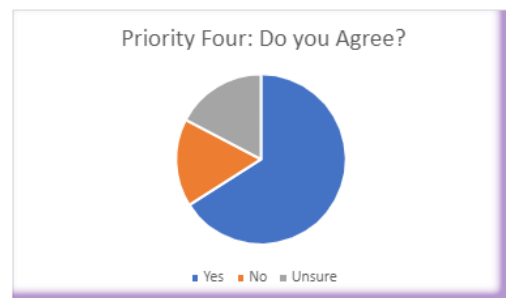
'A baseline to be achieved before moving'.

'Facilities need investment. Care needs to be provided in an environment that is fit for purpose, welcoming, feels safe. Run down clinics do not convey a sense of value to people accessing these services.'

'More money needed to recruit and retain staff.'

Priority Four Deliverable

This question regarding digital solutions generated the lowest 'agree' response of only 66%, driven by the public response rate of 55% compared to 78% from staffing groups. Similarly, both 'no' and 'unsure' responses were at 17%. The two main themes emanating from both the public and staff around digital solutions was that only part of going forward should be digital and access to face to face should always be an option. It was felt that there is also a requirement to invest in IT to enable more digital pathways, joined up IT systems and enhanced IT communication between departments so that everyone can share information easily.



'Digital and technology methods are only part of the solution - the major emphasis should be on a people-based delivery mechanism'.

'Ensure any innovation in digital technology used in Primary care is fully integrated across the board and if possible, between boards across Scotland'.

Priority Five Deliverable

The overall percentage of 75% agreed which was boosted by the staffing group at the online events who voted 90% in agreement to this deliverable around Primary Care contributing to improving health and wellbeing and reducing inequalities. Most people agreed with the need to reduce inequalities, those unsure were needing more information such as the 'how'. Comments went back to access and the importance of local services. Partnership working was also a theme with the suggestion of patient hubs, wellness spaces and health education. Co-design was mentioned in the outcome and several comments were unsure this could really be achieved.



'Work with other agencies: have patient hubs where they can access computer and help e.g. wells'

'Develop systems to actively identify where inequalities exist (similar to the GIRFEC model) and then use this to plan care and support.'

Conclusion and Key Themes

The public and staff have been very passionate about the importance of getting primary care right. Overall, the public and staffing groups have agreed with the proposed vision, principles, and deliverables with the key themes on delivery relating to access to care, availability of resources particularly staff, communication through information sharing, to patients and technological ability and the need for a joined-up approach. There have been many comments around funding, lack of staff and difficulty in accessing services but there is an appetite to understand the delivery plans and how they will achieve the proposed deliverables.

The Partnership has received a significant number of positive comments during this consultation, complementing the vision with positive messages

'It appears to show an awareness of the needs of the users whilst mindful of the challenges facing providers at present'.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Primary Care Strategy 2023 – 2026.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Integrated Performance & Quality Report – Staff Governance
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHS Scotland 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 April, although there are some measures with a significant time lag and a few which are available up to the end of May.

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. We will transition to the 2023/24 ADP in due course.

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 Actions 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 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022. New targets will be devised for 2023/24.

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 (6.18% in April)
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 June IPQR will be available for discussion at the meeting on 20 July 2023.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 22 June 2023 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

Appendix 1: Fife Integrated Performance & Quality Report June 2023

Report Contact:

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

Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in June 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 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. Assessment**
Summary assessment for indicators of continual focus.
- d. 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), relevant to indicators are incorporated accordingly. Currently based on those within ADP2022/23 with transition to ADP2023/24 in due course.

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
20 June 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	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

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

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

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key	
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 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Bench marking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Apr-23	7.58	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Apr-23	1.42	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Apr-23	0.96	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Apr-23	13.5	○	▲	▲	● QE Dec-22
	C Diff - HAI/HCAI	6.5	Month	Apr-23	20.2	○	▼	▼	● QE Dec-22
	ECB - HAI/HCAI	33.0	Month	Apr-23	30.4	○	▼	▼	● QE Dec-22
	S1 Complaints Closed in Month on Time	80%	Month	Apr-23	55.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Apr-23	21.7%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Apr-23	13.2%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	Month	May-23	74.4%	○	▲	▼	● Apr-23
	4-Hour Emergency Access (ED)	82.5%	Month	May-23	66.1%	○	▲	▼	● Apr-23
	Patient TTG % <= 12 Weeks	100%	Month	Apr-23	44.6%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-23	50.0%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-23	50.1%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Apr-23	97.9%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Apr-23	84.4%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	May-23	84.8%	●	▶	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	May-23	8.0%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.4%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
Finance	Revenue Resource Limit Performance	(£10.8m)	Month	May-23	(£7.9m)	●	—	—	●
	Capital Resource Limit Performance	£9.1m	Month	May-23	£0.298m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Apr-23	6.18%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	May-23	39.8%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jan-23	246	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Apr-23	67.7%	○	▼	▼	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Apr-23	70.5%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
●	Special cause variation, out with control limits
○	No SPC applied

Change Key

▲	"Better" than comparator period
▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Assessment

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

		Target	Current
--	--	--------	---------

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.18%

The sickness absence rate fell in April 2023 to 6.18%, a fourth successive monthly decrease and lowest percentage since July 2022, when the sickness absence rate was below 6%. Despite recent decreases, the percentage in April 2023 was still over 1% higher than April 2022.

Sickness absence ranged from over 7% in Acute Services Emergency Care and HSCP Community Care to below 5% in HSCP Primary & Preventative Care. The largest reduction was in Corporate Services, where the rate has dropped 1.34% from 6.78% in March to 5.44% April 2023.

The national picture (from monthly management information) shows that NHS Fife (6.11%) had the 4th highest absence rate of all Mainland Health Boards for the 12 months ending February 2023. The Scottish average was 6.14%.

The refreshed Attendance Management training programme is now being delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. Further training initiatives are being considered, including implementing 'triggers and targets' short learning bites. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice. The Live Positive - Stress Management Toolkit has been re-launched, providing a wide range of information and advice on how to deal with stress, this is alongside the Stress Management Talking Toolkit pilot within the Mental Health and Learning Disability Service. The NHS Scotland Attendance Policy and supporting documents are in use and well established within the organisation, providing a range of template letters and guidance documents that managers and staff can access when utilising the policy.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

39.8%

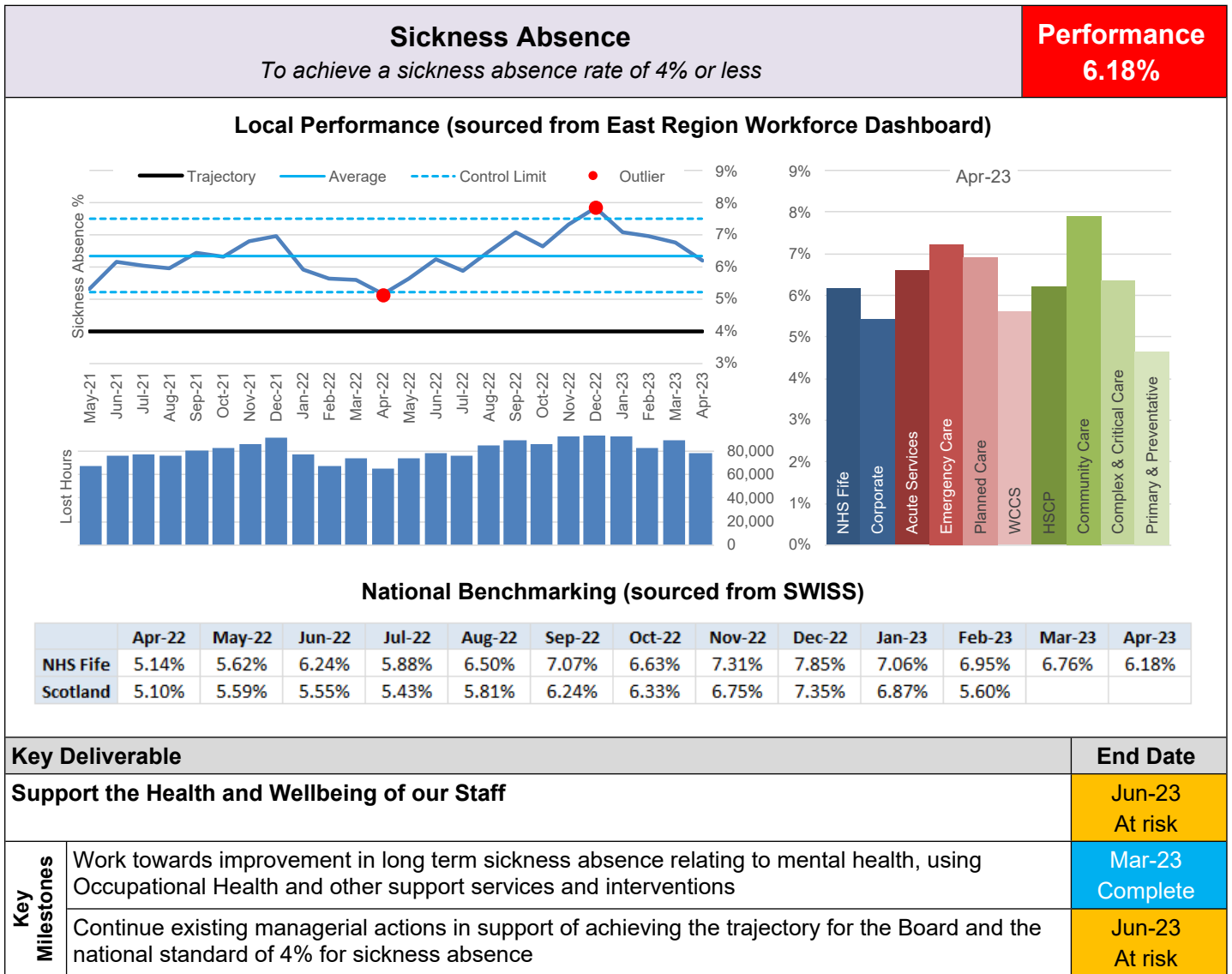
There has been an increase of 1.5% during May meaning that compliance has increased to 39.8%. This is the highest engagement figure reported in over 13 months. Although this increase is still supporting an upward trajectory, the rate of increase will need to increase to the target compliance percentage of 80% remains achievable. Directorate / Divisional level changes ranged from a decrease of 0.1% in Emergency Care to a 5.4% increase in Complex and Critical Services.

The number of reviews held in the last period (322) is lower than the previous month (390). As noted about levels of activity will need to increase in the next few months in order that the required monthly engagement target is reached and subsequently maintained throughout the rest of this review year to ensure that the target compliance percentage of 80% is achieved.

Although the increase in engagement during the last few months of the 2022/23 performance year meant that we moved into the 2023/2024 performance year in a more positive position, this momentum has slowed over the last 2 months.

The lower increase reported over the last 2 months may be an indication that services directed their focus on PDPR acknowledging that March 31st is the end of the annual review period, and as a reaction to increased communications within their service. It is essential that this does not continue into the next few months and, to achieve our target this year, every effort must be made to return to higher activity levels. The enhanced communications and encouragement from Senior Managers and Executives needs to be a key feature throughout 2023/24 in order to reach, and maintain the required momentum. To return to a level trajectory for the remaining 10 months, a minimum engagement figure of 5.7% (approximately 550) per month is required to ensure that the target compliance percentage of 80% is achieved by 31st March 2024. All managers were provided with a PDPR status report as at 31st March 2023 at the beginning of April and an updated report will be provided in September 2023.

d. Performance Exception Reports



STAFF GOVERNANCE

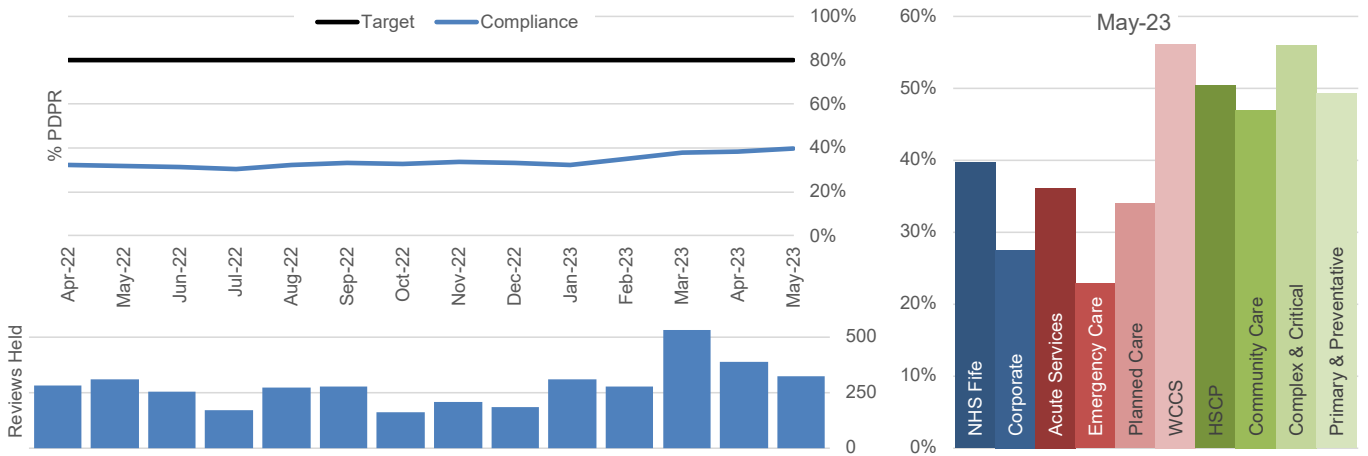
PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance

39.8%

Local Performance



	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife		31.4%	30.4%	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%
Corp.			23.7%	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%
Acute			31.0%	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%
HSCP			34.0%	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%

Key Deliverable

End Date

Work towards improvement in PDPR engagement and achieving an 80% compliance rate

Mar-24
At risk

Key Milestones

Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed

Mar-23
Complete

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/PDPR activity

Dec-22
Complete

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 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 March 2023.

2.2 Background

As reported previously to the Committee, the development of workforce management information capability continues to evolve. This has enabled the production of the NHS Fife Workforce Information Overview report, attached at Appendix 1, and other workforce information to inform specific Staff Governance agenda items.

The NHS Fife Workforce Information Overview report provides the most recent workforce data. Where this data source relates to NHS NES, the information provided is for the latest available quarter, i.e., 31 March 2023. Workforce Information that is sourced from Regional or Local sources provides more current data.

The Protected Characteristic breakdown of our Workforce as at 31 March 2023 is also contained within Appendix 1.

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.

2.3 Assessment

2.3.1 Quality / Patient Care

Improved workforce information supports decision making to enhance 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. This data supports the identification and mitigation of workforce risks.

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 as at 31 March 2023
- Summary of the Staff Health and Wellbeing Support activities and statistics for February to May 2023.

3. List of Appendices

- Appendix 1: Overview of the NHS Fife workforce information as at 31 March 2023

Report Contact:

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



Workforce Information Overview

31 March 2023



Table of Contents

1.	Introduction	6
2.	Overview	6
3.	Recruitment: Joiners, Leavers & Turnover.....	7
4.	Recruitment: Vacancies.....	7
5.	Establishment Gap	9
6.	Workforce Composition: Medical & Dental Staff.....	10
7.	Workforce Composition: Non-Medical & Dental Staff	11
8.	Supplementary Staffing	12
9.	Staff Availability.....	13
10.	International Recruitment.....	14
11.	Employee Relations.....	14
12.	Equality & Diversity Information.....	16
13.	Summary of Staff Health and Wellbeing Support Activities and Statistics: February to May 2023	19

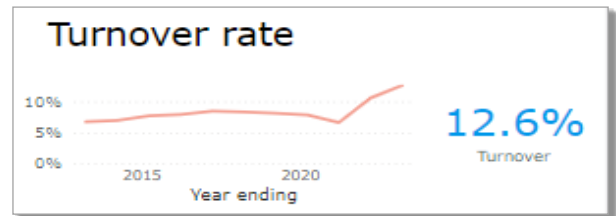
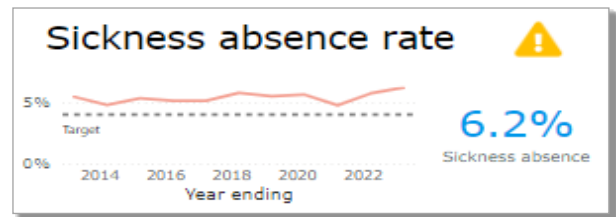
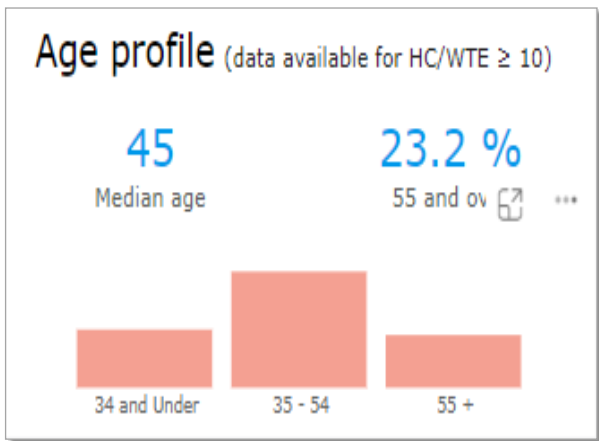
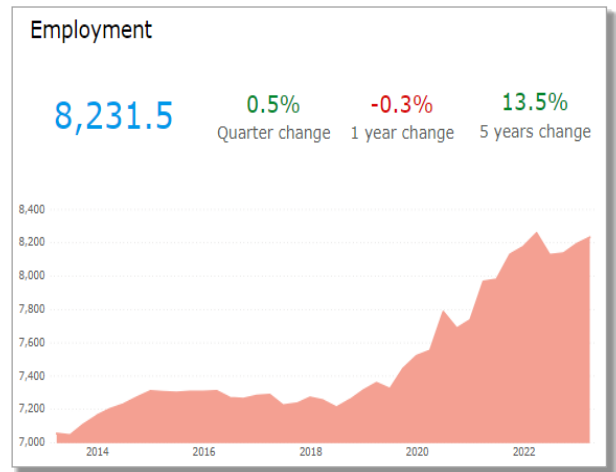
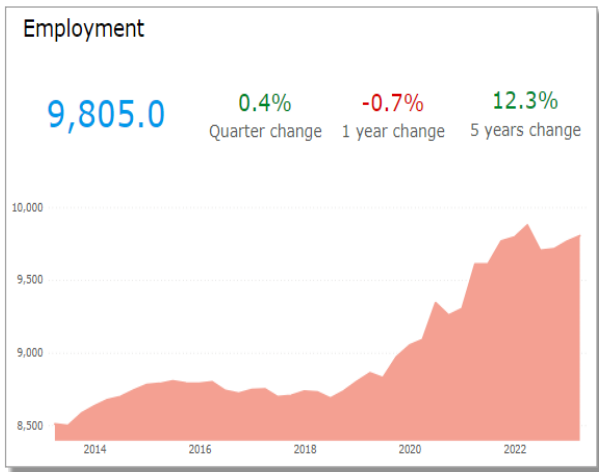
1. Introduction

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 March 2023, NHS Fife employed 9,805 employees (8,231.5 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 an increase in the numbers engaged in Agenda for Change Bands 2-4 plus a greater prevalence of temporary contracts. The high-level overview is set out below:

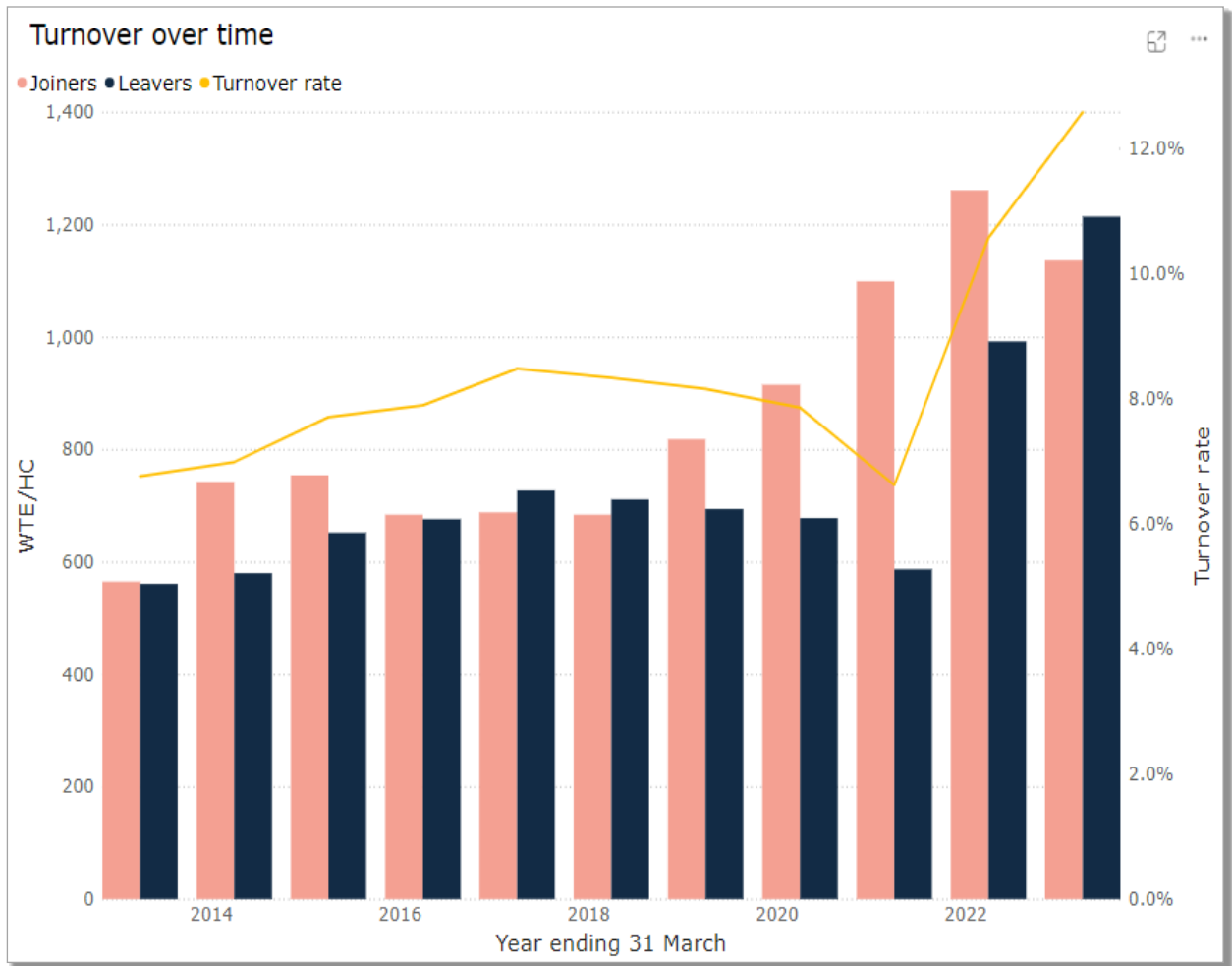


Source: turasdata.nes.nhs.scot

Note: From 1 September 2022, Covid-related absences were recorded as sickness absence. Prior to this, Covid-related absences were treated as special leave absence.

3. Recruitment: Joiners, Leavers & Turnover

Recruitment activity slowed in 2022/2023 as NHS Fife emerged from the COVID-19 pandemic. Consistent with the position across NHS Scotland, more employees left NHS Fife than started employment, resulting in a further increase in the turnover rate for the year ending 31 March 2023.

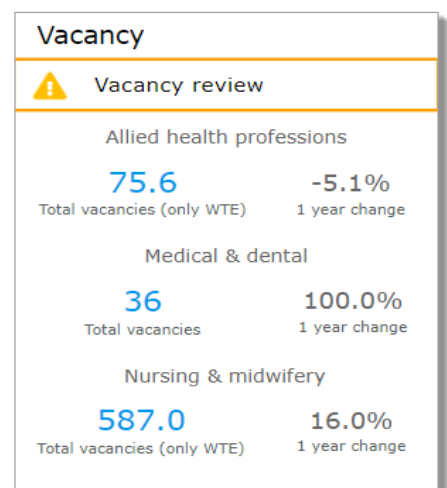


Source: turasdata.nes.nhs.scot

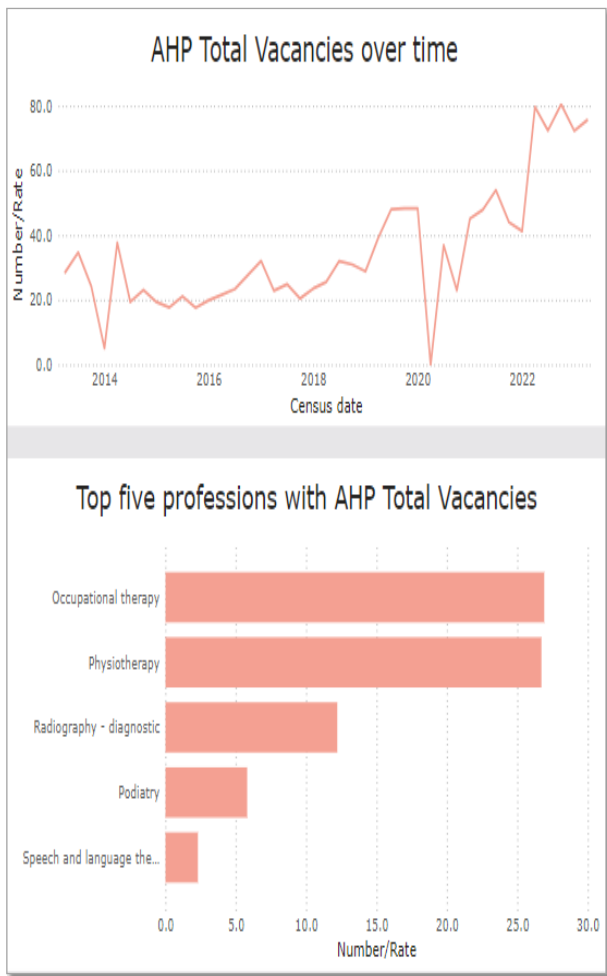
4. Recruitment: Vacancies

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 Allied Health Professions, vacancies within the other professions who control intake to pre-registration academic courses have shown significant increases in the previous 12 months.

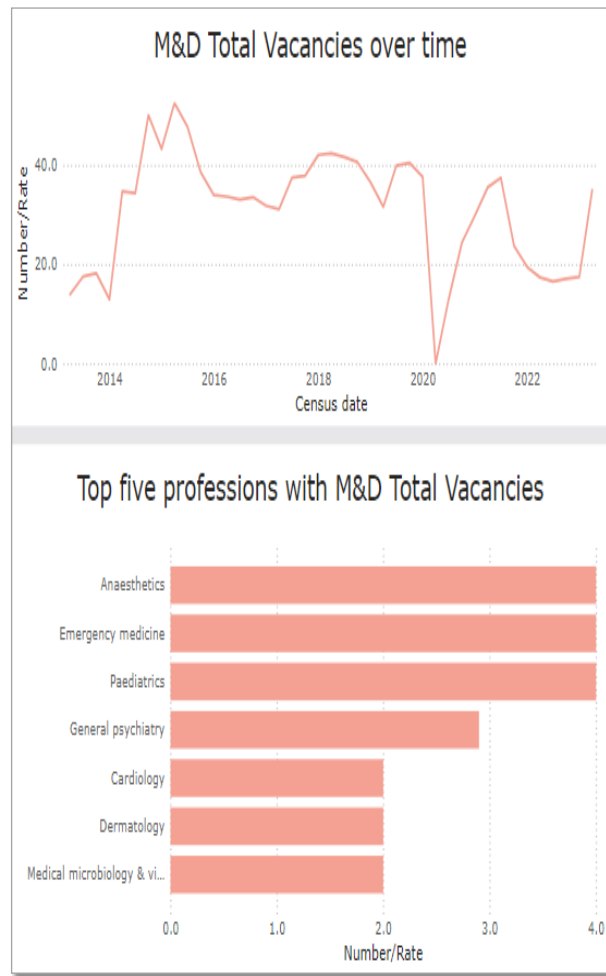
Further information on vacancy trends within these professional groups is outlined to the right and below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 31 March 2023 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.



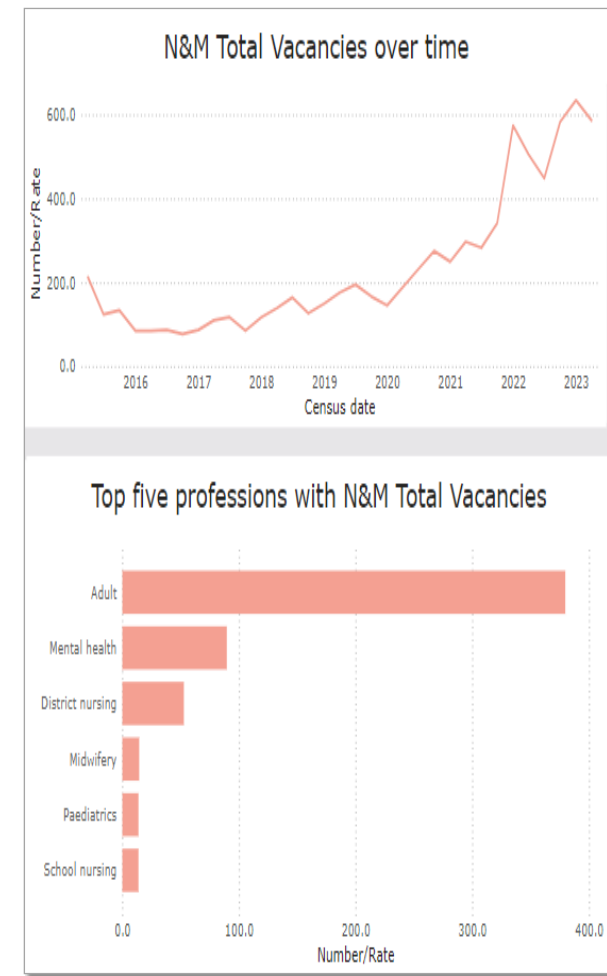
Source: turasdata.nes.nhs.scot



Source: turasdata.nes.nhs.scot



Source: turasdata.nes.nhs.scot



Source: turasdata.nes.nhs.scot

Note: The note reflected within the NES publication relates to how some Boards captured and coded certain vacancies. This does not impact the position for NHS Fife.

5. Establishment Gap

Please note the following caveats when reviewing the information below. 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 use of the data for the requested purpose.

NHS Fife's funded establishment is 5,267.44 WTE. The current WTE is 5,264.32 WTE, with an over establishment of 3.12 WTE, as detailed in the Expenditure Summary Report for April to May 2023 below:

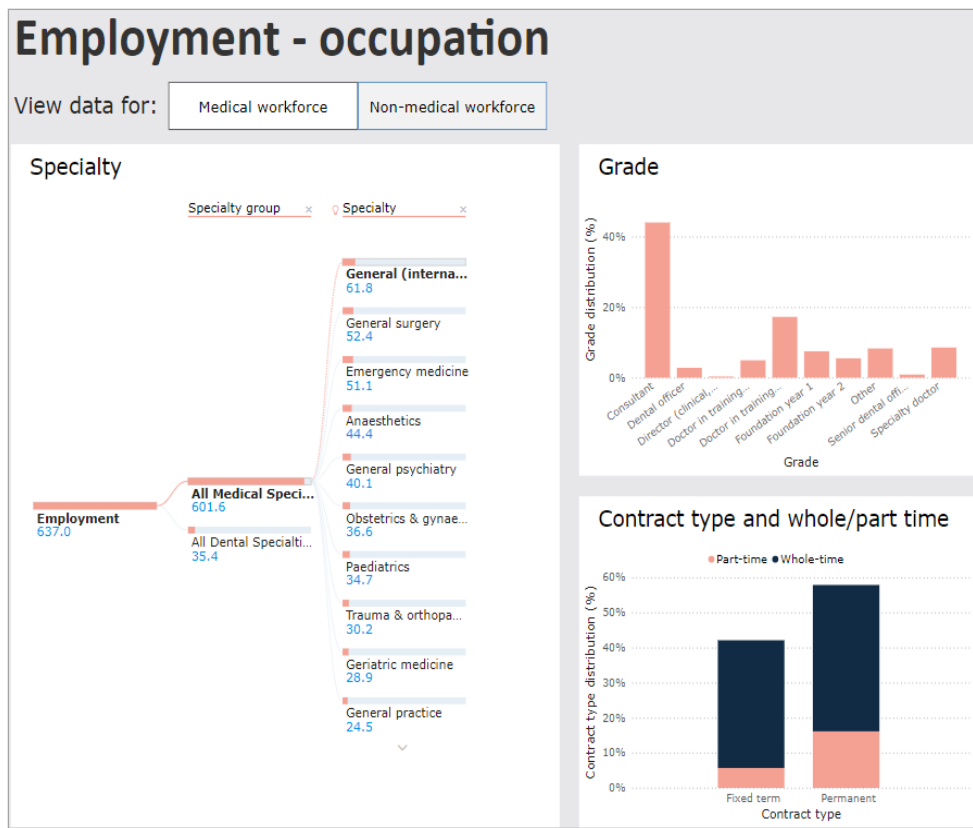
2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Acute Services Division	Acute Nursing Directorate	10.90	10.75	10.96
Acute Services Division	Director Of Acute Services	5.19	5.33	5.33
Acute Services Division	Emergency Care & Medicine	1,215.28	1,260.41	1,284.49
Acute Services Division	Planned Care & Surgery	1,205.63	1,174.76	1,181.59
Acute Services Division	Women, Children + Clinical Ser	934.42	888.12	895.42
Fife Health Board Division	Corporate Services	896.00	967.12	976.94
Fife Health Board Division	Estates Directorate	138.86	136.88	131.08
Fife Health Board Division	Facilities Directorate	789.82	699.92	705.64
Fife Health Board Division	Fe Health And Safety	8.40	7.65	8.60
Fife Health Board Division	Pay Serv-c Mcdonald @ Sq	0.00	1.00	1.00
Fife Health Board Division	Pay Serv-endowment Control	0.00	3.80	3.77
Fife Health Board Division	Pay Serv-galatown Nursery	0.00	1.00	1.00
Fife Health Board Division	Pay Serv-m Whoriskey @ Se	0.00	0.72	0.72
Fife Health Board Division	Pay Serv-m Wilkie @ Leonard Ch	0.00	0.64	0.53
		5,204.50	5,158.09	5,207.07
Include	IJB Non-delegated	62.94	54.76	57.25
Total		5,267.44	5,212.85	5,264.32

In terms of the Health and Social Care Partnership, the funded establishment is 2,945.97 WTE. The current WTE is 3,366.44 WTE with an over establishment of 420.47 WTE, as detailed in the Expenditure Summary Report for April to May 2023 below. It should be noted that the HSCP establishment non-recurring funding has not yet been finalised and will therefore have an impact on establishments.

2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Hsci Directorate	Community Care Services	1,015.07	1,078.76	1,088.77
Hsci Directorate	Complex And Critical Services	1,037.81	1,102.71	1,114.82
Hsci Directorate	Health And Social Care Other	4.09	7.03	8.03
Hsci Directorate	Primary Care + Prevention Serv	900.22	1,149.63	1,150.90
Hsci Directorate	Professional/business Enabling	51.72	63.99	61.17
		3,008.91	3,402.12	3,423.69
Exclude	IJB Non-delegated	62.94	54.76	57.25
Total		2,945.97	3,347.36	3,366.44

6. Workforce Composition: Medical & Dental Staff

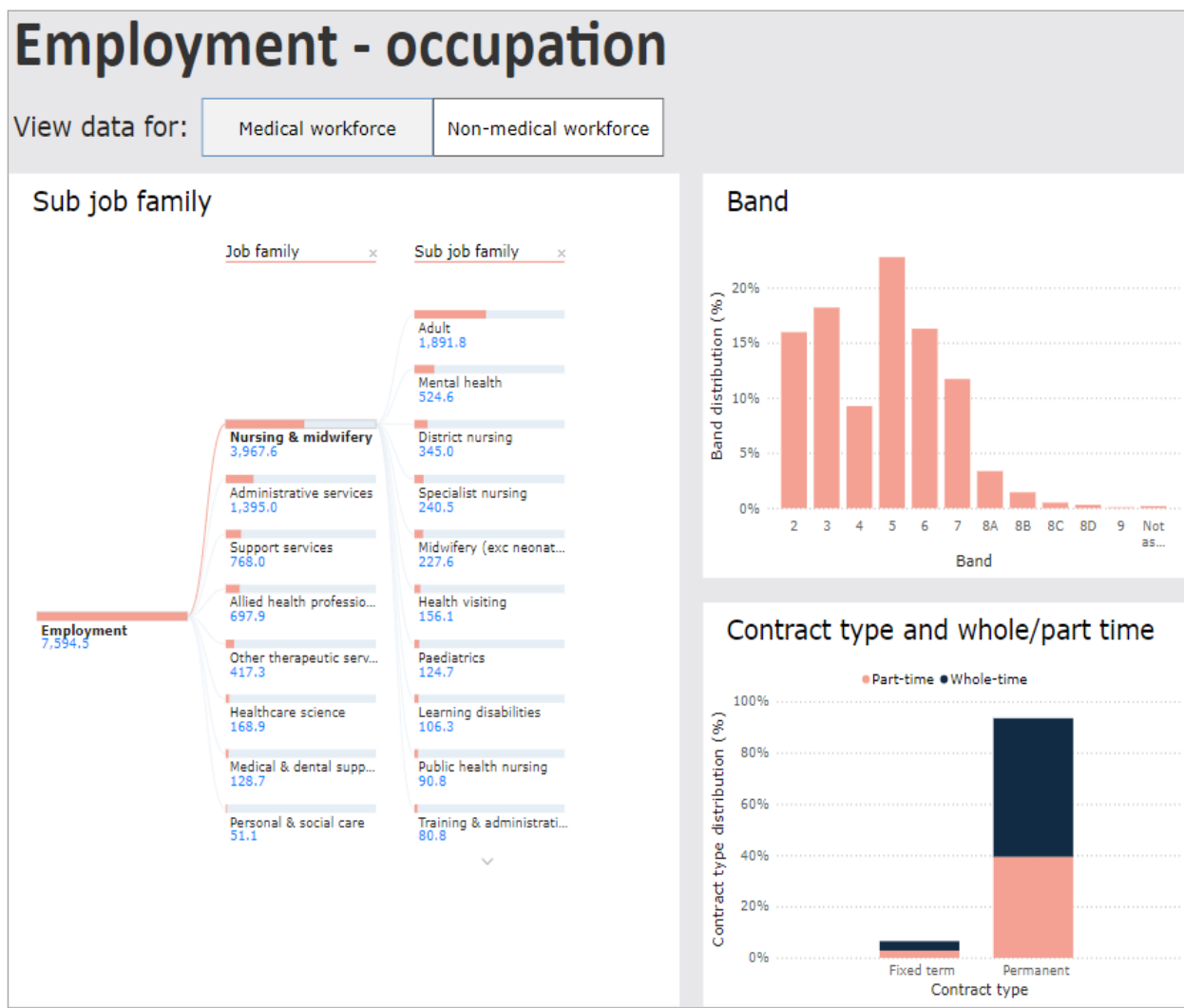
Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 7.7% of the WTE workforce as at 31 March 2023, with General (internal) Medicine, General Surgery and Emergency Medicine having the greatest WTE staffing complement. 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

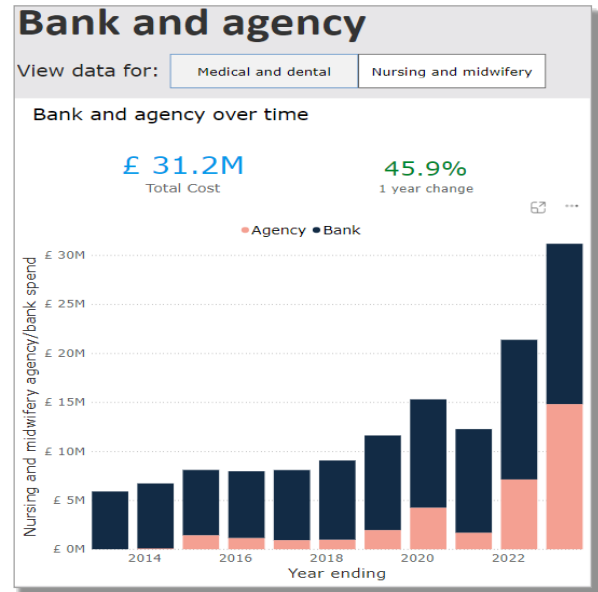
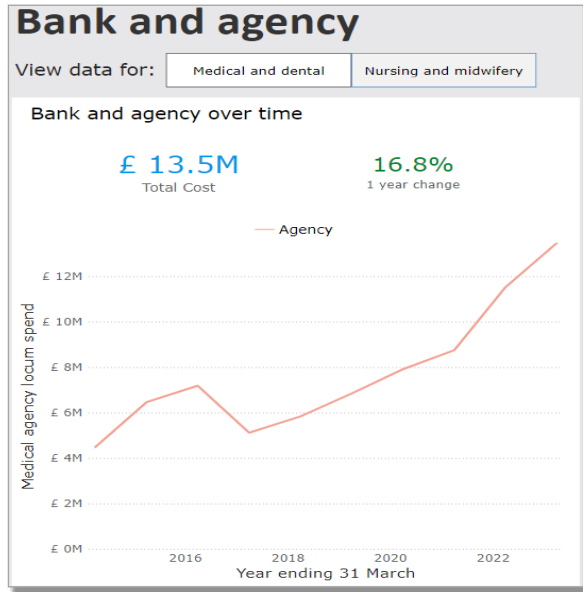
Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.3% of the WTE NHS Fife workforce as at 31 March 2023. 52.2% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. 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 7.1%, with this figure rising in the previous 3 years. Details are set out in the charts below:



Source: turasdata.nes.nhs.scot

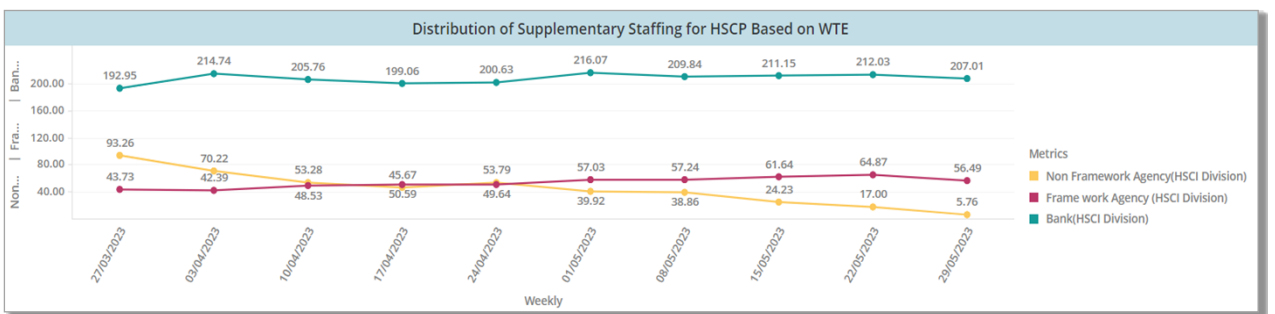
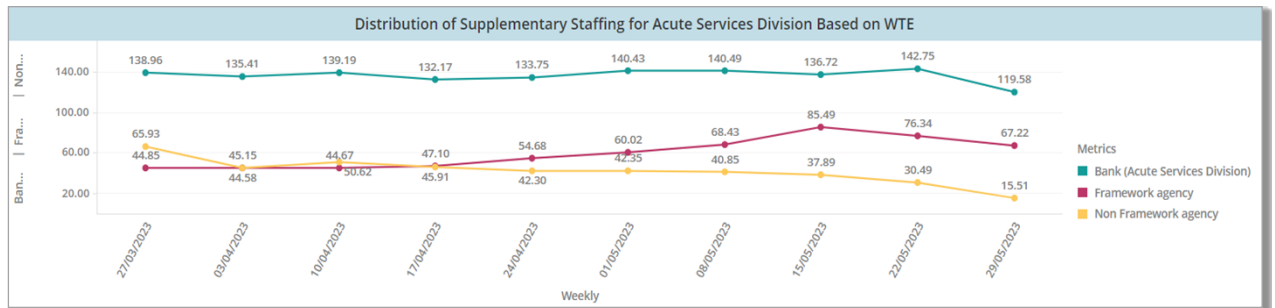
8. Supplementary Staffing

Total spend on Bank and Agency as at 31 March 2023 across the Medical & Dental and Nursing & Midwifery Job Families increased by 16.8% and 45.9% 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 Supplementary Staffing Dashboard which provides information one week in arrears. The graphs provide an overview of the weekly WTE worked by Bank Workers, Framework Agency Workers and Non Framework Agency Workers within the Acute Services Division and the Fife Health & Social Care Partnership respectively. Similar data is being generated to support the current Bank & Agency Programme.

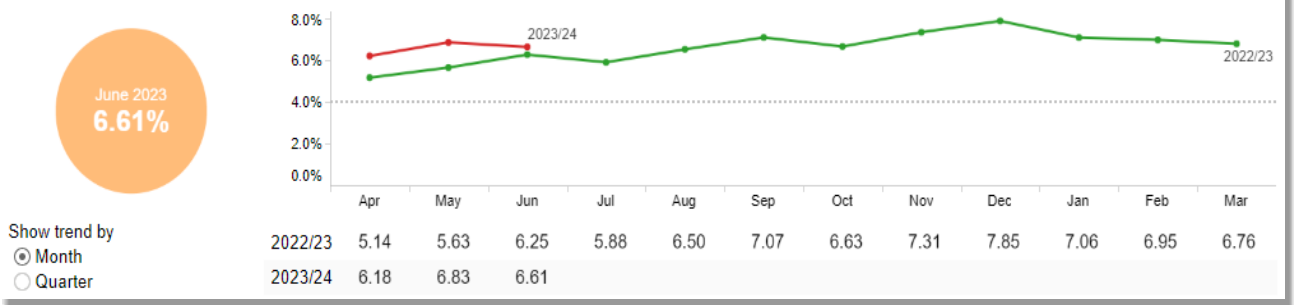


Source: NHS Fife Supplementary Staffing Dashboard (NHS Fife)

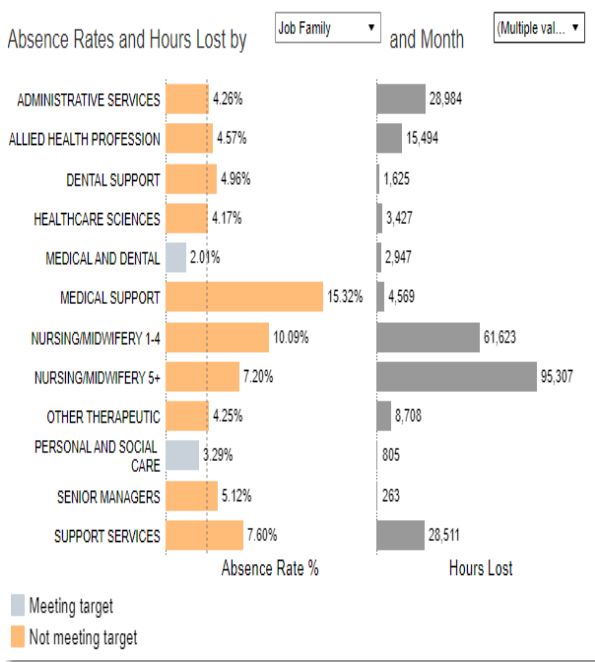
9. Staff Availability

Monthly sickness absence levels during 2023/2024 are continuing to track at a rate higher than in 2022/2023. Those engaged within Medical Support plus Nursing & Midwifery (Agenda for Change Bands 1 to 4) Job Families had the highest average absence levels in 2023/2024 to date. The apparent correlation between Sickness Absence Rate and Age continues. The average sickness absence rate is increasing with each age category, although closer analysis of this trend 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

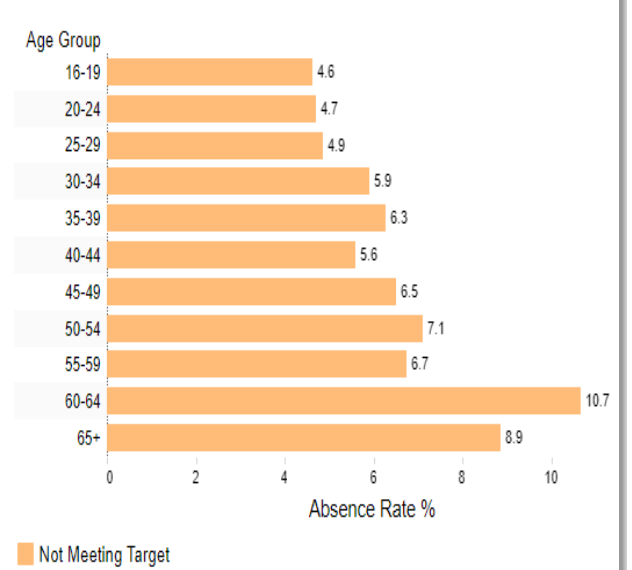


Source: Regional Workforce Dashboard



Overall Absence Rate and Hours Lost by Age Group

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



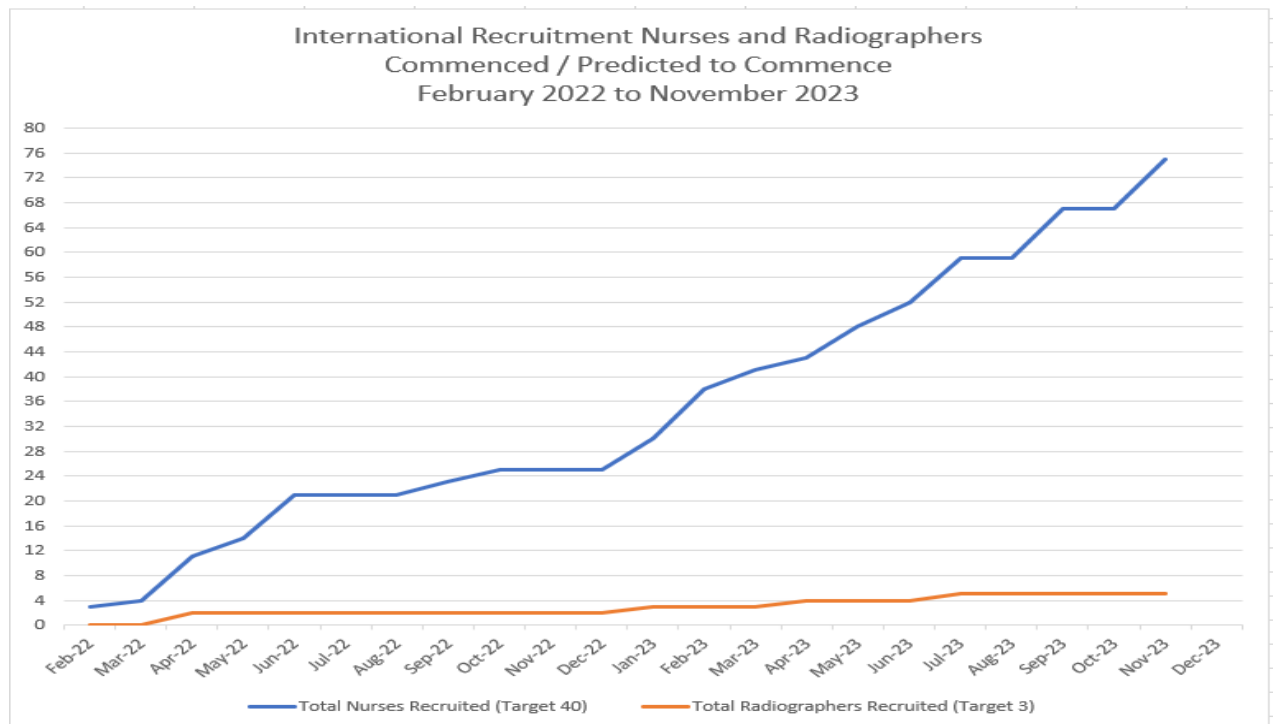
Source: Regional Workforce Dashboard

10. International Recruitment

As APF members are aware, NHS Fife commenced a programme of International Recruitment in November 2021, with the first Cohort commencing in February 2022. The funding provided by Scottish Government is as follows:

- Financial Year 2021 to 2022: 23 International Recruits
- Financial Year 2022 to 2023: 50 International Recruits
- Financial Year 2023 to 2024: 17 International Recruits to date, with potentially more funding to be provided.

Currently NHS Fife has 56 International Recruits in the country, with 8 joining each month in July, September and November 2023, plus 10 in the pipeline, as per the graph below:



This has continued to be a positive experience for both NHS Fife and the candidates. To celebrate our success of over a year's recruitment, an event was arranged on Friday 7 July 2023, with the Chief Executive and Executive Director of Nursing. The Communications Team will promote this success via internal communications.

International Recruitment is currently established for Adult Nurses and Radiographers, and we aim to increase and expand to other professions over 2023/2024. The recruitment of International Mental Health Nurses is currently being investigated with the possibility of Midwives in the future.

11. Employee Relations

Employee Relations case activity has reduced during the most recent reporting period, with bullying and harassment cases being the only category to increase, with an additional 2 cases. Conduct cases have seen a further reduction following a reduction of 7 cases during the last reporting period, with a further reduction of 25 cases and 30 active cases. Grievance cases have reduced from 10 to 6 in the reporting period. Cases which have been on-going for over 7 months are being reviewed and progressed to conclusion, as quickly as possible, with delays in progressing these cases due to sickness absence of key individuals, linked criminal proceedings, and a high number of witnesses requiring to be interviewed on more than one occasion.

There is active consideration of whether early resolution approaches are appropriate when issues arise, and communication drafted in partnership with staff side colleagues has been published on Stafflink, to ensure managers are using the investigation planning document, are communicating anticipated timescales to employees under investigation, and to promote early resolution approaches, where this is an appropriate way to proceed.

Cases continue to be investigated using the Once for Scotland Workforce policies and managers are signposted to the Turas Learn NHS Scotland Workforce Policy modules which can be accessed at a time convenient to managers. The locally delivered Foundation Management training sessions delivered by HR practitioners are in the process of being refreshed.

Managers are encouraged to access the Once for Scotland Workforce Policies and the comprehensive suite of supporting documents that is available. Managers' Guidance, such as the Fairwarning Toolkit and Lapsed Registration Toolkits, are accessible to managers, and these are being refreshed in partnership with staff side, management and professional colleagues.

An overview of current ER activity is included in the tables below:

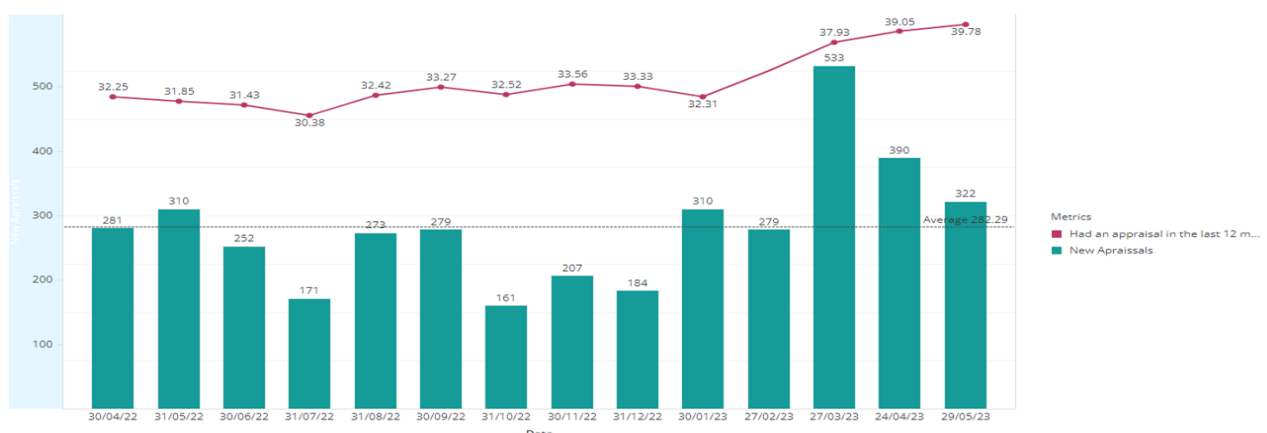
Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Conduct	6	3	0	2	11
Fife H&SC Partnership (Div)	Employee Conduct	10	4	1	1	16
Corporate Services Division (Div)	Employee Conduct	2	1	0	0	3
Total		18	8	1	3	30

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Bullying & Harassment	3	1	1	1	6
Fife H&SC Partnership (Div)	Bullying & Harassment	0	0	0	0	0
Corporate Services Division (Div)	Bullying & Harassment	1	0	0	0	1
Total		4	1	1	1	7

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Grievance	0	2	1	0	3
Fife H&SC Partnership (Div)	Employee Grievance	2	0	0	1	3
Corporate Services Division (Div)	Employee Grievance	0	0	0	0	0
Total		2	2	1	1	6

Monitoring of Personal Development & Performance Review (PDPR) / Appraisal Engagement continues via the MicroStrategy reporting tool ensuring that external TURAS reports are linked to local data monthly to support accurate reporting in this area.

The monthly trend line for the percentage of employees who have had a Personal Development & Performance Review / Appraisal in the last 12 months, along with the number of appraisals recorded each month, is shown below:



Source: Bespoke MicroStrategy Dashboard

12. Equality & Diversity Information

Ethnicity:

Breakdown by Equality and Diversity as at 31/03/2023

Ethnic Group	Headcount
African - African, African Scottish or African British	40
African - Other	16
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*
Asian - Chinese, Chinese Scottish or Chinese British	18
Asian - Indian, Indian Scottish or Indian British	86
Asian - Other	56
Asian - Pakistani, Pakistani Scottish or Pakistani British	33
Caribbean or Black - Black, Black Scottish or Black British	*
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	*
Caribbean or Black - Other	*
Don't Know	31
Mixed or Multiple Ethnic Group	32
Other Ethnic Group - Arab, Arab Scottish or Arab British	8
Other Ethnic Group - Other	10
Prefer not to say	1635
White - Gypsy Traveller	*
White - Irish	76
White - Other	150
White - Other British	557
White - Polish	21
White - Scottish	5244
% of Workforce Providing Positive Response	67.22%

Sexual Orientation:

Breakdown by Equality and Diversity as at 31/03/2023

Sexual Orientation	Headcount
Bisexual	67
Don't Know	28
Gay	22
Gay/Lesbian	45
Heterosexual	4558
Lesbian	16
Other	20
Prefer not to say	3209
% of Workforce Providing Positive Response	50.03%

Religion:

Breakdown by Equality and Diversity as at 31/03/2023

Religion	Headcount
Buddhist	14
Christian - Other	504
Church of Scotland	1390
Don't Know	31
Hindu	32
Jewish	*
Muslim	66
No Religion	3314
Other	91
Prefer not to say	1929
Roman Catholic	600
Sikh	5
% of Workforce Providing Positive Response	63.64%

Disability:

Breakdown by Equality and Diversity as at 31/03/2023

Medical Conditions In 12 Mths	Headcount
Don't Know	34
No	2623
Prefer not to say	4578
Yes	245
% of Workforce Providing Positive Response	30.52%

Gender Reassignment:

Breakdown by Equality and Diversity as at 31/03/2023

Gender Reassignment	Headcount
Don't Know	28
No	3078
Prefer not to say	4089
Yes	*
% of Workforce Providing Positive Response	36.53%

Marital Status:

Breakdown by Equality and Diversity as at 31/03/2023

Marital Status	Headcount
Civil Partnership	76
Dissolved Civil Partnership	*
Divorced	496
Married	5138
Single	3741
Widowed	54
% of Workforce Providing Positive Response	100.00%

Gender:

Breakdown by Equality and Diversity as at 31/03/2023

Gender	Headcount
Female	8040
Male	1467
% of Workforce Providing Positive Response	100.00%

Age:

Breakdown by Equality and Diversity as at 31/03/2023

Age Group	Headcount
Under 20	19
20 - 24	285
25 - 29	788
30 - 34	1048
35 - 39	1178
40 - 44	1186
45 - 49	1119
50 - 54	1400
55 - 59	1429
60 - 64	818
65 +	237
% of Workforce Providing Positive Response	100.00%

13. Summary of Staff Health and Wellbeing Support Activities and Statistics: February to May 2023

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (inc Physio)
February 2023	25	127	47
March 2023	23	139	42
April 2023	24	122	58
May 2023	37	149	53 (37 Physio)

Management Referrals Spit by Operational Unit

	February 2023	March 2023	April 2023	May 2023
Acute	56	64	57	62
Corporate	18	26	18	21
H&SCP	53	49	47	66

Self Referrals Spit by Operational Unit

	February 2023	March 2023	April 2023	May 2023
Acute	7	9	16	9
Corporate	2	2	2	0
H&SCP	9	2	8	7

ADDITIONAL WELLBEING SUPPORT

There has been no additional wraparound wellbeing activity undertaken during February to May 2023, as all funding associated within additional staff health and wellbeing support has now ceased.

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Spiritual Care Service Activity

Significant Staff Contacts	February 2023	March 2023	April 2023	May 2023
Formal 1:1, Informal Support, Team Support and Staff Listening Service	92	84	69	74
Average Number of Contacts per week	23	21	17	19

Staff Support	February 2023	March 2023	April 2023	May 2023
One-to-One Formal Support	24	26	21	18
One-to-One Informal Support	55	38	46	48
Team Formal Support	11	7	2	4
Team Informal Support	4	6	0	4

Values Based Reflective Practice Sessions

	February 2023	March 2023	April 2023	May 2023
Values Based Reflective Practice Sessions	7	8	2	4

Pastoral Supervision

	February 2023	March 2023	April 2023	May 2023
Pastoral Supervision	3	6	0	3

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychology Staff Support Service Referrals

	February 2023	March 2023	April 2023	May 2023
Psychology Staff Support Service Referrals	11	9	19	16

Managers Information Sessions

	February 2023	March 2023	April 2023	May 2023
Managers Information Session	3	9	9	7

Compassionate Connected Teams Workshops

	February 2023	March 2023	April 2023	May 2023
Compassionate Connected Teams Workshop	16	15	11	13

The NHS Fife Psychology Staff Support Service has also responded to requests to run the compassionate leadership workshop in person with established teams, in addition to on-line provision for individual participants, as well as part of the Foundation Management Training.

NHS FIFE PEER SUPPORT: MEDICAL, CRITICAL CARE AND STAFF PEER SUPPORT

	February 2023	March 2023	April 2023	May 2023
Peer Support Activity	1	19*	4	0

There is significant informal activity in addition to the formal cases.

*It should be noted that the whilst the March 2023 figure appears to be high, this is due to a delay in reporting previous monthly activity.

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures

eLearning Course	Course Completions February 2023	Course Completions March 2023	Course Completions April 2023	Course Completions May 2023
Compassionate Leadership	22	35	16	8
Resilience	16	39	14	10
Self-Care	14	36	2	6

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Attendance Management Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe, Effective and Person Centred

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

- 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

Further to the verbal update provided at the May 2023 Staff Governance Committee, this report provides details of the plan to progress promoting attendance issues, including the stepping down of the Attendance Management Operational Group in April 2023.

2.2 Background

The Attendance Management Operational Group had adopted much of the function of the disbanded Attendance Management Taskforce Group. The Group reported on progress, escalation of issues / risks and assurance around the work of the Operational Group to Executive Directors Group.

Following discussions between the Director of Workforce and members of the Attendance Management Operational Group, it was recognised that there would require to be a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife, taking account of existing managerial, occupational health, workforce and

organisational inputs, it was agreed to stand the Attendance Management Operational Group down.

For transparency, **Appendix 1** sets out the current absence rates, reasons for absence and details of “hot spot” areas within the Board. We have classed a “hot spot” as an area where absence is above 8%.

2.3 Assessment

As previously reported to EDG, the Attendance Management Operational Group was intended to add value in the short term to attendance management activity, ensuring consistency of application across the Board and identifying areas of best practice that may be appropriate to be adopted more widely.

The aim was to drive forward improved attendance management in line with the target of achieving an NHS Five average of less than 4% absence. A number of outstanding operational actions will continue until concluded, and these have been highlighted in red below:

- Identification of “hot spots” and areas of best practice to allow further analysis, including increasing numbers of Return to Work discussions recorded on eESS, alongside trajectory setting.
- Developing and communicating a range of health and wellbeing support resources.
- Signposting around support available during the current cost-of-living crisis and raising awareness of the effects this may have on staff.
- Development and publication of a ‘pocketbook’ for managers to support and nurture a positive workplace culture.
- Piloting the STAY survey within an area of the Board and learning from this pilot.
- Development of an Attendance Management Balanced Scorecard for use within service areas.
- Reviewing the Attendance Management training programme and implementation of a revised programme, including input on the supportive management of mental health in the workplace and the Wellness action plan. This is supplemented by promotion of the Once for Scotland TURAS eLearning modules.
- Reviewing the role and contribution of our existing Promoting Attendance Review & Improvement Panels – work in progress at present.
- Setting out prevention of absence ideas into short, medium and long-term action plans for sharing with managers.

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

We will focus on being able to fully understand the reasons for absence, including what the issues are within the “hot spot” areas is key, alongside what would make a difference in terms of support for staff and managers. We will consider targeted in reach support / interventions to areas identified as outliers and work with services in a collaborative manner, to agree the right measures for them to aid improvement. This will require triangulation of data from the Bank and Agency Programme, consideration of establishment gap and turnover, alongside other indicators, such as complaints. The Workforce Directorate will work in a joined-up way with Occupational Health and other services, to ensure the right support is in place for each area.

We will explore the option of an EASY (Early Access to Support for You) package of support, similar to that which has operated within NHS Lanarkshire for a number of years. EASY provides support and early intervention to staff from their first day of sickness absence in order to assist in their recovery and return to work. Staff members can be assured that they will be treated in a caring, professional and non-judgemental manner at all times. This service is completely confidential and no details of any discussion are shared with managers. While it is policy for all sickness absence to be reported to EASY, the service concentrates its calls on absences relating to mental health, musculoskeletal conditions and cancers. EASY offers a number of support services to staff, which may help them while they are off work, or when they return. Similar approaches are also in place within Fife Council and NHS Tayside.

It is anticipated that any additional support could require investment and we will quantify that and seek resources via the Executive Directors Group, as required, detailing risks and benefits. An evaluation of this activity could also help inform our future wellbeing offers to staff, outwith the current core provision of Occupational Health, Peer Support and Spiritual Care, together with the lessons learned from the current Stress Management HSE Talking Toolkit pilot.

There is no one thing that helps improve attendance management levels. We need to work with our staff, managers and staff side colleagues to fully understand the reasons by area and to challenge ourselves. We want to maintain our staff at work and help to keep them healthy and need to maximise ways to do that, but we also need to realise that we will all require time away from work for illness at some point in our careers, and how we are treated during that time is hugely important to our values and self-worth.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

No financial impact has been identified at this time. However, any additional support in line with the suggestions above, will have resource implications.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision and / or high levels of absence may impact on service delivery.

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact has been identified.

2.3.7 Communication, involvement, engagement and consultation

To date any actions taken by the Attendance Management Operational Group have been communicated via the appropriate communication methods.

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:

- Workforce Senior Leadership Team on 15 May 2023
- Area Partnership Form on 24 May 2023
- Executive Directors Group on 18 May 2023 and 22 June 2023

2.4 Recommendation

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

- **Note** the standing down of the Attendance Management Operational Group and progress on the actions detailed above.
- **Note** the review the current absence information detailed within Appendix 1.
- **Note** the plans to consider how NHS Fife should approach this complex and long-standing issue.
- **Note** the plan for a specific session with managerial, HR and staff side colleagues to explore other means to improve the position, within the expectations of the Once for Scotland Attendance Policy.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – NHS Fife Sickness Absence Tableau Report – June 2023

Report Contact:

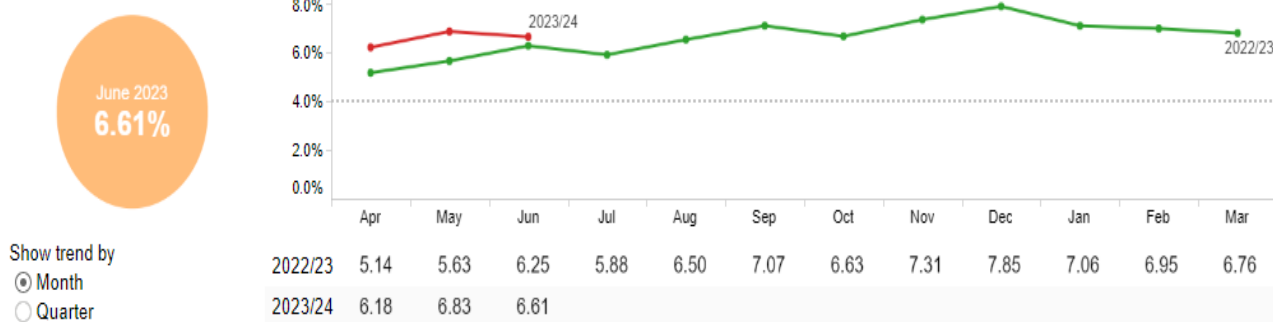
David Miller
Director of Workforce
david.miller12@nhs.scot

NHS FIFE

TABLEAU REPORTS AS AT JUNE 2023

NHS Fife Absence Rates – April 2022 to June 2023

Sickness Absence Rate



NHS Fife Absence Rates by Financial Structure – April 2022 to June 2023

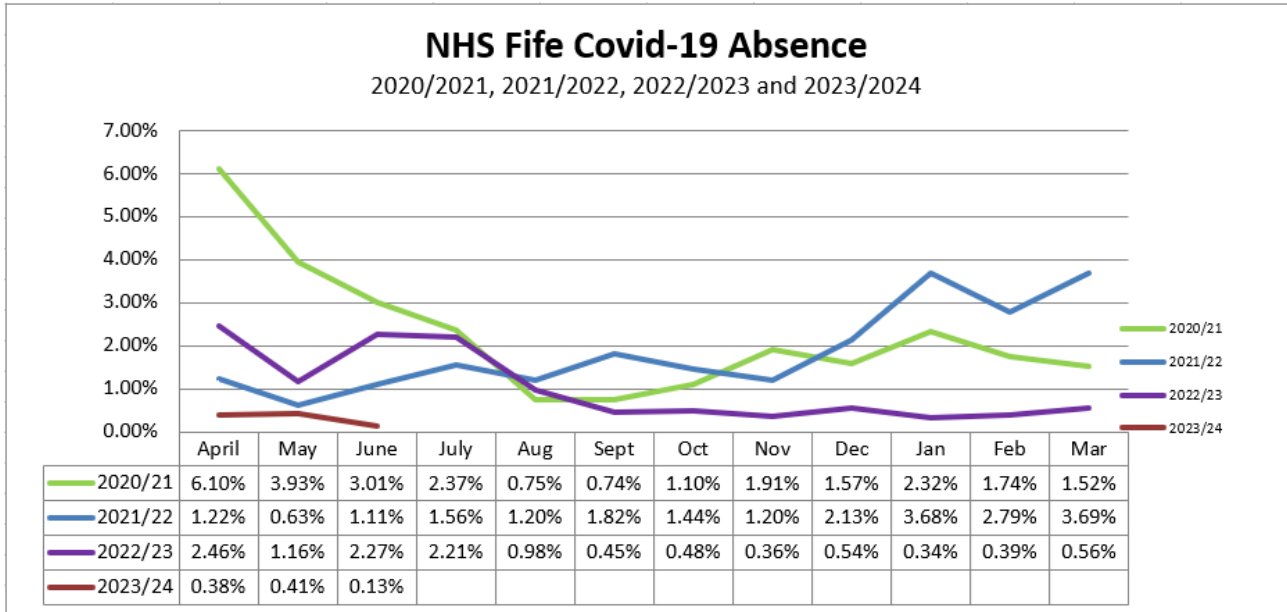
Absence Rate by Financial Structure

Hover over column titles and click [-] or [+] to contract or expand the financial structure
 Select the measure you would like to view the table by from the list to the right

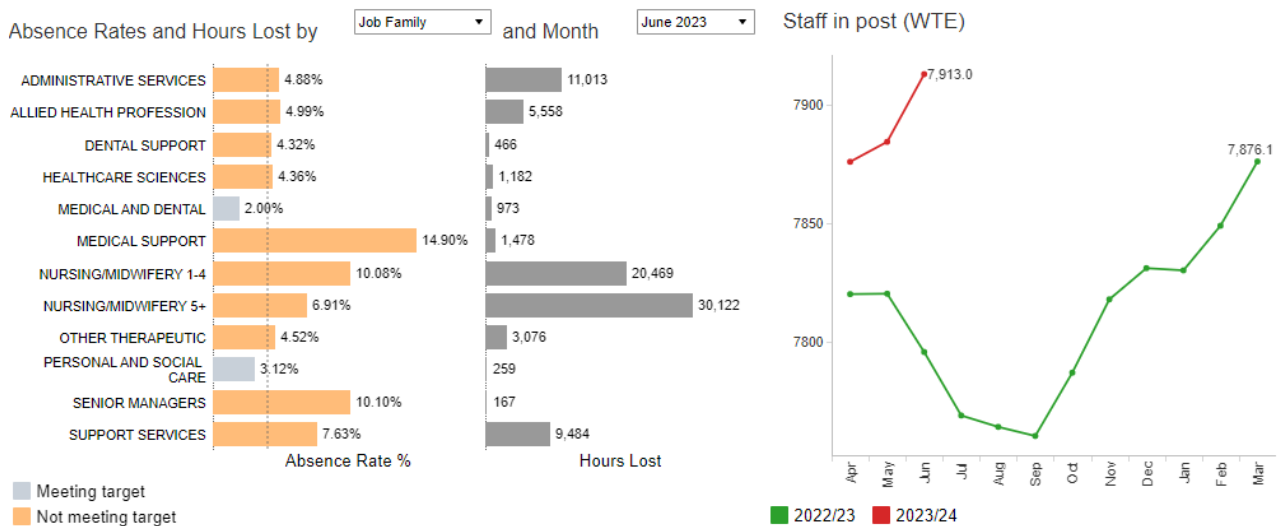
- Absence Rate
- Short Term Absence Rate
- Long Term Absence Rate
- Hours Lost

Export	Health Board	Division	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Total
Click here to select all data for export into Excel	NHS Fife	Acute Nursing Directorate	0.00	9.65	6.48	2.34	3.18	0.81	0.00	0.00	7.28	0.00	0.00	1.05	0.00	0.00	0.88	2.16
		Community Care Services	7.18	7.60	7.10	7.03	7.06	7.67	6.89	7.09	8.66	7.81	7.44	8.06	8.08	8.73	8.37	7.66
		Complex And Critical Services	5.29	5.76	6.96	5.62	6.58	8.01	7.15	8.36	8.50	6.47	6.86	6.53	6.36	7.90	6.92	6.89
		Corporate Services	3.12	3.44	4.15	3.48	4.30	4.87	4.19	5.21	5.32	5.05	6.10	5.47	3.91	4.15	4.65	4.46
		Director Of Acute Services	0.00	0.00	0.00	0.00	0.00	1.93	0.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.20
		Emergency Care & Medicine	6.85	7.93	7.87	8.30	8.66	9.27	9.76	9.97	10.31	9.33	9.20	7.61	7.22	7.32	7.28	8.45
		Estates Directorate	3.63	2.33	4.72	6.08	5.93	5.11	5.72	4.00	5.90	4.30	6.66	5.70	4.76	3.82	3.70	4.81
		Facilities Directorate	7.02	7.91	9.23	7.71	8.64	9.24	8.07	9.18	10.23	8.63	9.14	9.04	7.94	7.61	7.75	8.48
		Fe Health And Safety	14.69	20.91	25.45	22.58	20.95	20.48	24.39	20.53	16.56	6.33	11.36	0.00	0.00	0.00	0.00	11.64
		Health And Social Care Other	0.00	0.64	0.00	0.00	0.00	0.00	0.00	1.98	1.28	0.00	0.00	0.00	0.00	0.00	0.00	0.27
		Planned Care & Surgery	5.47	5.50	6.02	5.95	6.06	6.35	6.62	6.60	7.26	6.89	6.05	6.92	6.91	8.08	7.54	6.57
		Primary Care + Prevention Serv	3.69	4.22	4.62	4.36	5.21	5.48	5.41	6.51	6.27	5.90	5.40	5.45	4.60	5.78	5.52	5.24
		Professional/business Enabling	0.71	2.34	3.67	2.63	1.92	1.49	2.12	1.19	1.49	2.09	2.72	4.70	3.17	1.05	0.33	2.11
		Women, Children + Clinical Ser	3.79	4.07	5.50	5.64	6.90	7.47	5.99	7.27	8.01	8.17	6.85	6.31	5.60	6.08	6.09	6.25
		Total			5.14	5.63	6.25	5.88	6.50	7.07	6.63	7.31	7.86	7.06	6.95	6.76	6.18	6.83

NHS Fife Covid-19 Related Special Leave – April 2020 to June 2023



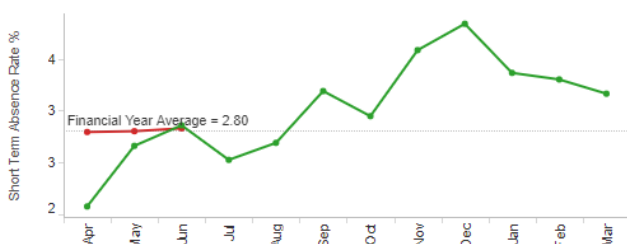
NHS Fife Absence Rates and Hours Lost by Job Family – June 2023



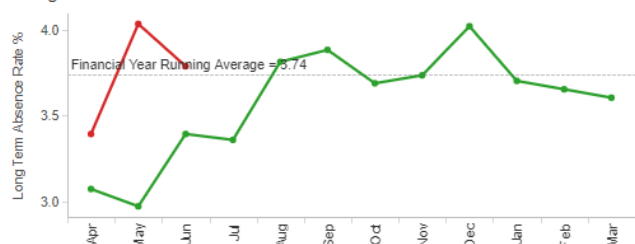
NHS Fife Absence Rates Short Term v Long Term – June 2023

Sickness Absence Rate Short Term vs. Long Term

Short Term



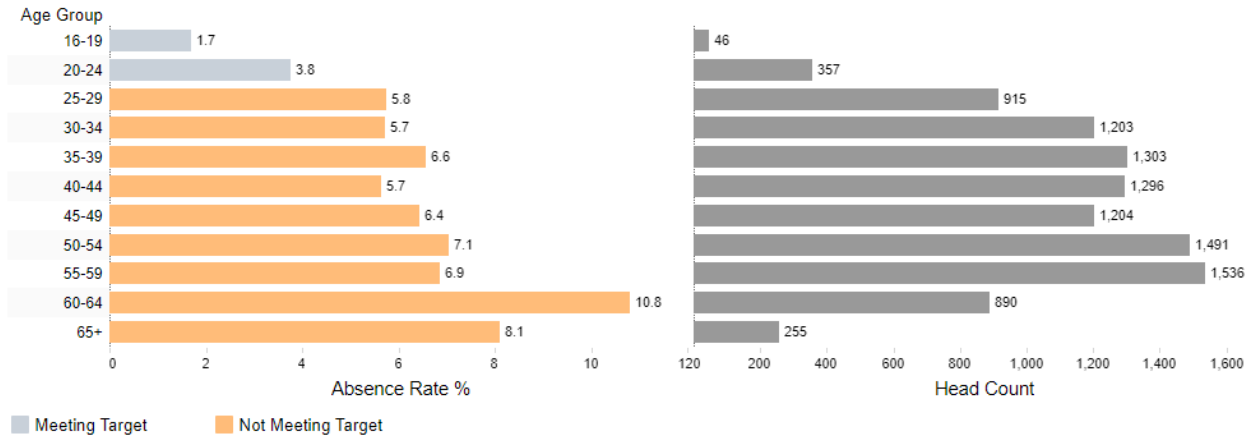
Long Term



NHS Fife Division Absence Rates and Hours Lost by Age Group – June 2023

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

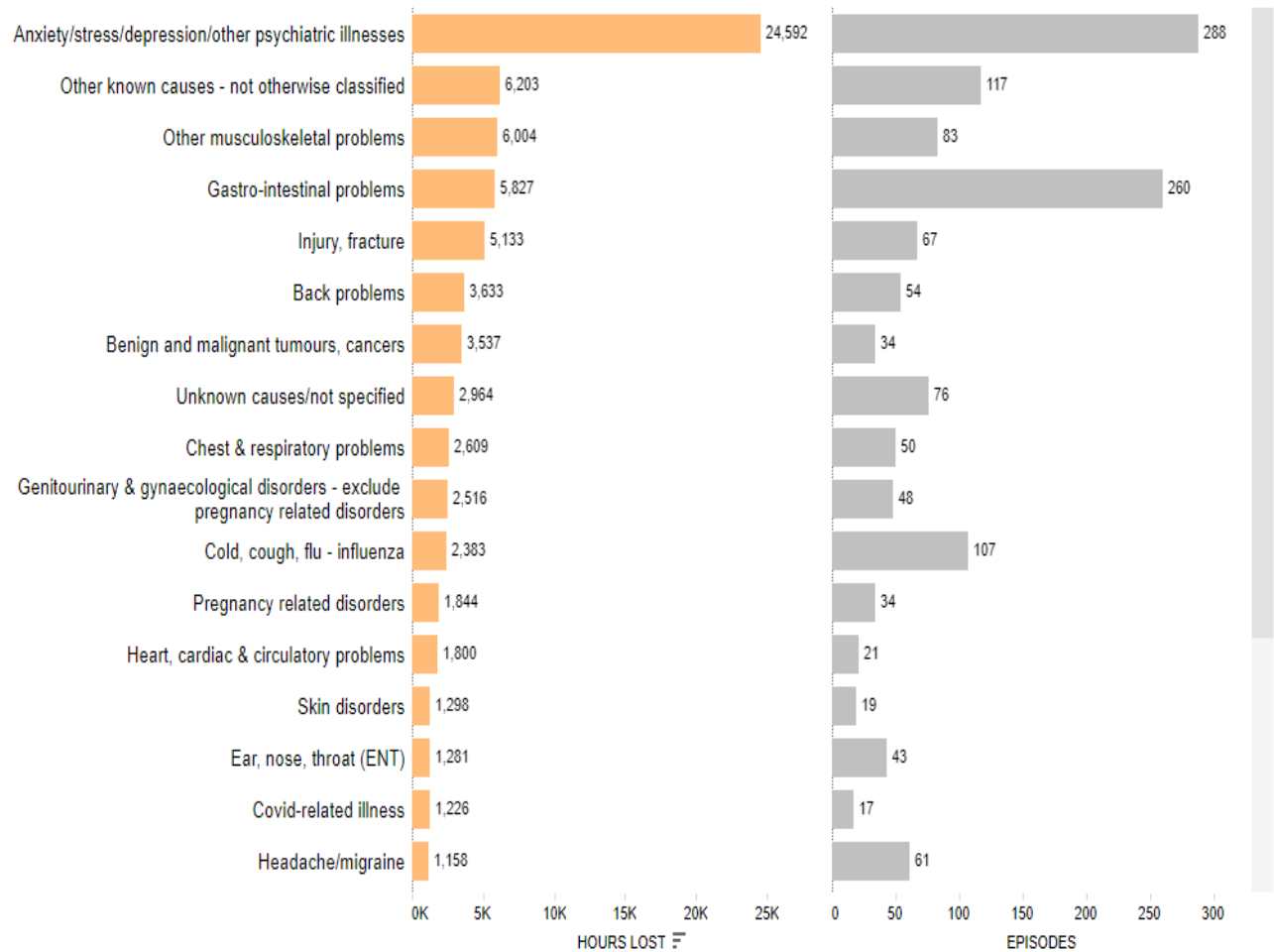
Choose Short Term / Long Term: Select Month(s):



NHS Fife Absence Episodes and Hours Lost by Reason – June 2023

EPISODES AND HOURS LOST by Reasons for Overall Absence

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



NHS Fife Hot Spot Areas – April to June 2023

High Priority Departments - Latest Three Months

Filter Department by Priority

High Priority

Priority Definitions

Export	Department	WTE (Current)	Absence Rate	
Click here to select all data for export into Excel	Cs - Ict Cupar Physio	7.1	23.9	
	Ff Lynebank Cleaning	10.1	22.2	
	Vhk Diabetes Centre	8.4	21.8	
	Hs - Glen Hosp Wd 3 Nurs	17.8	21.2	
	Cs - Ict Glenrothes Physio	12.7	19.2	
	Qmh Mh Day Nursing Ward 2	23.5	18.9	
	Dunfermline Hospital At Home	17.4	18.9	
	Cs - Ict Cupar Dn Team	11.9	18.9	
	Vhk Pre-assessment	6.9	18.3	
	Vhk Interventional Radiology	13.1	18.2	
	Emergency Care Pool	13.8	18.1	
	Qmh Community Midwives	11.1	18.0	
	Vhk Induction Of Labour	10.6	17.7	
	Hs - Glen Hosp Wd 2 Nurs	23.6	17.3	
	Vhk Dermatology	9.9	17.1	
	Cairnie House Day Nursing	25.8	16.0	
	Internal Audit	11.0	15.9	
	Assessment + Rehab Centre (arc)	6.9	15.6	
	Neonatal Medical	6.8	15.5	
	Qmh Antenatal Clinic	7.6	15.4	
	Qmh Outpatients	14.7	15.2	
	Wbh Day Nursing Ravenscraig	25.3	15.0	
	Community Nursing Out Of Hours	19.4	14.8	
	Vhk Community Midwives	15.9	14.8	
	Nhs Fife Immunising Team Pcif	32.5	14.8	
	Addictions Drugs Mission Fund	14.1	14.6	
	Vhk Theatre General - Phase 3	70.2	14.4	
	Vhk Endoscopy	37.8	14.3	
	Hv Nurses In Training	11.8	14.1	
	Cs - Ict St Andrews Hosp Ot	6.7	13.9	
	Vhk Endoscopy Booking Unit	9.1	13.7	
	Capacity Team	14.5	13.6	
	Ntc Sg Addnl Orthopaedic Outpatients	7.2	13.6	
	Anticipatory Care West Div	8.0	13.5	
	Ld Service A+tu Mayfield Ward	29.8	13.4	
	S'eden Day Nurse Lomond	20.8	13.2	
	Qmh Ward 6	23.6	13.2	
	Vhk Ward 23 Cardiology	45.4	13.2	
	Hs - Cam Hosp Balcurvie Nurs	31.4	13.1	
	Vhk Maternity Ward	33.2	12.9	
	Ict Kirkcaldy	21.6	12.7	
	Radernie Low Secure Day Nurs	21.9	12.7	
	Cs - Ict St Andrews Dn Team	28.6	12.7	
	Ntc Core Orthopaedic Ward	22.8	12.5	
	Hs - St Andrews Hosp Wd 1 Nurs	24.6	12.5	
Qmh Ward 8	22.0	12.4		
Cowdenbeath Team District Nrs	20.5	12.4		
Vhk Icu	69.3	12.2		
Vhk Odp	33.6	12.0		
Cmht Adult Nef + Glenrothes	16.0	12.0		
Vhk Neonatal Unit	37.4	11.8		
Procurement	20.1	11.7		
S'eden Day Nse Elmview	22.0	11.7		
Vhk Ward 32 Moe	38.4	11.6		
Ff S'eden Cleaning Gen	26.1	11.5		
Ff Vhk Cleaning Ph 3	41.3	11.5		
Vhk Ward 52 - General Surgery	33.9	11.4		
Hs - Frs Ward Nurses	19.4	11.4		
Vhk Midwife Led Unit	23.7	11.2		
Qmh Mh Day Nursing Ward 4	17.8	11.1		

High Priority Departments - Latest Three Months

Filter Department by Priority

High Priority

Priority Definitions

Export	Department	WTE (Current)	Absence Rate	
	Ff Cam Hos Cleaning	20.4	10.8	■
	S'eden Day Nurse Dunino	24.1	10.5	■
	Qmh Theatres	47.8	10.3	■
	Qmh Ward 5	38.0	10.0	■
	Cmht Adult Kirkcaldy + Leven	17.3	10.0	■
	Hs - Cam Hosp Letham Nurs	20.3	9.8	■
	Vhk Ward 54 - Urology	35.3	9.8	■
	Qmh Day Surgery Unit	22.3	9.7	■
	Lynebank H Nrs Ridu-daleview	26.0	9.7	■
	Vhk Ward 22 Renal	33.9	9.7	■
	Clinical Governance	16.7	9.5	■
	Ff Vhk Cleaning	99.9	9.3	■
	Vhk Labs Microbiology	36.7	9.1	■
	Vhk Ward 34 Haematology Ip	24.3	8.8	■
	Kirkcaldy Team District Nrs	28.3	8.8	■
	Vhk Ward 33 - Orthopaedics	30.9	8.7	■
	Vhk Recovery	27.7	8.6	■
	Medical Secretaries	57.8	8.5	■
	Covid-19 Vaccination Costs	81.2	8.4	■
	Ff Qmh Fac Cleaning	48.7	8.4	■
	Ward 44 Gi Unit	48.5	8.3	■
	Ff Vhk Portering	51.1	8.0	■
	Vhk Ward 41 Moe	34.8	8.0	■
	Vhk Ward 31 - Orthopaedics	42.1	7.9	■
	Health Visiting Team	134.7	7.9	■
	Vhk Ward 43 Respiratory	34.6	7.7	■
	Vhk Ent Unit	36.3	7.5	■
	Planned Care Med Secretaries	82.0	7.2	■

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	NHS Fife 2023/2024 Training Compliance Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Workforce 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 of 31st May 2023 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. The guidance continues to be kept under review as part of our local improvement plan and with reference to work commissioned nationally by the HRD group which will make recommendations in relation to national Statutory and Mandatory standards.

2.3 Assessment

After noting a reduction in completion levels over 2021/22, the organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2024.

Following the actions to progress improvement, the position at the end of May 2023 is 57% with engagement over the nine subject areas ranging between 46% and 75%. Appendix 2 provides a breakdown of performance by subject area. The overall position remains at the level reported for April with varied change across the core subject areas.

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 updated position on these areas of action is outlined below:

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

The overall aim is to achieve our 80% target across all areas of the core training areas. However, to manage expectations on staff time and avoid negative impact on service capacity it was agreed that a three-phase approach to this work would be taken.

It should be noted that completion of core training will continue across all areas and therefore improvement should be expected in each subject. 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 achievement of 80% target by **October 2023**:

- Resuscitation
- Manual Handling
- Fire Safety

After the substantial rises in completions across the Phase 1 topics reported in April, there has been marginal changes in the last month. Activity levels continue to increase however this has been offset by completions that have fallen outside of their refresh period. Further activity will be required over the next five months to achieve the performance target. To support this a Communication programme of Core Skills Showcases commences in June which will target these first priority topics in the first instance. Further engagement with services on their trajectory plans will also take place to ensure focus on target achievement.

Phase 2 – This would involve targeting the completion of our target rate of 80% completion by **December 2023**:

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

As previously noted, 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 also allows an additional review of the Infection Control training to ensure it remains appropriate for different staff groups.

Improvements in these Phase 2 topics have made and targeting of these topics will be part of quarter three activity

Phase 3 – To complete achievement of overall organisational compliance the final phase aims to achieve the overall organisational target of 80% completion by **March 2024**:

- 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.

A review of Protection for All development needs will also be undertaken as part of this phase.

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. This remains achievable although will require a further push to conclude.

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.

Engagement with all training owners has been completed in the last cycle to review the actions being taken to ensure improvement in compliance for each of the mandatory core training subjects. This has included an assessment of delivery capacity, appropriate delivery models, and training accessibility.

As well as promotion of e-learning based training, classroom-based training delivery has been increased across Resuscitation, Violence and Aggression, Manual Handling, and Fire.

Resuscitation/Basic Life Support (BLS)

All employees who do not deliver direct patient care or therapies are now required to complete Level 1 Adult Resuscitation e-learning. All staff in patient facing roles complete Level 2 with the Level 1 e-learning as a pre-requisite.

Resuscitation training in NHS Fife has historically been delivered in accordance with Resuscitation Council Guidance. A review of Resuscitation by the Practice and Professional Development (PPD) and Deputy Medical Director resulted in a number of measures to increase capacity and the availability of training for clinical teams:

- 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 are being 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 and expansion of cascade training to clinical areas.

Manual Handling

A full review of Manual Handling training was undertaken and endorsed by 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 commenced in February 2023

- Review of 2022 Training to inform an expanded 2023 training programme.
- 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.

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

Fire is planned to be the first Showcase topics with the support of Communications team. Information will be hosted on Stafflink over a two-week period for each individual topic and will help raise awareness in the following areas:

- An overview of the core skills topic
- An introduction to the training and administration team
- Any changes to legislation or guidance
- Refresh requirements per staff group
- Types of training provided – eLearning, Classroom/MS Teams-based
- Direct links to events booking pages in Turas Learn

Information will also be included in the Weekly and Monthly Briefs issued to all NHS Fife employees. Fire Safety will be the first topic showcased in the week commencing 26th June with preparations underway for Adult Basic Life Support (ABLS) and Manual Handling to follow.

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. Work has been progressed with designated Directorate Leads 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 via Turas Learn. This work will support the aim to continuously improve staff experience and ensure a well-informed and appropriately trained workforce.

Work to complete the transfer of ABLS training events to the Turas Learning platform to benefit from the self-booking functionality was completed on target for 1 July 2023. This means that all Core Training events are now offered via Turas Learn providing learners with the opportunity to self-manage their learning and development requirements for these topics.

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.

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, engagement with training providers and service leads has informed the agreed phased approach to achieve organisational training compliance targets. To ensure that the training compliance improvements are given sustained focus ongoing meetings with Senior Learning Leads are directing and informing both the initial improvement priorities and review of our full Core Mandatory Training activity.

This work is currently being led by the Deputy Director of Workforce pending the appointment of a new Head of Service for Workforce Development.

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

The improvement plan was developed in consultation with Training Leads and Senior Service representatives and approved by the Executive Directors Group.

2.3.8 Route to the Meeting

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

2.4 Recommendation

Staff Governance 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:

Kevin Reith
Deputy Director of Workforce
Email: kevin.reith@nhs.scot

Appendix 1

Core Skills Topics, Target Audience and Refresh dates

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
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).
Manual Handling	Manual Handling (Non-Patient Handling): NHS Fife <ul style="list-style-type: none"> Manual handling (non-patient handling) theory Manual handling (non-patient handling) videos Manual Handling (Patient Handling): NHS Fife <ul style="list-style-type: none"> 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
Infection Control	SIPCEP Foundation Layer (NES Scottish IPC Education Pathway – Foundation (15 individual courses))	Infection Control eLearning	Annual	ALL
Health & Safety	NHS Fife: Health and Safety	Health & safety eLearning	3 years	ALL

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Violence & Aggression	NHS Fife: Violence and Aggression Awareness	Violence and Aggression Awareness eLearning	3 Years	ALL Clinical and Key non-Clinical Staff
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
Equality & Diversity	Equality and diversity: equality and human rights (NES content)	Equality and Diversity eLearning	3 Years	ALL

Appendix 2

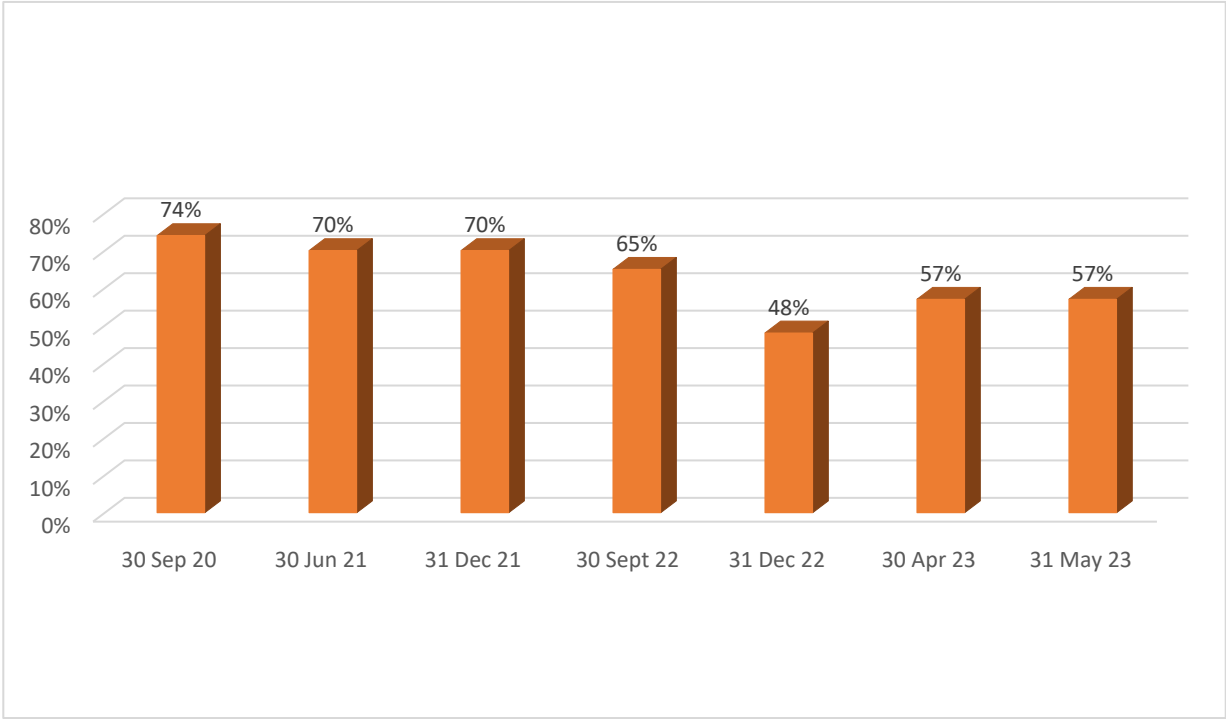
Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as of 31st May 2023

Subject area	Refresh period (year)	Target Population	NHS Fife compliance % (*)	AS compliance %	H&SCP Compliance %	Corporate Compliance %
Resuscitation	1	All clinical staff	51 (↑1)	47	64	33
Manual Handling	1	all clinical staff (2 years for non-clinical staff)	67 (↓1)	69	72	57
Fire Safety	1	All staff	54 →	51	61	49
Infection Prevention & Control	1	All staff	46 →	41	55	40
Health & Safety	3	All staff	58 (↑1)	56	63	53
Violence & Aggression	3	all clinical + key non-clinical staff in priority areas	56 (↑2)	54	66	44
Information Governance	3	All staff	50 (↑1)	50	57	41
Protection for All	3	all clinical + key non-clinical staff	57 →	56	69	40
Equality & Diversity	One time	All staff	75 (↓2)	76	78	71
TOTAL			57→	56	65	47

* Change in % compliance level from April 2023

Table 2: Rolling Compliance Performance



This table provides information on compliance performance over the past three years since monitoring began.

The May 2023 completion rate reflects that overall compliance remains at the same level as the last reporting period.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Staff Governance Annual Monitoring Return 2022/2023 and Feedback 2021/2022
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to the Staff Governance Committee for:

- Discussion

This report relates to a:

- Government Policy / Directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

NHS Fife submits annually a Staff Governance Annual Monitoring Return (the "Return") to the Scottish Government.

The 2022/2023 exercise will follow the streamlined approach taken for 2021/2022. The Scottish Government have therefore identified Board information, that supports compliance with the Staff Governance Standard, to minimise questions asked, avoid duplication and provide feedback to the Scottish Government response to our 2021/2022 Staff Governance Monitoring Return.

2.2 Background

NHS Fife must operate within the Governance Framework (Clinical Governance, Financial Governance and Staff Governance). Staff Governance is the strand that looks at how staff are managed and how they feel they are being managed.

The Staff Governance Standard is a fundamental element of our work and provides legislative focus for NHSScotland employers to ensure that they work towards achieving and maintaining exemplary employer status. The Staff Governance Monitoring process aims to provide assurance both locally and nationally that:

- The Staff Governance Standard is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and
- It allows good practice to be shared to help drive continuous improvement across all NHSScotland Health Boards.

The Scottish Government have confirmed that all Boards are required to submit the Return for 2022/2023 **by Monday 4 December 2023**.

2.3 Assessment

The Staff Governance Standard National Annual Monitoring Return 2022/2023 is attached at **Appendix 1**. The Return refers to the existing and expected information and details questions where there are potential gaps in our information that the Scottish Government would seek our further support on. In response to a request discussed at the Scottish Workforce & Staff Governance (SWAG) Committee on 25 April 2023, Boards will have an opportunity to provide additional evidence that they feel has not been covered through the questions.

Boards have also been asked to feedback on progress areas set out in their 2021/2022 Returns. An extract of the Scottish Government feedback from 2021-2022, that sets out the areas that Boards were asked to feed into their 2022/2023 Staff Governance Plans, is attached at **Appendix 2**. The areas that NHS Fife may wish to feed into the Staff Governance Plan and subsequent Return for 2022/2023, is detailed below:

- Feedback received from iMatter roadshows Have a natter because iMatter.
- Outcome of introduction of employee engagement app StaffLink as key internal communication tool.
- Update on established Whistleblowing hub.
- Actions form reintroduction of leadership walkarounds.
- Progress of the development of the Associate Practitioner role to address current gaps in the nursing workforce.
- Actions from staff responses to equality questionnaire.

In order to achieve the required Governance sign-off within NHS Fife, key dates are detailed below:

- 19 July 2023: Area Partnership Forum – For information
- 20 July 2023: Staff Governance Committee – For information
- 7 September 2023: Executive Directors Group – Draft return for discussion

- 14 September 2023: Staff Governance Committee – Draft return for discussion
- 20 September 2023: Area Partnership Forum – Draft return for discussion
- 2 November 2023: Executive Directors Group – For final comments
- 9 November 2023: Staff Governance Committee – For sign-off
- 22 November 2023: Area Partnership Forum – For noting

Outwith the formal Governance meetings, we will engage with staff side colleagues and other key stakeholders in the completion of this Return. The Return will then be finally signed off by the Chair of the Staff Governance Committee and Employee Director.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Development of the Annual Staff Governance Monitoring Return 2022/2023 will be through the Local Partnership Fora and presented to the Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce, Executive Directors Group and Area Partnership Forum.

2.4 Recommendation

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

- The development of the Staff Governance Annual Monitoring Return for 2022/2023.

3. List of Appendices

Appendix 1 – Staff Governance Standard National Annual Monitoring Return 2022/2023 template

Appendix 2 – Scottish Government Feedback From 2021/2022

Report Contact:

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

Appendix 1: Staff Governance Standard National Annual Monitoring Return 2022-2023 Template

STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2022-2023



Monitoring Strand	Questions	Response
Overarching – Staff Experience and Engagement	<p>The Health and Social Care Staff Experience Report 2022 was published on the 16 November 2022.</p> <p>Please confirm your 3 key areas identified in response to your Board Staff Experience Report and progress on actions to address these.</p>	

<p>Overarching – Culture and Values</p>	<p>Workplace culture can have a positive impact on outcomes for staff, patients, and service users. The 2021-2022 Staff Governance Monitoring exercise therefore asked about Board actions to support compassionate, collaborative, and inclusive values.</p> <p>1. Please advise what steps you have taken to identify or measure the impact of these interventions to nurture and support collaboration and compassionate leadership.</p> <p>Developing meaningful iMatter action plans enable continuous improvement.</p>	
	<p>2. Please give an example of how the Board has supported managers to encourage team engagement in this process.</p> <p>iMatter offers an opportunity for staff to help influence and shape initiatives to enhance staff experience.</p> <p>3. What engagement and practical assistance have you undertaken as a Board, to encourage and assist all staff to complete the iMatter questionnaire</p>	
<p>Well Informed</p>	<p>The 2021-22 returns offered a wealth of evidence about communication improvements and good practice that could be shared between Boards.</p> <p>1. Please advise of any new approaches to ensure that staff are well informed and any good practice that you have adopted from other Boards through the last Staff Governance monitoring exercise.</p>	

**Appropriately
trained and
developed**

In our [National Workforce Strategy for Health and Social Care](#) we committed to expanding the reach of employability programmes and apprenticeships in every health board area. Across the NHS, candidates are already able to start their career in NHS Scotland through a variety of routes, including through employability programmes and partnerships at a locality level, through apprenticeships in frontline healthcare and in support services, administrative services and facilities.

- 1. Please advise the number of individuals recruited under each apprenticeship type (foundation, modern, graduate) in 2022/23 and as a percentage of Board headcount.**

This information should be available on the Funding Information and Processing System hosted by Skills Development Scotland.

In the 2021-22 returns, Boards advised that that they are focussing on improving appraisal completion records.

- 2. Please confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2023**

Involved in decisions

[The Health and Social Care Staff Experience Report 2022](#)

shows no change in the score for the question - *I feel involved in decisions relating to my organisation* since the last report.

1. Please provide an example of how your Board is ensuring that partnership reflects new ways of working and ensures staff involvement.

The Scottish Government wrote to Boards on 2 December 2022 detailing the escalation process for NHSScotland 'Once for Scotland' Workforce Policies queries. This advised that:

- Operational queries on NHSScotland Workforce Policy practice should be managed by the leadership teams locally and through local networks within the spirit of the policy
- Interpretation queries should be discussed at the Board's Area Partnership Forum.
- If there is not joint agreement, then the APF should advise the Scottish Workforce and Staff Governance Committee that an attempt has been undertaken to resolve locally with no agreement reached. This should explicitly state both the Employer and local Trade Union's interpretation to clarify the difference(s) and to offer evidence of the attempts to resolve.

2. Please advise how this process has been communicated and implemented within the Board.

Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.

[The NHSScotland Bullying and Harassment Policy](#) provides a supportive environment to employees seeking an early resolution to bullying or harassment concerns and a formal mechanism to address unresolved, significant or persistent bullying or harassment.

- 1. Please provide the number of Bullying and Harassment cases raised during the past year (1 Apr 2022 - 31 March 2023) at the following stages of the NHSScotland Bullying and Harassment Policy**
 - Early Resolution (if this is available)
 - Formal Procedure
- 2. What is your Board doing to encourage early intervention and ensuring that your managers are skilled in having these early conversations?**

[The National Health and Social Care Workforce Strategy](#) recognises that championing visible diversity at all levels has been proven to have a positive influence on attracting and retaining staff, career progression and enhancing organisational reputation.

- 3. Please provide an example of action taken to support diversity in development towards leadership roles.**

[The NHSScotland Once for Scotland Workforce Policies](#) aim to ensure that all NHSScotland staff are treated fairly and consistently, under one set of policies and processes.

- 4. Please confirm that these policies are being applied consistently in your Board and describe how you seek this assurance.**

Question 1

Raised at Early resolution	Raised at Formal

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

The Whistleblowing Standards require Boards to record all information on whistleblowing concerns (including concerns raised anonymously). See [Stage 1: Early resolution | INWO \(spsso.org.uk\)](https://spsso.org.uk)

- 1. Please provide the number of whistleblowing cases raised during the past year (1 Apr 22-31 Mar 23) at the following stages of the NHSScotland Whistleblowing Policy. For each reported, please also advise whether the investigations are on-going or concluded and whether feedback was provided to the individual.**
 - Stage 1 Early Resolution
 - Stage 2 Investigation
 - Independent External Review
- 2. Please advise how many of these whistleblowing cases included a bullying and harassment element.**

Feedback from the 2021-22 exercise included an example where a Board used a team story to celebrate and publicise continuous improvement from a specific concern being raised.

- 3. Please provide evidence of steps your Board is taking to demonstrate a positive approach to responding to and addressing concerns that are raised.**

NHSScotland is committed to promoting a safe and healthy workplace culture and NHS organisations should take a positive approach towards tackling the problem of violence at work. Work is underway to develop a national system for recording violence and aggression incidents.

- 4. Please describe the type of training and support offered that addresses different requirements in locations/teams/staff groupings/protected groups.**

Questions 1 and 2.

Whistleblowing cases 1 Apr 2022-31 Mar 2023				
	Number	Ongoing	Concluded	Feedback provided
Raised at Stage 1				
Resolved at Stage 1				
Raised at Stage 1 and progressed to Stage 2				
Raised at Stage 2				
Resolved at Stage 2				
Cases raised anonymously				
Total cases (at all stages)				
Total cases with a bullying or harassment element				

5. Please provide an example of an action taken to encourage staff to report violence and aggression through local Datix, or equivalent, system.

On 1 February 2022, the Minister of Public Health, Women's Health and Sport, Maree Todd, issued a letter about staff access to emergency period products in the workplace. This was followed by an email in March 2022 asking Boards to confirm that this had been implemented. We are aware that staff who are working in multiple site locations and between sites may experience access challenges.

6. Please describe how you have addressed these challenges to ensure that all staff have access to emergency period products in the workplace.

The Scottish Government issued a letter to Board on 19 April 2023 (following SWAG agreement) advising that a new 'Recruitment Method' has been added to eESS to enable Boards to track implementation of Retire and Return.

7. Please advise the number of staff who have been re - appointed to date since 1 April 2023 through Retire and Return

**Staff Governance -
Optional additional
evidence**

Please note that this is not a mandatory field and any responses should be concise.

- 1. Should you wish to do so, please offer any additional staff governance evidence that you feel has not been covered by the previous set of questions.**



Staff Governance Monitoring – NHS Fife – 2021/22

What worked well and could be shared as good practice

- Let's Take a Moment staff wellbeing event
- iMatter roadshows Have a natter because iMatter
- Staff Health & Wellbeing Framework developed in partnership with staff side colleagues to provide direct access to services including counselling and physiotherapy, and additional opportunities including Menopause support and Mindfulness.
- Learning opportunities in collaboration with Fife College including the Aspiring Managers Programme
- Multidisciplinary team of wellbeing specialists and staff support services
- Participation in Kickstart scheme which has led to positive employment outcomes.

Areas that you may wish to feed into your Staff Governance Plan and subsequent return for 2022/23

- Feedback received from iMatter roadshows Have a natter because iMatter
- Outcome of introduction of employee engagement app StaffLink as key internal communication tool
- Update on established Whistleblowing hub
- Actions from reintroduction of leadership walkarounds
- Progress of the development of the Associate Practitioner role to address current gaps in the nursing workforce
- Actions from staff responses to equality questionnaire.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 20 July 2023
Title:	Whistleblowing Audit Report B18/23
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this report is to update the Staff Governance Committee on the outcome of the Internal Audit Review of Whistleblowing, which was recently undertaken within NHS Fife, attached at **Appendix 1**.

2.2 Background

In April 2021, the Independent National Whistleblowing Officer (INWO) introduced National Whistleblowing Standards, with a requirement for all NHS Boards, primary care and independent providers to adopt and implement these standards. The purpose being to make sure everyone delivering NHS services in Scotland is able to speak out to raise

concerns, ultimately contributing to ensuring that the NHS in Scotland is as well run as possible.

The role of the INWO is to provide a mechanism for external review of how Health Boards, primary care and independent providers deal with whistleblowing concerns raised.

The key elements of the standards which NHS Fife is required to adhere to include:

- Providing a supportive environment for raising concerns.
- Access to a timely, two stage procedure for raising concerns.
- Signposting to the INWO for independent review of the final stage in the process.
- Having systems in place for recording, reporting and learning from concerns.

2.3 Assessment

The audit evaluated the design and operation of the controls within NHS Fife and specifically considered whether:

- NHS Fife has implemented whistleblowing arrangements in accordance with National Standards, providing a supportive environment for raising concerns.
- Whistleblowing concerns raised are processed in accordance with the two-stage procedure for raising concerns within the National Standards.
- Whistleblowing arrangements and concerns raised are reported in accordance with INWO Standards and provide assurance in relation to the recording, reporting and learning from concerns.

Whilst there is evidence that there is a generally sound system of governance, risk management and controls in place, some evidence of non-compliance or scope for improvement were identified, which may put the achievement of objectives at risk in the area audited. The Audit Opinion was listed as Reasonable in terms of assurance. The recommended audit actions and management responses detailed in Appendix 1 will further inform the agreed programme of work which will be reported back to the Committee at the next meeting. Existing work already in process included:

- Further enhancement to our process for handling concerns, incorporating other best practice guidance from the INWO.
- Development of our flow chart to ensure effective handling and appropriate transparency of decision making in relation to anonymous complaints.
- Revision to our Whistleblowing reporting to provide greater assurance on lessons learned from handling concerns and feedback from both those raising and addressing concerns.
- Work to look at whistleblowing through a broader concern handling lens reflecting work across the organisation which incorporates other forms of complaint and adverse event handling.

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. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

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

The content of this report has been considered by the Workforce Senior Leadership Team and will be presented to the Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

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

- The outcome of the Internal Audit Review of Whistleblowing B18-23.
- Highlights the topics which were identified from audit testing as requiring attention to provide assurance on the level of controls currently existing.
- Confirms the Audit Recommendations and the Management Response and actions taken which will be built into action updates to Committee in future reporting.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Audit Report B18-23

Report Contact:

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

FTF Internal Audit Service

Whistleblowing Report No. B18/23

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy
Kirstie MacDonald, Whistleblowing Champion
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Hazel Thomson, Board Committee Support Officer

Staff Governance Committee

Audit and Risk Committee
External Audit

Contents

Section		Page
Section 1	Executive Summary	2
Section 2	Issues and Actions	8
Section 3	Definitions of Assurance & Recommendation Priorities	15


Draft Report Issued	13 March 2023
Management Responses Received	03 April 2023
Target Audit & Risk Committee Date	18 May 2023
Final Report Issued	05 May 2023

CONTEXT AND SCOPE

1. In April 2021, the Independent National Whistleblowing Officer (INWO) introduced National Whistleblowing Standards, with a requirement for all NHS Boards, primary care and independent providers to adopt and implement these standards. The purpose being to make sure everyone delivering NHS services in Scotland is able to speak out to raise concerns, ultimately contributing to ensuring that the NHS in Scotland is as well run as possible.
2. The role of the INWO is to provide a mechanism for external review of how Health Boards, primary care and independent providers deal with whistleblowing concerns raised.
3. The key elements of the standards which NHS Fife is required to adhere to include:
 - Providing a supportive environment for raising concerns;
 - Access to a timely, two stage procedure for raising concerns;
 - Signposting to the INWO for independent review of the final stage in the process;
 - Having systems in place for recording, reporting and learning from concerns.
4. There are no risks relating to whistleblowing contained within the NHS Fife corporate risk register.
5. Our audit evaluated the design and operation of the controls within NHS Fife and specifically considered whether:
 - NHS Fife has implemented whistleblowing arrangements in accordance with National Standards, providing a supportive environment for raising concerns;
 - Whistleblowing concerns raised are processed in accordance with the two stage procedure for raising concerns within the National Standards;
 - Whistleblowing arrangements and concerns raised are reported in accordance with INWO Standards and provide assurance in relation to the recording, reporting and learning from concerns.

AUDIT OPINION

6. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

Implementing Whistleblowing Arrangements within NHS Fife

9. To implement the requirements of the standards set out by the INWO, the following action has been taken by NHS Fife for whistleblowing:
 - A whistleblowing guidance folder has been set up within the Staffroom section of the Stafflink Hub which provides guidance on what the official whistleblowing arrangements are, and how a concern is to be raised. Although there is no front page link to the folder, a search for whistleblowing on Stafflink takes users to the guidance folder.
 - The guidance available on Stafflink details the arrangements for raising a concern in accordance with the INWO standards, with use being made of INWO templates to explain whistleblowing procedures. Sufficient information was seen to be available to explain what whistleblowing is, how to take concerns forward and what is expected once a concern is raised. On Stafflink a link is also provided to the INWO website, where further detail can be obtained.
 - The Director of Workforce is the Executive Director responsible for overseeing whistleblowing arrangements and the Head of Workforce Resourcing & Relations, is the responsible Workforce manager for overseeing the processing arrangements and reporting of whistleblowing concerns raised.
 - A number of officers (12) have been nominated for staff to confidentially raise concerns with, and have them investigated without prejudice.
 - A Non-Executive Director was appointed as the NHS Fife Whistleblowing Champion, with the role including providing assurance on the adequacy of its whistleblowing arrangements through reporting to the Staff Governance Committee (SGC).
 - Further actions are still being taken to fully implement whistleblowing arrangements within NHS Fife and these are detailed within paragraph 26 below, which considers reporting to the SGC.
10. The guidance on Stafflink provides staff with details of the different stages and processes followed by NHS Fife in dealing with whistleblowing concerns raised and it provides a framework to enable concerns to be processed in accordance with the standard INWO procedures.
11. Training modules on whistleblowing, as provided by NHS Education for Scotland, are available on TURAS for staff to learn more about whistleblowing and how to raise a concern. Additional training is also available for line managers and those responsible for investigating concerns. Staff completion of the introductory modules has been promoted through the Weekly Staff Briefings issued through Stafflink. Approximately 47% of staff had completed the *Whistleblowing: an overview* module by September 2022. A one-off course to raise awareness of the new whistleblowing arrangements was provided for Hotel Services' staff to attend; this group of staff being the most likely not to have access to computers on a regular basis.
12. When the INWO whistleblowing arrangements were first rolled out in April 2021, managers were asked to arrange for advisory posters to be pinned to the main notice-boards for their department to inform staff of how to raise a concern. A review of the notice-boards at Cameron Hospital administrative block revealed that only the top floor notice-board contained the required posters, indicating that a further reminder should be sent out to departmental managers to ensure posters are appropriately displayed on all main notice-boards.

13. Management advised that the list of 12 confidential contacts is currently not up to date, as not all of the named contacts are fulfilling this role any more. A number have withdrawn due to changing jobs or other pressures of work and only six of the original confidential contacts currently fulfil this role. Internal Audit was advised that efforts are being made to update the listing. Not having a fully up to date listing of confidential contacts could impact those wishing to raise concerns from reporting them if they have difficulty in arranging to speak to a trained officer.

Processing of the whistleblowing raised concerns within NHS Fife.

14. Two whistleblowing concerns have been raised within NHS Fife, both in Quarter 4 of 2021/22. When initially raised, both of the concerns were classified as serious and sufficiently complex to require a detailed examination before a response could be provided. Accordingly the concerns moved straight to stage 2 investigation status, for which the INWO standards specify a 20 day timescale for a full response to be provided.
15. Although the investigations into both concerns have now been completed, neither concern was responded to within 20 days, with approximately 135 days being taken to conclude each investigation. This considerably exceeds the recommended INWO standard timescale.
16. Meetings were held with the Investigating Officers to determine if the INWO standards were followed and if any improvements could be made to the investigation process when considering future concerns. Both officers are senior managers and were independent of the departments being investigated. The following reasons were given for the delay in concluding on each:
 - ✧ Before the investigations could commence initial action was required to ensure standards of patient care were not being compromised in the departments concerned. This resulted in staff being moved to other departments and having to be replaced, which impacted upon the initial completion of the investigations.
 - ✧ One concern involved interviewing 7 staff, and the other, 13 staff. The Investigating Officers found this to be time-consuming, especially as a number of staff had moved departments and others were on sick leave.
 - ✧ The Investigating Officers were completing the investigations along with their normal day to day operational responsibilities, so were unable to fully devote their days to completing the investigations.
 - ✧ Neither officer had completed a whistleblowing investigation before, so although they were following INWO guidelines, they were unfamiliar with them.
17. In completing their investigations each Investigating Officer confirmed the following:
 - ✧ A formal Terms of Reference (ToR), specifying the remit of each investigation, was provided to each officer by an appropriate Executive Director prior to them commencing their investigation.
 - ✧ Those raising the concerns were kept informed of the progress being made on a regular 20 day basis.
 - ✧ INWO template documents were used in completing the investigations and any correspondence with those raising the concerns. The results of the investigations were recorded on DATIX as required.

- ✧ On concluding the investigation those raising the concern were provided with a formal response and a copy of the final report, to which they confirmed their satisfaction with the outcome. Both reports had been reviewed and authorised by relevant senior managers and included recommendations to improve the procedures within the departments concerned.
 - ✧ The provision of specific administrative support would be beneficial in arranging meetings, completing formal documents and updating DATIX, especially if the support has knowledge of whistleblowing investigation procedures.
 - ✧ A formal arrangement for combining the time spent on the investigation with normal day to day working would ensure there was sufficient time resource to complete the investigation in a timely manner.
 - ✧ Neither of the officers raising the concerns was advised of the opportunity to speak to the Whistleblowing Champion. The Whistleblowing Champion was also not kept informed of the progress in completing the investigations on a regular basis.
 - ✧ One of the Investigating Officers had completed the INWO whistleblowing training courses available on TURAS prior to starting their investigation, but the other officer only made reference to this guidance once they had started conducting their investigation, rather than as a preliminary action.
18. The above indicates that although full efforts were made to conduct the whistleblowing investigations in accordance with the INWO standards, there is an opportunity to improve aspects of the investigation process through review of the manner in which the two concerns raised were investigated.

Recording, reporting and learning from whistleblowing concerns.

19. As required by the INWO standards, quarterly reports on whistleblowing arrangements are presented to the SGC to give assurance that NHS Fife is complying with the required standards in managing, recording and reporting on whistleblowing concerns raised.
20. Internal Audit's review of the quarterly reports indicated that they have provided details on the implementation of the INWO standards within NHS Fife. However, only a minimum level of detail was provided on the two concerns raised as the investigations progressed. No explanation was given for the investigations not meeting the initial 20 day response timescale, it only being noted that approval (although not by whom) for extensions to the investigations had been granted. It would be more informative to provide an explanation of the reason for the delay, to assure the SGC that they are being progressed appropriately.
21. The INWO standards specify that quarterly reporting should be based on a number of key performance indicators and include a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns; and a statement to report the experiences of all those involved in the whistleblowing procedure. The two concerns raised so far have now been concluded and were reported on in the Quarter 2 July to September 2022 whistleblowing report to the November 2022 SGC meeting. This included a summary of the lessons learnt and notification that action is being taken to implement necessary improvements to the services concerned. There was no indication that an update would be given to the SGC to confirm when the actions were fully implemented. As yet reporting on the experiences of all those involved in the concerns investigated has still to be completed, but the SGC has been advised this will occur at a future date.

22. In line with INWO requirements, a number of relevant KPIs are included in the quarterly reports to the SGC, but as there have only been two concerns raised so far, the amount of comparative information is restricted. Most notably the average time in working days for a full response to be obtained for the two stage two concerns raised was reported as 134.5 days, which considerably exceeds the 20 day target set by the INWO. No further detail was given to explain the reason for this length of time being taken. Such an explanation would advise of the difficulties encountered and provide assurance to the SGC that efforts are being made to complete investigations timeously, and allow for any lessons learnt to be built into the process.
23. Although not a requirement of the INWO standards, but in line with good practice, two anonymous concerns raised and one press article on whistleblowing included in local newspapers relating to NHS Fife have also been included in the quarterly reports to the SGC. However, while this is a positive step towards full reporting on all whistleblowing cases, no indication was given in the reporting of these instances as to whether any action was taken or lessons learnt from them. It would be more informative if such detail were reported to the SGC to indicate that action was being taken to learn from all concerns raised and implement improvements where applicable.
24. The INWO standards expect an annual report to be presented to the SGC that further develops the quarterly reporting format, summarising the issues raised and actions taken to improve services. An annual report on whistleblowing arrangements for 2021/22 was presented to the September 2022 SGC meeting. As there have only been two concerns raised, with neither being concluded prior to the annual report being issued, there was limited data on concerns raised to report on. However, in providing an outline of what will be included in future annual reports, the 2021/22 annual report was seen to comply with the reporting requirements of the INWO.
25. The annual report on whistleblowing arrangements was the first for NHS Fife and the detail provided gave a good overview of the arrangements being taken to implement and raise awareness of the INWO standards and developing best practice in reporting on concerns raised. A recommendation has been made in the B08/23 – Internal Control Evaluation audit report to review the arrangements for providing the annual whistleblowing report to enable the required information to be provided as part of the year end assurance process, so that the SGC can provide an overt opinion on the adequacy of NHS Fife’s whistleblowing process as part of its Annual Statement of Assurance. This would include a concluding statement from the Whistleblowing Champion.
26. The annual report includes a section detailing NHS Fife’s plans to further develop whistleblowing arrangements during 2022/23. These include: continue to develop local standards and how to raise concerns and share learning; review confidential contacts arrangements; develop a standard operating procedure for dealing with anonymous concerns; review the feedback, including the role of the Whistleblowing Champion in that process; review the barriers to raising concerns; and include reporting on local press coverage. This section indicates that NHS Fife has further plans to develop whistleblowing arrangements, all of which are considered positive. In view of only two concerns having been raised so far plus two anonymous concerns and one press article, gathering information on the barriers to raising concerns is viewed by Internal Audit as an important action for further consideration.

27. There is no reference within the 2021/22 Annual Report to an action plan being used to monitor the implementation of the planned actions for 2022/23, nor if target dates have been set for the completion of the individual actions. There is also no indication as to whether the listed plans will be reported back to the SGC, either within future quarterly or annual reports. A detailed action plan, listing the individual actions to be completed during 2022/23 and monitored and reported to the SGC on a quarterly basis, would aid the completion of the intended actions by allowing regular review of progress in their implementation, enabling corrective action to be taken as necessary. This would also inform the SGC of the action being taken to remove any potential barriers to staff raising concerns.
28. As noted in the 2021/22 Annual Report, those raising concerns are to be given the opportunity to feedback on their experience, including the opportunity to have a follow-up conversation with the Whistleblowing Champion. This is a positive approach to learning from concerns and improving processes. Quarterly reports to the SGC should confirm if this has been completed.


ACTION


29. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT


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


Barry Hudson BAcc CA
Regional Audit Manager


Action Point Reference 1	
Finding: Whistleblowing posters	
<p>A walk around review of the notice boards at Cameron admin office revealed that out of the three staff notice-boards on the ground, first and second floor, only the latter contained the two standard posters advising staff of whistleblowing arrangements and the confidential contacts. As it is the top floor it is unlikely that the majority of staff will view them. Although only a very small sample of notice-boards was reviewed this is indicative of posters, providing information on whistleblowing arrangements, not being suitably displayed.</p> <p>In addition, the list of confidential contacts included on staff posters is currently out of date, with only six of the named contacts currently fulfilling this role, with a number having withdrawn due to changing jobs or other pressures of work. Not having a fully up to date listing of confidential contacts, could dissuade those raising concerns from reporting them if they have difficulty in arranging to speak to a trained officer.</p>	
Audit Recommendation:	
<p>Arrangements should be made to update the current listing of confidential contacts, so that they are correctly displayed within the Stafflink hub and on posters displayed on notice-boards. Once the listing of confidential contacts is updated new posters should be distributed to departmental managers with a reminder to ensure that they are appropriately displayed on all staff notice-boards.</p>	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The list of confidential contacts is currently being reviewed to ensure it is up to date and that there are a sufficient number of contacts available. Action is being taken to appoint new contacts to increase the numbers available. Once this exercise has been completed, revised posters will be sent out to relevant managers for display on main notice boards for staff to see.</p>	
Action by:	Date of expected completion:
Head of Workforce Resourcing and Relations	31 August 2023

Action Point Reference 2		
Finding: Lessons Learnt		
<p>From discussions with the Investigating Officers a number of lessons can be learnt from the investigations completed so far. This includes:</p> <ul style="list-style-type: none"> ✦ Having a more organised formal process to enable the Investigating Officer to combine the time spent on the investigation with their normal day to day work to ensure there is sufficient time resource to complete the investigation in a timely manner. This will include ensuring the Investigating Officer has sufficient administrative support to complete the investigation. ✦ Providing the officer raising the concern with the opportunity to speak to the Whistleblowing Champion should be incorporated into the ToR for all investigations. ✦ It should be confirmed that the Investigating Officer has gained sufficient knowledge of whistleblowing procedures. This includes completing the appropriate INWO courses on TURAS, before the investigations begin and being fully aware of where further guidance can be obtained. 		
Audit Recommendation:		
<p>A review of the arrangements for completing whistleblowing investigations should be undertaken to ensure all of the above points are considered and formally incorporated into the ToR for future investigations. A standard ToR template should be prepared, incorporating the above requirements and include a target date for the completion of the investigation. It should also specify the requirement to update the Whistleblowing Champion on progress in completing investigations on a monthly basis.</p>		
Assessment of Risk:		
Merits attention		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:		
<p>A ToR template will be prepared as this will aid the completion of whistleblowing reviews in a standardised manner. As part of the template it will be noted that when agreeing the ToR with the appointed investigating officer, consideration should be given to:</p> <ul style="list-style-type: none"> • The provision of appropriate administrative support; • Setting a target date for completing the investigation; • The allocation of management time to complete the investigation by the set target date; • Ensuring the Investigating Officer has completed the appropriate TURAS courses; • The requirement to update the whistleblowing champion on a monthly basis. <p>The opportunity for the officer raising the concern to speak to the Whistleblowing Champion is being progressed and is to be included in the stage 2 letter sent out to those officers.</p>		
Action by:	Date of expected completion:	
Head of Workforce Resourcing and Relations	ToR template – 30 September 2023 Stage 2 letter – 31 July 2023	

Action Point Reference 3	
Finding: Reporting on concerns raised	
The quarterly reports to the SGC detailing the progress in completing the investigations into the two concerns raised, only contained a minimum level of information. No explanation was given for the investigations not meeting the initial 20 day response timescale, it only being noted that approval for extensions to the investigations had been granted.	
Audit Recommendation:	
In reporting on the progress in completing investigations into concerns raised an explanation as to why extensions are necessary should be included within quarterly reports, to inform the SGC that investigations are progressing on as timely a basis as possible, in line with the INWO standards. Further detail should also be provided on extension approval and by whom, to confirm that the reason for the extension has been duly considered.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
Further explanation will be provided in future quarterly reports to the SGC, detailing the progress made in completing investigations and explaining the reason for any delays necessitating an extension being granted. Confirmation will be given that the extension has had appropriate senior management approval.	
Action by:	Date of expected completion:
Head of Workforce Resourcing and Relations	31 July 2023





Action Point Reference 4	
Finding: Quarterly Reporting	
<p>The SGC has been advised that action is being taken to implement necessary improvements to the services concerned, but in doing so there was no indication that an update would be given to confirm when the actions were fully implemented.</p>	
Audit Recommendation:	
<p>When reporting on investigations that have been concluded, the quarterly reports to the SGC should confirm when the actions have fully implemented.</p>	
Assessment of Risk:	
<p>Merits attention</p>	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>Agreed, when the actions arising from investigations have been fully implemented this will be included within future quarterly reports to the SGC.</p>	
Action by:	Date of expected completion:
Head of Workforce Resourcing and Relations	31 July 2023

Action Point Reference 5	
Finding: Anonymous Concerns and Press Articles	
<p>Although not a requirement of the INWO standards, but in line with good practice, anonymous concerns and press articles on whistleblowing relating to NHS Fife are also being included in the quarterly reports to the SGC. However, so far no indication is given in the quarterly reports as to whether any action was taken or lessons learnt from these concerns. It would be more informative if such detail were reported to the SGC to indicate that action was being taken to learn from all concerns raised and implement improvements when applicable.</p>	
Audit Recommendation:	
<p>In future, when reporting on anonymous concerns and press articles it should also be reported if any lessons were learnt, and if so, confirmation is given that action has been taken to implement the necessary changes.</p>	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>Agreed, in future when reporting on anonymous concerns and press articles, further detail will be given in the quarterly reports to the SGC on any lessons learnt and confirmation that action has been taken to implement any necessary changes.</p>	
Action by:	Date of expected completion:
Head of Workforce Resourcing and Relations	31 July 2023

Action Point Reference 6	
Finding: 2021/22 Annual report actions for 2022/23	
<p>There is no reference within the 2021/22 Annual Report to an action plan being used to monitor the implementation of the planned actions for 2022/23, nor if target dates have been set for the completion of the individual actions. There is also no indication as to whether the listed plans will be reported back to the SGC, either within future quarterly or annual reports.</p>	
Audit Recommendation:	
<p>A detailed action plan should be prepared detailing the individual actions included in the 2021/22 Annual Report planned for completion during 2022/23, setting target completion dates and appointing a responsible officer to oversee the implementation of each action. Thereafter there should be regular review of progress in completing the individual actions and quarterly reporting on completion of the action plan to the SGC.</p> <p>Although an outline was included in the 2021/22 Annual Report of what detail will be included in future annual reports, an action should also be included within the action plan to review the format of quarterly and annual reporting on an annual basis to ensure the level of detail provided and key performance indicators used complies with INWO standards. This is of particular importance for the 2022/23 Annual Report, as no concerns were reported on within the 2021/22 Annual report</p>	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The following steps will be taken:</p> <ul style="list-style-type: none"> • The existing action plan reported to the SGC will be expanded to include for each action:- a target completion date and the officer appointed to oversee completion; • Progress in completing the action plan will be incorporated in the quarterly reports to the SGC; • A review of the format of quarterly and annual reporting to the SGC will be included within the action plan to ensure it complies with the INWO standards. This will be completed prior to preparing the annual report. 	
Action by:	Date of expected completion:
Head of Workforce Resourcing and Relations	31 July 2023





Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Assessment of Risk

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

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

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 20th July 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 24th May 2023 was on the ongoing workforce and financial challenges, and staff health and wellbeing (including a focus on Management of Stress at Work and a progress update on the implementation of the 'Safe Staffing' legislation). There was a presentation on Workforce Information, including a 'deep dive' into leavers rates. Topics that also featured were updates on Core Training Compliance, Attendance Management work, the Band 2/3 HCSW Review and an overview of the Equal Pay Audit. There was also a fulsome discussion on the role of the Fire Warden given the changes to the Scottish Fire Brigade response to call outs.

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 24TH MAY 2023 AT 13:30 HRS IN BOARD ROOM, STAFF CLUB, VICTORIA HOSPITAL

Chair: Carol Potter, Chief Executive/ Wilma Brown, Employee Director

Present:

Sharon Adamson, Royal College of Nursing	Chris McKenna, Medical Director
Nicky Connor, Director of Health & Social Care	Maxine Michie, Deputy Director of Finance & Strategy (for Margo McGurk)
Claire Dobson, Director of Acute Services	David Miller, Director of Workforce
Simon Fevre, British Dietetic Association	Louise Noble, UNISON
John Halkett, UNISON – Regional Officer	Lynne Parsons, College of Podiatrists
Ben Hannan, Director of Pharmacy & Medicines	Kevin Reith, Deputy Director of Workforce
Paul Hayter, UNISON	Caroline Somerville, UNISON
Kirsty MacGregor, Associate Director of Communications	Joy Tomlinson, Director of Public Health
Janette Keenan, Director of Nursing	Andrew Verrecchia, UNISON
Neil McCormick, Director of Property & Asset Management	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:

Vicki Bennett, British Dietetic Association (Observing)
Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead (Item 04.1)
Sue Ponton, Interim Head of Service, Occupational Health Service (Observing)
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

C Potter welcomed colleagues to the meeting and apologies were noted from I Banerjee, S Fraser, N Groat, A Kopyto, J Johnstone, M McGurk (M Michie attended), L Mackie and S Raynor.

C Potter acknowledged the ongoing challenges and thanked colleagues for their continued hard work and commitment to NHS Fife.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 22nd March 2023 were accepted as a true and accurate record.

The Action List was reviewed, updates provided, and actions closed as appropriate.

03. MATTERS ARISING

There were no matters arising that were not on the agenda.

04. WELL INFORMED

04.1 Presentation: Workforce Information Overview including 'Deep Dive': Leavers Rates

B McKenna guided APF members through the presentation on Workforce Directorate Information Systems and Workforce and Leavers Information 2022/23. SSTS and eESS are the principal data sources, each with their own benefits and drawbacks. B McKenna drew attention to the challenges of working with multiple systems and advised there are ongoing developments to enable compatibility with other platforms e.g., Turas, JobTrain, eRostering. Visualisation Tools include Tableau, the East Region Workforce Dashboard and the local development, MicroStrategy.

There has been a large increase in recruitment and staffing numbers in the last 5 years, and fixed term contracts, linked to the COVID-19 pandemic. Workforce modelling is a continual challenge for all NHS Boards.

In terms of Leavers Information, turnover has exceeded 10% for the second year running; reasons include an ageing workforce and an increased use of fixed term contracts (25% of leavers). B McKenna reported that only around 10% of eESS Exit Interviews are completed and are narrative focused, making analysis problematic, although software is under development to capture sentiment analysis.

In the discussion that followed, it was recognised that capturing information from 'leavers' is extremely useful, and that eESS prompts the manager/ leaver to undertake the exit interview and alerts registrants timeously by email to revalidate. Software is currently being trialled which will produce automated reports.

C Potter thanked B McKenna for his interesting and informative presentation which it was agreed to share with APF members.

BMcK

APF **noted** the presentation.

04.2 Finance Update

M Michie provided an update on the 2022/23 financial outturn position with a high-level summary of the 2023/24 financial position. M Michie confirmed the Board had delivered all three financial targets for 2022/23, namely cash target, and break even on both revenue and capital resource limits subject to external audit scrutiny and review.

M Michie highlighted the Board had achieved a breakeven revenue position as a result of a number of actions taken including securing funding support from the Integrated Joint Board (IJB), overachieving on our medicines optimisation programme and a number of grip and control measures that we have taken forward together with cost pressures funding support secured from Scottish Government (SG) to support cost pressures arising from managing Covid 19, shortfall in planned care funding allocation and front door service pressures. These actions enabled us to deliver an overspend of £9.738m which was a slight improvement on the 2022/23 financial plan forecast outturn of £10.4m. Repayable brokerage was approved and received from SG to assist the board record a balanced revenue budget.

In looking forward to 2023/2024, M Michie highlighted that the financial gap was similar to 2022/23 and cost improvement plans totalling £15m were required in year to achieve the overspend of £10.9m identified in the medium-term financial plan for March 2024. Three focus areas have been identified:

namely, reductions in bank and agency spend, surge capacity and corporate overheads.

Expenditure on the capital plan totalled £30.7m, with the single largest area of spend being completion of the National Treatment centre - NHS Fife. M Michie highlighted additional capital funding of £7m had been secured in year (£10m in the previous financial year) which was spent on equipment, backlog maintenance, digital and clinical projects.

In response to S Fevre's query, M Michie advised that NHS Boards are receiving additional recurring funding to accommodate the large pay uplifts.

C Potter acknowledged the ongoing, challenging financial situation.

APF **noted** the update.

04.3 Communications Update

StaffLink

K MacGregor reported on StaffLink developments: a StaffLink User Area has been created and it will continue to be developed. The Polls options are being reintroduced, including health initiatives and more light-hearted issues. A new Data Dashboard will enable analysis of hub activity and refine content to meet user needs. More tailored News Feeds will allow users to opt into topics they are interested in. The Communications Team is undertaking an options appraisal on Blink Surveys, to gather staff opinions and feedback. Further developments include a redesign of the home page; Quick Links to the most accessed Hubs; Tasks e.g. to highlight mandatory reading; and working with Blink to develop a more powerful Search function.

Staff Pantries

The Staff Pantry facilities have been promoted on the StaffLink newsfeed with a dedicated Staff Pantry page on the Hub; and will be highlighted as a desktop graphic this week too (donations push). Communications will continue to highlight with news articles and features on StaffLink and Monthly Teams Update. An online staff survey to 'go live' once the Staff Pantry is open (there will be hard copies in Hubs too).

Board Bitesize Briefing

The ask from APF was to provide a summary of key decisions/ discussions at the NHS Fife Board. A template has been prepared to ensure an engaging skim read for staff to be published on StaffLink and as an all-Staff Email following each Board meeting. Links to Board papers and minutes will be included in the briefing if colleagues want to read the papers publicly available online. We are also proposing that the briefing regularly includes features such as an overview from Alistair Morris as Acting Chair - "Chair Chat" and "Say Hello" a section that profiles individual Board members - as part of our iMatter commitment to help raise the profile of Board members with staff.

iMatter

An NHS Fife campaign has been developed with Workforce colleagues: "Lets have a Natter – because iMatter". Managers communications will be promoted this week. Video messages of support are scheduled for later this month, to be issued at start of iMatter Survey opening (19 June 2023).

NHS Fife Staff Achievement Awards

The event is taking place on 29 September 2023 at the Dean Park Hotel,

Kirkcaldy. An SBAR is currently being drafted with proposals for new award categories for this year, in line with other NHS Boards, to appeal to wider staff groups. Communications will start a teaser campaign, promoting the reinstatement of the annual event and a 'date for your diary'.

NHS Fife Population Health and Wellbeing Strategy

Printed copies of the Strategy have now been circulated to stakeholders, community groups and libraries across Fife, to complement the online version.

W Brown agreed that the visibility of Board Members always receives a low score in the iMatter Survey. C Potter suggested that she, the Chair, Employee Director and Non-Execs meet with staff in the coming weeks. S Fevre recommended site visits would be more effective than holding drop-in sessions as staff feel more comfortable in their workplace.

**CP/ AM/
WB/ Non-
Execs**

A Verrecchia raised a concern regarding the desktop graphic on Switch to Nurse Bank Today. A Verrecchia recognised it is one of several measures to reduce spend on agency staffing; however, it could be perceived as encouraging *all* staff to join the Bank and we would not want to lose staff in substantive posts.

It was agreed to circulate K MacGregor's presentation to APF.

KMacG

APF **noted** the update.

04.4 Progress Update on Development of Annual Delivery Plan

C Potter indicated that development of the Annual Delivery Plan (ADP) is in progress and a working draft will be submitted to SG in early June 2023. An extra Private Session of the Board to review the ADP is being scheduled for the end of June 2023 (out with the normal cycle of meetings) and will include Staff Side representation.

APF **noted** the update.

05. APPROPRIATELY TRAINED

05.1 Core Training Compliance Improvement Plan Update

K Reith talked to the paper and was pleased to report that the position as at 30 April 2023 has improved by 9% to 57% overall with engagement across the nine subject areas ranging between 46% and 77%. Appendix 2 of the report provides a breakdown of performance by subject area.

K Reith advised he is meeting with all training owners to establish delivery plans, improve levels of staff attendance/ completion and to share learning. To achieve the target 80% compliance in Resuscitation, Manual Handling and Fire Safety by September/ October 2023, additional trainers have been recruited, delivery methods enhanced and training programmes expanded. The next two phases will focus on Infection Prevention & Control, Health & Safety, Violence & Aggression and then Information Governance and Protection for All. It is anticipated that this phased approach will enable overall organisational achievement of our target of 80% completion by March 2024.

Additional actions include a roll out of enhanced manager reporting to support compliance monitoring activity and a review of core training will be undertaken to develop and refine the programme to improve role specific training requirements, aligned with national work.

It was noted that the introduction of 'self-booking' functionality on TURAS has

greatly reduced the administrative burden and has been positively received by staff.

A Verrecchia requested the figures for Resuscitation, Manual Handling and Fire Safety training prior to COVID-19 in order to compare with current compliance rates.

KR

S Fevre voiced his concern on the level of Fire Training compliance; K Reith advised Fire Training will be showcased in an effort to boost attendance and get back on track. N McCormick drew attention to the model response staff had to the recent fire incident at Victoria Hospital and thanked them for their prompt actions. There followed a fulsome discussion on what the changes will be to the local Fire Wardens role and responsibilities and training given that as from April 2023 the Scottish Fire and Rescue Service will establish whether Automatic Fire Alarms in workplaces have been triggered by an actual fire before sending any appliances. N McCormick assured colleagues that hospitals, residential care homes and sleeping risk premises will remain exempt and appliances will continue to be mobilised automatically to any fire alarm activations within these facilities. N McCormick advised that discussions on Fire Warden's duties in the affected areas will be arranged; in the meantime, Jimmy Ramsay, Estates Compliance Manager would be happy to discuss any concerns in relation to this matter.

APF **noted** the update and actions being taken.

05.2 Personal Development Plan & Review Completion

K Reith explained that the IPQR (Integrated Performance & Quality Report) incorporates a graphical depiction of Personal Development Plan & Review performance over the past year and by Directorate. There has been a large increase in the number of completed reviews to March 2023 to an overall 37.9%, although this is significantly below the 80% target. Work continues to encourage engagement – which included a successful promotional push in March 2023 - emphasising the importance of a meaningful conversation between reviewee and reviewer, based on the three questions in TURAS Appraisal. D Miller indicated a video clip is being prepared to give an example of a 'best practice' PDP&R conversation.

This led to a discussion during which it was recognised there is still a lot of work to do to achieve the 80% completion rate; that conversations are being held but are they recorded/ signed off on the TURAS system? Could we explore ways of making the process simpler/ improve functionality of the electronic system to make it more 'user friendly'.

APF **noted** the update.

06. INVOLVED IN DECISIONS

06.1 Acute Services Division and Corporate Directorates Local Partnership Forum Update

C Dobson talked to the paper, highlighting the discussion on the Population Health and Well Being Strategy with Tom McCarthy, Portfolio Manager which will inform the development of the ASD strategy.

Progress is being made with the Acute Services Health & Safety Committee – will update further at the next APF.

We spoke about the fire response, and we also spoke about mandatory

training. It was noted that the Emergency Care Directorate continue to face challenges in terms of vacancy factor and getting staff to training; continuing to work closely to address this.

We talked about the AU1 changes earlier in the meeting: we have set up 3 Rapid Improvement Groups to look at specific areas in unscheduled care flow demand: surge and boarding, the front door and maximising rapid access to out-patient care.

We are pulling together the various sections of the ASD&CD LPF Annual Report 2022/23.

A Verrecchia and C Dobson acknowledged the exemplar response to the fire at Victoria Hospital by staff who put out the fire and evacuated the building; the site was back to business as usual very quickly.

APF **noted** the update.

06.2 Health & Social Care Partnership Local Partnership Forum Update

N Connor explained the report related to the H&SCP LPF meeting held on 29 March 2023. There was discussion around:

- Attendance and Wellbeing; and oversight of Employee Relations cases.
- Finance and Transformation in terms of financial challenges and engagement with Staff Side and Trade Union colleagues during the preparation of a report going to the IJB in July 2023.
- Whole Systems Pressures continue across hospitals, Primary Care and Mental Health, with follow up meetings held.
- A focus on Mandatory Training, which is a standing item on the LPF agenda, with regular monitoring of attendance rates.
- Development Sessions – a development session was held for LPF members; and an Integrated Development Team (ILT) session which brought together staff across the HSCP from both managed delegated services and the third and independent sector.

S Fevre advised that the meeting on 23 May 2023 focussed on:

- Performance around mandatory training, in particular Fire Safety to boost attendance/ compliance.
- iMatter preparation to encourage participation in the annual survey.
- Mission 25 – the social media recruitment campaign.
- H&SCP Care Academy Model.
- Roll out of Liquid Logic, perhaps more relevant to Council employed colleagues.
- Palliative Care Services – Enhanced 7 Day Community Model paper will be going to the Integrated Joint Board (IJB) on 26 May 2023.
- 190 attended the ILT event last week with inspiring key speakers – as per the Learning Conferences held some years ago – including one who talked about his Care sector experience, was positive about the work our staff do, and about compassion and civility; S Fevre suggested it would be beneficial to roll out wider.

APF **noted** the report.

06.3 iMatter Update

K Reith spoke to the paper, reminding the group that the 2023/24 iMatter survey runs between May and September and consists of 3 main stages - Manager Team Confirmations, Questionnaire and Action Planning. The 2023 timeline, including stage beginning and end dates, is included in Appendix 2.

K Reith informed colleagues that there are two new questions in relation to raising concerns (although they are not compulsory):

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

I am confident that I can safely raise concerns about issues in my workplace.

I am confident that my concerns will be followed up and responded to.

Work is ongoing with staff side colleagues to improve engagement, building on promotional activity last year with attention grabbing straplines and the development of a video clip which will feature on StaffLink.

A Verrecchia wished to acknowledge the efforts of Jackie Millen and her team to encourage manager and staff participation in the iMatter process; but hoped staff would be enthused to undertake the survey. J Keenan has shared the helpful timeline with her team for planning purposes.

APF **noted** the update.

07. TREATED FAIRLY AND CONSISTENTLY

07.1 Equal Pay Audit

R Waugh explained that it is a legislative requirement that NHS Boards must publish information around the Gender Pay Gap and on Occupational Segregation; and to publish our Equal Pay Statement (which was done by the deadline of 30 April 2023). A standard NHS Scotland template is used.

R Waugh highlighted from the report:

- The number of staff who provided a positive response to some of the protected characteristics has increased in the last couple of years (disability and race).
- We're reviewing the format/ style of the publication with Communications colleagues to make it an easier read, although it is greatly shaped by legislative requirements and NHS Scotland guidance.
- The Gender Pay Gap is heavily influenced by our Medical and Dental Workforce – trends indicate an increasing percentage are female which is leading to a narrowing of the gender pay gap.
- Reporting in the Race field has also increased, with an increase in professional roles, Band 5 and above. It is difficult to draw any specifics from this due to the introduction of a Regional Employment Model for Junior Doctors and the EU Exit to factor in.
- Change in Disability: an increase in reporting through recruitment and a compression in the Agenda for Change pay scale banding.

D Miller is keen to make the information more accessible and presented in a simpler, more user-friendly format, perhaps infographics highlighting key points. S Fevre suggested that the analysis/ narrative gives context and aids understanding of the data.

R Waugh drew attention to the refreshed BAME group which is being relaunched as the Diverse Ethnicity Network (DEN) at a Coffee Connect Event at the Education Centre, Victoria Hospital on 29 May 2023.

APF **noted** the update.

07.2 Whistleblowing – Quarter 4 Report

K Reith confirmed that NHS Fife received no whistleblowing concerns during the fourth quarter reporting period within NHS Fife, primary care providers and contracted services. K Reith clarified that it had originally been reported that NHS Fife received no whistleblowing concerns during the third quarter; however, there had been one Whistleblowing Concern lodged within Quarter 3, which is being addressed.

K Reith indicated that a robust discussion took place at Staff Governance Committee in relation to whistleblowing. The opportunity to learn lessons from the experience of working with the standards is a key feature of on-going work. Both this and improvements to the reporting on whistleblowing are being discussed with the Board's Whistleblowing Champion to provide additional assurance to the Board and other governance groups, including APF.

K Reith advised that an Action Plan is being prepared for the next governance cycle and will be brought to a future APF; and that quarterly and annual reporting will be refreshed and enhanced to ensure appropriate oversight.

There followed a discussion regarding Confidential Contacts (CCs) and a plea from D Miller to establish a larger cohort. L Parsons requested that appropriate training and support is provided to ensure CCs are comfortable with discussing issues, including whistleblowing and other complex concerns. It was agreed the role of the CC must be clearly defined. W Brown suggested, to avoid duplication of effort, liaising with the Peer Support Group who provide fantastic training for a similar role.

APF **noted** the report.

07.3 Progress Update: Band 2/ Band 3 Healthcare Support Worker Review

A Verrecchia reported that within H&SCP, 69.5% of Band 2 reviews had successfully resulted in an upgrade to Band 3; however, within Acute Services, 56% were unsuccessful in achieving a higher banding. There are a small number of appeals outstanding/ posts awaiting review.

A Verrecchia highlighted that it appears an entire department within Acute Services has not undertaken the process; C Dobson agreed to resolve the situation in partnership.

W Brown queried the statistic that 100% of Band 2 Bank staff have been re-banded to Band 3, while others in substantive posts have been less successful.

APF **noted** the update.

08. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

08.1 Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019 Update

R Waugh explained that a local reference group has been established, chaired by K Reith, to take forward the necessary actions to implement the Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019.

R Waugh informed colleagues that NHS Fife is a volunteer Chapter Guidance Testing Board and has been allocated Chapters 4, 5, 6 and 7 in the first

instance. A Chapter Testing Sub-Group comprising colleagues from Women Children and Clinical Services, Ward 51 VHK, Mental Health & Learning Disabilities, Laboratories, and Speech & Language Therapy has been set up to consider the guidance. The Scottish Government is beginning to monitor progress of Boards; the review of Chapter 4 must be completed by then end of June 2023. Feedback from Boards will inform and assist the implementation of the legislation. We are being supported locally in the process by Tracy Hunter, who has a lot of experience around the legislation and Lynne Riach, Programme Adviser, providing national support.

R Waugh suggested she bring a paper to the July APF to provide more detail on progress.

RW

APF **noted** the update.

08.2 Management of Stress at Work Risk Assessment Pilot Findings

N McCormick talked to the report, summarising activity to date, reaffirming that NHS Fife has a legal duty to protect employees from stress at work by doing a risk assessment and acting on it.

N McCormick thanked the Steering Group and in particular, the enormous effort W McConville has put into taking forward this agenda. In the appendices are the Health and Safety Executive and an NHS Scotland Talking Toolkit which were used as a basis to engage with staff to determine what the key risks are in terms of stress in the workplace and any potential solutions. There is also a summary of the learning and some powerful feedback from staff, who all got a lot out of it. An Action Plan has been developed to progress the desired improvement initiatives. It is anticipated that the process will be rolled out to other areas from June 2023 onwards.

W McConville indicated it has been an interesting if challenging experience, given some of the issues staff shared and supporting them to change. Staff are keen to develop/ review their action plan and implement initiatives (closely linked to iMatter). R Waugh hoped that W McConville would present the findings at a future meeting of the Staff Governance Committee and share with the wider organisation.

S Fevre queried what next? Would it be helpful to check the impact in a years time on stress/ anxiety absences? How do we identify key factors/ requirements in particular areas? W McConville advised the approach requires strong leadership, and staff engagement to 'own' and follow up on actions e.g., embed in staff meetings. Other suggestions include protected 3 hours every 6 weeks to undertake elearning; a daily morning huddle.

A Verrecchia asked how early adopters/ high risk areas would be identified. N McCormick indicated that absence statistics e.g., those areas with a high percentage of stress related absences; thoughtful of imposing the approach, more beneficial for areas to embrace it; promoting the approach; discussing the topic at LPFs; supporting departments with biggest risk stressors. N McCormick welcomed APF members thoughts on the challenges for different groups.

APF **noted** the report and associated appendices.

08.3 Attendance Management Update

D Miller talked to the paper, acknowledging that we don't have all the answers. It was recognised that a change of emphasis is required to secure a longer

term, sustainable improvement in absence rates within NHS Fife, taking account of existing managerial, occupational health, workforce and organisational inputs; it had been agreed to stand down the Operational Attendance Management Group.

The aim is to drive forward improved attendance management in line with the target of achieving an NHS Fife average of less than 4% absence. A number of operational actions will continue including identification of “hot spots” and areas of best practice to allow further analysis; and developing and communicating a range of health and wellbeing support resources.

We will consider targeted support and interventions to areas identified as outliers and work with services in a collaborative manner, to agree the right measures for them to aid improvement. We will maximise the offerings that make the biggest impact to ensure staff are valued, supported and listened to.

W Brown stressed the importance of supporting managers to support staff absence as they have so many conflicting priorities to accommodate. S Fevre suggested a 4% absence rate is unachievable; focussing on promoting attendance could be more beneficial as numbers are one thing, supporting staff another. It was acknowledged that overall, NHS Fife is much better at managing staff than 10-15 years ago, taking a more supportive approach.

APF **noted** the update.

09. ITEMS FOR NOTING

The following items were **noted** by APF:

- 09.1 H&SCP LPF – Minutes of 24th January 2023
- 09.2 AS&CS LPF – Unconfirmed Minutes of 27th April 2023
- 09.3 NHS Fife Staff Health & Wellbeing Group – Minutes of 21st February 2023

10. AOB

Staff Governance Annual Monitoring Return

K Reith indicated that feedback on the Staff Governance Annual Monitoring Return 2022/23 had just been received from SG and will be shared with APF members.

Employee Director

W Brown advised that the process to elect a new Employee Director commences 25 May 2023; the outcome will be known by the end of June 2023.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 19th July 2023 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 27 April 2023)

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 27 APRIL 2023 AT 2.00 PM VIA MS TEAMS

Present:

Claire Dobson (CD), Director of Acute Services (**Chair**)
 Andrew Verrecchia (AV), Unison
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services
 Miriam Watts (MW), General Manager – Emergency Care
 Norma Beveridge (NB), Director of Nursing (Acute Services)
 Paul Bishop (PB), Head of Estates
 Benjamin Hannan (BN), Director of Pharmacy & Medicines
 William Nixon (WN), Health & Safety Manager
 Susan Young (SY), HR Team Leader
 Louise Noble (LN), Unison
 Caroline Somerville (CS), Unison

In Attendance:

Tom McCarthy (TM), Portfolio Manager, Corporate PMO (for Item 2)
 Jimmy Ramsay (JR), Estates Compliance Manager (for Item 14.1)
 Gillian McKinnon (GMck), Executive Assistant to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>CD opened the meeting and welcomed everyone.</p> <p>Apologies were received from Neil McCormick and Belinda Morgan.</p>	
<p>2 POPULATION HEALTH & WELLBEING STRATEGY UPDATE</p> <p>Tom McCarthy (TM), Portfolio Manager, Corporate PMO advised:</p> <ul style="list-style-type: none"> • The NHS Fife Population Health and Wellbeing Strategy was signed off by the NHS Fife Board at the end of March 2023. The Strategy is available on the website at https://www.nhsfife.org/strategy/ • The Strategy was developed through extensive engagement with our communities, staff, patients and partners across Fife. • The welcome from the Chief Executive sets the context and the scene. It explains that this Strategy is not a detailed blueprint of all the things we are going to do but is much more statement of intent and quite high level and a reflection of where we are at currently. This is quite different from the previous Clinical Strategy. • This Strategy has much more of a focus on population health and wellbeing, reducing health inequalities. 	

- We developed a strategic framework to support all of this and is the foundations of the Strategy. The values and principles are quite prominent and is a reflection of the feedback from the Board.
- There are a number of factors that influence why NHS Fife needs to change including continuing our recovery from the impact of COVID-19 and our ageing population.
- We anticipate between now and 2033 that our demographics will change quite considerably. Our 65+ population will increase by 30% but we will also see a reduction in under 16s and our 16-65 populations.
- We will continue to work closely and in partnership with social care through health and social care partnership, recognising the challenge and uncertainty that still exists around some of the policy area.
- The reduction of inequalities is a big theme in this Strategy, and we want to work in different ways.
- As an NHS Board we can do so much more around health and wellbeing than just the provision of healthcare services. All of those things collectively can positively impact on the economy and health and wellbeing of Fife.
- Our Strategy aligns to a range of local, national and partnership plans reflection national policy and local ambitions.
- There was extensive engagement on the Strategy from staff and the public across Fife.
- Initially a lot of work was undertaken online however more recently we have tried to augment this with more face-to-face opportunities. There was a lot of useful feedback received which we can use as we go forward in the Strategy, and there is a commitment to continuing to do that engagement.
- The 4 strategic priorities are:
- Priority 1: Improving Health and Wellbeing. This focusses on reducing the inequality gap between the most affluent and deprived communities across Fife.
- Priority 2: Improve the quality of health and care services. This is how we improve the quality of health and care services across Fife and how we provide the best quality of care with the resources we have.
- Priority 3: Improve staff experience and wellbeing. Thinking about our staff and how we make sure we are developing our workforce in the right way.
- Priority 4: Deliver value and sustainability. To use our resources wisely to ensure our services are sustainable and meet our population's needs.
- It was noted the 4 strategic priorities existed before this Strategy and are not new. We have taken the opportunity to refresh and update them. We have developed key ambitions associated with each priority, synthesised key messages from what we have been told, and captured some of the key pieces of work around each priority.
- In the delivery of the Strategy, we will respond and develop as things emerge. Key principles are around partnership working, ongoing engagement with staff and public. We will also make sure we are

monitoring and evaluating what we are doing, supported by key communication and will use strategic programmes to take forward key pieces of work.

- The Strategy will continue to be shared online and through various presentations and we should continue to engage with staff.
- CD thanked TM for attending to present the Population Health and Wellbeing Strategy to LPF colleagues.
- CD advised there is no single one-way to engage with staff. Due to the current pressures faced by staff in their day-to-day jobs it is important to continue to communicate with them via email, MS Teams and face-to-face briefing sessions.

3 MINUTE OF PREVIOUS MEETING – 22 DECEMBER 2022

The Minutes of the Meeting held on 22 December 2022 were accepted as an accurate record.

4 ACTION LIST & MATTERS ARISING

4.1 Health & Safety Update Report

- An updated version of the report has been circulated which now includes manual handling information.
- Close action.

GMcK

4.2 Feedback from NHS Fife Board & Executive Directors

- The presentation delivered to the APF regarding the strategy development in November 2022 was shared with LPF colleagues.
- Close action.

GMcK

4.3 Band 2 Uplift Review

- NB advised the review process is almost concluded. We have a few appeals and dates have been set for Emergency Care and Planned Care.
- AV advised within Acute Services there were 134 Healthcare Support Workers (HCSW) successfully uplifted out of a total of 339. 8 HSCW are appealing the Band 2 outcome.
- AV advised the first tranche of appeals are planned for next week however it feels somewhat rushed given the short timescales and upcoming public holiday and these may not go ahead. There are 3 dates identified in May 2023 for the appeals to take place.
- AV to pick up a conversation with SY regarding the timescales for next week's appeals and agreed to provide an update to LPF colleagues.

AV/SY

5 HEALTH & SAFETY:

5.1 Health & Safety Incident Report

- The Health & Safety Incident Report for the period February to March 2023 was distributed and noted, for information.
- WN advised for the period April 2022 to March 2023 there were 1069 incidents.
- WN advised there were 8 sharps incidents reported in February/March 2023, which was 13 less than this time last year. 7 incidents were no harm and 1 incident minor harm. There are 2 DATIX incidents that currently do not have a sharps SBAR attached.
- WN advised there were 4 slips, trips and falls incidents reported, 1 less than this time last year. 3 were no harm and 1 minor harm.
- WN advised there were 27 Violence & Aggression (V&A) incidents reported, which was 5 less than this time last year. 11 were no harm, 13 minor harm, and 3 moderate harm. The V&A Advisor is slowly building up his training programme for the Acute cycle going forward.
- WN advised there were 2 musculoskeletal incidents reported, 1 less than this time last year. These were both minor harm. The 2 Manual Handling Trainers that started on 3rd April 2023 are currently being up skilled and when they become more skilled the training content will be expanded and there will be more opportunity. A Manual Handling Co-ordinator has been appointed and will start shortly. We are almost back to a full complement for manual handling.
- WN advised there were 2 self-harm incidents reported, 2 less than this time last year. 1 was no harm and 1 was minor harm.
- WN advised there were 3 RIDDOR incidents reported, which is the same as this time last year. 1 was minor harm and 2 were moderate harm. From 1 May 2023 the Health & Safety Team will report RIDDOR incidents. This will help staff and mean the Health & Safety Team will be the first point of contact for the Health & Safety Executive (HSE). There were some not yet know incidents recorded.
- WN advised they were considering disbanding the Sharps Group due to low numbers attending and lack of interest. This will be discussed at the next Health & Safety Sub-Committee and will be included on some of the agendas going forward to ensure colleagues are kept up to date with information.
- AV advised he was pleased to note that the Manual Handling Team was almost back to a full complement which would help to increase and improve our mandatory training numbers.

6 STAFF GOVERNANCE:

A Well Informed

6.1 Director of Acute Services Brief – Operational Performance

- CD advised it has been another extremely busy period that was heightened by the 4-day public holiday period over Easter. We have been under significant pressure with our surge ward full and boarding right across the system. This week we have taken a decision to convene 3 groups to look at specific areas: 1) surge and boarding; 2) the front door; 3) how we can maximise rapid access.
- CD advised we have been working hard pulling together our Planned Care Plan for 2023/2024. This has involved a lot of work on trajectories and projections around our demand, activity and capacity. We have finally been able to submit this plan to Scottish Government this week. This was submitted late because the plan costs us £8.7m and the Scottish Government have intimated they will only give us £7m. This leaves us with a significant gap and there have been a number of discussions with the Executive Directors Group (EDG) around how we could continue with that level of activity. This does create a financial cost pressure.
- CD advised we are trying to minimise cancellation to surgery as far as we possibly can, but boarding has made this really difficult.
- DG advised within Women, Children and Clinical Services, Paediatrics has been similarly busy and a heightened sense from parents that they need to attend the Emergency Department (ED) with children. We have good in-reach ongoing into ED. Maternity has also been very busy. Staff sickness has improved. Ward 24 has also completed its refurbishment and you now enter the ward from the hospital as opposed to coming through Maternity.
- MW advised within Emergency Care they have introduced Neurology beds into Ward 53. This has been a major piece of work carried out over the past year with our Neurology team, including all of the nurses and support staff. We now have inpatient admitting capacity for Neurology patients for Fife.
- MW advised the other piece of work undertaken has been around repatriation of Haematology/Oncology. A Short-Life Working Group was established and within 4-weeks the service had been moved back from QMH to VHK. This has alleviated a huge staffing pressure we were facing, and we can now address the cancer waiting times for chemotherapy treatment as well.
- MW advised they have supported Band 4s into their wards and this is having a really positive impact.
- MW advised we still have ongoing pressures with our medical recruitment and is an ongoing risk for Emergency Care. We have a number of wards on the risk register because of the numbers of substantive staff versus the vacancy factor and the dependence on some agency staff.

- MW advised we are also working with HR teams on the reduction of supplementary staffing and how we manage our agency reduction as we move away from using off-contract agency.
- MW advised we continue to struggle with our mandatory training mainly because of the vacancy factor and the ongoing pressures we have on wards but are working to see how we can address this and target the high-risk areas such as CPR.
- CD advised we have also successfully opened the National Treatment Centre (NTC) for Orthopaedics. This was officially opened by the previous First Minister at the end of March 2023. A huge thanks to all the staff that were involved right across the organisation. The NTC had a couple of facilities issues at the beginning however it is up and running and welcoming patients every day with positive outcomes. We hope to welcome Lothian patients as the summer progresses.

6.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

SY advised:

NHS Fife

- The sickness absence rates for NHS Fife were 6.95% in February and 6.76% in March 2023.
- COVID-19 related absence of 0.39% in February and 0.56% in March 2023.

Acute

- The sickness absence rates for Acute Services were 7.34% in February and 6.98% in March 2023.
- COVID-19 related absence of 0.44% in February and 0.79% in March 2023.
- In February and March 2023, there was a reduction from the previous report. This was the second and third consecutive month of a reduction in sickness absence.
- Both February and March 2023 had a higher sickness percentage than the same months last year.
- Of the individual areas in March 2023, Emergency Care (7.61%), Planned Care (6.92%) and Women, Children and Clinical Services (6.34%). This was a reduction both in Emergency Care and Women, Children and Clinical Services but an increase within the Planned Care area.
- The top 3 reasons for episodes lost were gastro-intestinal problems, anxiety/stress/depression and cold, cough, flu.

- The top 3 reasons for hours lost was anxiety/stress/depression, back problems and gastro-intestinal problems.
- The highest absence rates by job family were Medical Support (a small area), Nursing and Midwifery (Bands 1-4), Dental Support (a small area), Nursing and Midwifery (Bands 5+).
- The highest number of hours lost were for Nursing and Midwifery (Band 5+) followed by Nursing and Midwifery (Band 1-4). This is very similar to previous months.
- Both short and long-term absence reduced, but both were higher than the same time last year.
- There were 23 areas within Acute Services with over 10% sickness absence.

Corporate Services

- The sickness absence rates for Corporate Services were 7.28% in February and 6.78% in March 2023.
- COVID-19 related absence of 0.44% in February and 0.30% in March 2023.
- There was an increase from the previous report in February 2023 and a reduction in sickness absence in March 2023.
- The percentage for Corporate Services is higher than the same time last year.
- The report has been expanded this month to include some of the other areas within Corporate Services. The highest areas are Facilities (8.97%), Nurse Directorate (8.95%), Public Health (7.22%). The Finance Directorate is the only area within Corporate Services below 4%, with Digital & Information not far behind.
- Anxiety/stress/depression then musculoskeletal and back problems is the highest reason for hours lost.
- Gastro-intestinal problems, anxiety/stress/depression and cold, cough, flu are the highest reasons for episodes lost.
- The highest absence rates by job family are Nursing and Midwifery (Bands 1-4), Support Services then Nursing and Midwifery (Band 5+).
- The highest number of hours lost were in Support Services, Administrative Services then Other Therapeutic.
- Short-term absence has reduced within Corporate Services, but long-term absence has increased.
- There were 14 areas within Corporate Services above 10% or over sickness absence.

General

- SY advised lots of work continues around attendance management. The Attendance Management Training as been refreshed. It is more interactive and includes triggers and

targets and more on mental health related absences. Positive feedback has been received from delegates.

- SY advised it would be useful to receive views from colleagues around the Review and Improvement Panels (RIPs) and Promoting Attendance at Work (PAWs) Panels and perhaps look at doing things differently. For quite some time the panels have focussed on the top-10 and top-20 cases and perhaps think about targeting some of the trigger cases at earlier stages rather than waiting until they hit the top-10 and top-20 cases or focussing on hot-spot areas.
- SY advised as well as the Attendance Management Training, HR colleagues wondered about doing a stand-alone lunchtime session on triggers and targets which could be co-delivered by staff-side colleagues and asked if this was something that managers would like to see.
- DG advised staff often ask about more Occupational Health input and involvement.
- DG agreed at looking at hot-spot areas, but this needs to be undertaken in a supported manner. It would also be helpful to look at the areas that continually perform under or around 4% sickness absence to see what they are do differently.
- LN advised we should be encouraging staff and managers to take a break at lunchtime but would be happy to be involved in the stand-along sessions at another time during the working day.
- LN advised every directorate undertakes their review panels differently and they all work well in their own way. In the past month LN feels in the Health Review Meetings these panels were being mentioned to staff and almost used as a threat towards them. CD/LN to pick up a conversation offline.
- CD and LPF colleagues agreed to the removal of COVID-19 related absence figures and charts from future reports as the numbers are really low and have been sustained.
- CD advised we need to think about how we deliver the target session and what staff will be receptive to, whether a short-bite or a video which can be accessed readily.
- BH suggested the target sessions could be modernised and undertaken as a webchat.
- SY agreed to take on board the comments and suggestions from LPF colleagues.

CD/LN

6.3 Feedback from NHS Fife Board & Executive Directors

BH provided an update on:

NHS Fife Board Meeting: 28 March 2023

- The March meeting was the last Board meeting chaired by The Right Honourable Trisha Marwick. Alistair Morris has been appointed as Acting NHS Fife Chair.

- It was a comprehensive meeting and there was the usual scrutiny over the Integrated Performance & Quality Report.
- The Population Health & Wellbeing Strategy was approved.
- The Cancer Framework & Delivery Plan 2022/23 was approved. This is a very comprehensive document which highlights the whole system contribution to cancer care.
- The Annual Climate Emergency & Sustainability Report 2021-22 was presented by Neil McCormick and was very well received in terms of the all the good work ongoing to meet the climate emergency.
- The 2nd edition of the Blueprint for Good Governance was discussed. This helps us think about what good governance looks like, systems and how governance is everything that we do.
- The Clinical Governance Strategic Framework was approved and there is a delivery plan for the coming year.
- The Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021 – 2025 from the Director of Nursing which was noted.
- The Annual Duty of Candour Report 2021-22 was noted.
- The NHS Fife Board Whistleblowing Quarter 3 Report was noted.

Board Development Session: 25 April 2023

- Board Development Sessions are held monthly and alternate between private and public sessions.
- There was a session from NES and Gillian MacIntosh looking at the Board Members' Code of Conduct.
- There was a session on Culture, Values and the Role of the NHS Board and how these are implemented throughout the organisation.
- The Digital & Information (D&I) Team showcased some of their work over the lunch-time period.
- There are opportunities for teams to showcase any pieces of good work at future board development sessions.

7 B Appropriately Trained

7.1 Training Update

- NB advised we have engaged with the Resuscitation Training Team, and they have almost doubled the availability of the BLS sessions. They have been shorted to 1-hour however still comply with Resuscitation Council Guidance. Directorates are monitoring this closely.
- MW advised within Emergency Care they continue to struggle with their mandatory training mainly because of the vacancy factor and the pressures on wards. They are working to see

how they can address this and target the high-risk areas such as CPR.

- AV advised training compliance is heavily scrutinised at the Area Partnership Forum (APF). It would be helpful if AV/CD could give some assurance and numbers demonstrating an upward trend and improvement to the next meeting of the APF.
- CD to check with David Miller whether a separate report on training is required from Acute for the APF meeting.

CD

7.2 Turas Update

- SY advised there is a new Manager Zone on Turas. There are lots of useful links and modules and the ability to book directly and access your learning history. This will be particularly helpful to our new managers as they adapt to their new roles.
- SY to invite Jackie Millen to attend the next LPF meeting to undertake a short demonstration of the new Manager Zone on Turas.

SY

8 C Involved in Decisions which Affect Them

8.1 Annual Report

- CD advised a formal request would go out to LPF colleagues asking for contributions and items for the 2023/24 ASD & CD LPF Annual Report.
- CD advised it was hoped we would have a draft version of the Annual Report available for our next meeting.

CD/GMcK

8.2 Staff Briefings & Internal Communications

- CD advised she continues the walkabout programme with AV.
- CD advised we have a series of Acute Senior Leadership Team pop-up briefings which are advertised in StaffLink.
- CD advised at least once a quarter our Directorate Performance Reviews are held face-to-face in different areas taking to staff first-hand about issues and challenges.

8.3 iMatter

- SY advised team confirmation will begin on 22 May 2023.
- SY advised senior managers have been asked to update their teams highlighting any manager changes and any new teams that have been created since last year.
- SY advised any changes have to be made through the service lead.
- SY advised a reminder will go out from the iMatter Team next week.

- SY advised ideally teams should be >5. For smaller teams they will require 100% response to generate a report and there are issues if there is 1 person in a team around confidentiality.
- SY advised considerable should be given as to whether smaller teams should be part of a bigger peer team to receive a more meaningful report.

9 D Treated Fairly & Consistently

9.1 Current/Future Change Programmes/Remobilisation

- CD advised this week the Acute Services have taken a decision to convene 3 groups to look at specific areas: 1) surge and boarding; 2) the front door; 3) how we can maximise rapid access. Feedback will be provided through the Acute Senior Leadership Team (Small Group), Acute Senior Leadership Team (Extended) and through this group.
- CD advised following the approval of the Population Health & Wellbeing Strategy for NHS Fife, work will begin on the development of a 3–5-year Acute Services Division Strategy. We will start to pull this together through our Acute Senior Leadership Team (Extended) meetings. CD to invite SY to attend these sessions from an HR perspective.
- CD advised LPF colleagues will be aware of the 3 financial areas for cost improvement this year: 1) a reduction in supplementary staffing spend; 2) a reduction in surge; 3) a reduction in corporate overheads.
- CD advised the Executive Team are still working through all of the detail however 1 June 2023 is looming in terms of Scottish Government instruction that Boards will not use any off-framework agency for supplementary staffing.
- CD advised there is a lot of work ongoing in the background looking at our current use of medical locums, which staff are on-framework, which staff are off framework and also what this means for nursing staff without any compromise in regard to clinical safety. Following discussion with David Miller the Acute Senior Leadership Team and ASD & CD LPF have now been included in the Terms of Reference around linkages in this work.

CD

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 Cycle to Work Scheme opened to staff on 6 April and runs until 6 May 2023. This is always a really popular scheme and LPF colleagues to promote this within their areas.

- SY advised a Stress Management Short Life Working Group has been set up to provide support, identify pilot projects and ensure a consistent approach and learning across the organisation.
- SY advised a new NHS Fife Wellbeing Guide has been developed to help managers support staff, focussing on support for health and wellbeing concerns and promoting attendance at work.
- SY advised the newly furnished Wellbeing Space within the Emergency Department, VHK is now available for staff to use, providing a dedicated space for colleagues to relax and take some time away from work areas.
- SY advised a bid to fund a staff outdoor rest space within the AU2 Courtyard has recently been submitted to the Fife Health Charity for consideration.

10.2 **Capital Projects Report**

- The March 2023 Capital Projects Report was noted for information, which outlines what was achieved.
- PB advised this year's capital allocation was ratified by the Fife Capital Investment Group last week.
- PB advised we have a lot of challenging work to carry out throughout the whole of NHS Fife and are working with colleagues to decide on where to spend finances to get the best result for NHS Fife.
- PB advised at this time we now have allocations for the Clinical Contingencies Group and Capital Equipment Management Group. Colleagues to forward any requests for consideration.
- CD advised there were a few schemes outstanding from last year that require to be taken forward: ICU storage room; removal of bath in Ward 44; and Phase 3 theatre anaesthetic office area.
- AV asked whether there was any progress on the anti-ligature work and decant area. PB advised at the next Anti-Ligature Programme Board meeting the decant area suggested would be ratified and agreed. They could look to start the project to undertake the work this year. There will be some challenging areas to deal with from a decant perspective.

10.3 **Acute & Corporate Adverse Events Report**

- The Acute & Corporate Adverse Events Report for the period February 2022 to January 2023 was noted, for information.
- NB advised the top 3 most commonly reported incidents for Acute Services were infrastructure, unwanted behaviours and sharps.
- NB advised infrastructure is generally around availability of staffing within an acute ward. There were 84 incidents reported

of staffing levels too low. Looking at the distribution of these incidents over the course of the year they are beginning to tail off again. We did have some significant staffing challenges a few months ago and are about to head into another challenging period with a stop in off-framework agency staff.

- NB advised the areas reporting most infrastructure incidents are AU1, Emergency Department, Respiratory and Ward 32. The most commonly affected staff groups are registered nurses.
- NB advised the top reported incident for Corporate Services is personal accidents within kitchens and grounds.

11 ISSUES FROM STAFF-SIDE

There were no further issues raised from staff-side colleagues.

12 MINUTES FOR NOTING:

12.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meeting held on 3 November 2022 and 10 January 2023 were noted, for information.

13 HOW WAS TODAY'S MEETING?

- LPF colleagues felt it had been a good meeting and a number of topics covered.
- It was good to hear from Tom McCarthy around the Population Health & Wellbeing Strategy and from Jimmy Ramsay regarding the SFRS changes to automatic fire alarms.
- LPF colleagues were updated on what was happening at NHS Fife Board level and issues within the Acute Services and Corporate Directorates.

13.1 Issues for Next Meeting

- Jackie Milne to attend the next meeting to provide an update on the new Manager Zone in Turas Learn.

13.2 Issues for Escalation to Area Partnership Forum

- There were no issues for escalation to the APF.

14 ANY OTHER COMPETENT BUSINESS

14.1 Changes to the Scottish Fire & Rescue Service (SFRS)

- Jimmy Ramsay (JR), Estates Compliance Manager advised last year the Scottish Fire & Rescue Service (SFRS) started a

public consultation on how they could reduce responding to automatic fire alarms.

- JR advised the model SFRS are implementing from 1st July 2023 estimates they will have a 61% reduction in responding to activations. This will help improve road safety in Fife but will have implications for NHS Fife.
- JR advised from 1st July 2023, if SFRS receive a fire alert from an automatic fire alarm system in any non-domestic building, they will only send fire engines to those buildings that have sleeping accommodation.
- JR advised within NHS Fife all wards, nursing and student accommodation will get an automatic response of two fire appliances regardless of the time of day. All other buildings, health centres and clinics who do not occupy sleeping accommodation will not receive a response at all unless we telephone to confirm there is a fire.
- JR advised this will be challenging for NHS Fife however we have been updating our policies and procedures and we are training additional fire wardens. SFRS are still require to provide guidance on the fire investigation process however we have our own guidance that has been developed nationally.
- DG asked JR about North and South Laboratories which are both stand-alone high-risk buildings. JR advised SFRS have advised they will not respond to high-risk premises which do not occupy sleeping accommodation, however we are still in discussion with them about our high-risk premises.
- BH advised because of our current mandatory training levels this would be a good opportunity to reinforce good communication on what should be done as opposed to what is changing.
- AV asked if our mandatory fire training would be adjusted accordingly to underline these changes. JR confirmed a new appendix has been written into the procedure and will be used to train staff. There will also be an extra video made. Fire wardens in all of our buildings will undertake the necessary training and be aware of the guidance.
- PB advised there are wider implications for NHS Fife for our buildings out of hours that buildings that do not have sleeping accommodation. The on-call engineer would be required to attend the premises to confirm if there is or is not a fire and whether to call SFRS. JR advised we are trying to mitigate against this by looking at all of the systems we have and how we can identify what each site needs to get an automatic response.
- CD thanked JR for his attendance and update and noted there was still work ongoing in the background and lots of work around communications between now and 1st July 2023.

15 DATE OF NEXT MEETING

Thursday 22 June 2023 at 2.00 pm via MS Teams.

| |

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/270423

Staff Governance Committee

**H&SC Local Partnership Forum
(Meeting on 29 March 2023)**

No issues were raised for escalation to the Staff Governance Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 29 MARCH 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative (Chair)
Debbie Fyfe, Joint Trades Union Secretary
Angela Kopyto, Dental Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Barry Millar, Project Management Office (Item 4 Only)
Chris Conroy, Clinical Services Manager (for Lisa Cooper)
David McColl, Project Management Office (Item 4 Only)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kenny McCallum, UNISON
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropractors and Podiatrists
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Yvonne Batehup, UNISON Welfare Representative
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Eleanor Haggett, Staff Side Representative
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Helen Hellewell, Deputy Medical Director, H&SC
Lisa Cooper, Head of Primary & Preventative Care Services
Morag Stenhouse, H&S Adviser, Fife Council

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 24 January 2023 The Minute from the meeting held on 24 January 2023 was approved as an accurate record of the meeting.	

NO	HEADING	ACTION
2.2	Action Log from 24 January 2023	
	The Action Log from the meeting held on 24 January 2023 was approved as accurate.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor advised that Jennifer Rezendes had been appointed to the role of Principle Social Work Officer and would take up post on 16 May 2023. She would be invited to the next LPF meeting.	
	At an Extended Leadership meeting yesterday discussion took place around leadership connections and how these could be supported for managers within the partnership as well as the 3 rd and independent sectors. A series of meetings have been proposed, a mix of face to face and virtual, the first of these will take place in the near future. LPF members wishing to either be part of the Design Group for these or to attend are to contact Roy.Lawrence@fife.gov.uk to register their interest.	ALL/RLaw
4	NEAR ME UPDATE	
	Barry Millar and David McColl had joined the meeting to give an update on the Near Me project, which is a government initiative involving health boards and local authorities. A Project Board has been established which meets regularly to discuss all aspects of the project. Rona Laskowski is the SLT lead on this project.	
	David covered the presentation which updated on areas in scope are Older People's SW, Adult SW, Mental Health Officer Team, Fife Council Housing Services, SW and FC Corporate Contact Centres, GP Clusters, Emergency Admissions at Queen Margaret and Victoria Hospitals and the Hospital Discharge Teams.	
	Practical guidance has been drawn up and is being updated as feedback is received both nationally and locally. To date 157 out of 199 staff have been trained in the use of Near Me.	
	Discussion took place around the good response to training, the number of consultations which have taken place (unavailable at this time, but is being worked on), Each area has challenges but these are being dealt with.	
	Rona Laskowski advised that a dashboard is being developed which will allow the team to provide explicit information on the number of call taken and when it is not appropriate to use the system.	
	Nicky Connor thanked Barry and David for their presentation and they both left the meeting.	
5	LPF DEVELOPMENT SESSION – 31 MAY 2023	
	It was agreed Roy Lawrence and Hazel Williamson would e-mail LPF members to get suggestions for the day. Debbie Fyfe suggested setting priorities for coming year. Lynne Garvey suggested having some staff success stories.	

NO **HEADING** **ACTION**

6 **HEALTH AND WELLBEING**

Attendance Information

Susan Young provided an update on NHS figures, which show a 1% reduction in January 2023. Both short and long term absences reduced. Over 32 areas within the partnership showed an absence rate of over 10%. Within the refreshed attendance management training there is a focus on triggers and targets and mental health absences. Review and improvement panels continue in all areas and work is underway with managers to review these to ensure these work well. Elaine Jordan updated on Fife Council absence figures, which are also improving. Long term absences have reduced with a slight increase in short term absence between December 2022 and January 2023. A draft Stress Checklist has been drawn up which will be shared with trade unions and staff side. Employees who are absent due to stress are allocated a case worker from day 1 to help provide support. Simon Fevre welcomed the improving picture and asked that positive messaging be shared with staff via staff briefings. Debbie Fyfe asked if information on the work of the review and improvement panels could be brought to the LPF to allow learning to be shared on good practice.

Elaine Jordan updated on Fife Council absence figures, which are also improving. Long term absences have reduced with a slight increase in short term absence between December 2022 and January 2023. A draft Stress Checklist has been drawn up which will be shared with trade unions and staff side. Employees who are absent due to stress are allocated a case worker from day 1 to help provide support.

**HoS/
SF/EJ**

Simon Fevre welcomed the improving picture and asked that positive messaging be shared with staff via staff briefings.

Debbie Fyfe asked if information on the work of the review and improvement panels could be brought to the LPF to allow learning to be shared on good practice.

Staff Health & Wellbeing

Elaine Jordan advised that in Fife Council wellbeing champions are being recruited from existing staff to help cascade and share information.

Employee Relations Update

Susan Young and Elaine Jordan gave updates on current active cases for disciplinary, grievance and capability and the timescales they were working to. Early resolution approaches are recommended in these cases where appropriate. Managers work to keep timescales for these as short as possible, but these can be delayed for a variety of reason, including policy stipulations, diary scheduling, competing work demands and availability of witnesses. Training and peer support is available for managers. It was agreed to discuss these further at an SLT meeting prior to bringing a report on improvement actions to the next LPF meeting.

NC/SY/EJ

7 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Health and Safety Updates from Fife Council and NHS Fife had been circulated with the papers..

Mandatory Training Update

Rona Laskowski is the SLT lead on this and updated on ongoing activity. Scope and content have been agreed, a monitoring spreadsheet set up and weekly figures are being collated for 6,085 partnership staff. Trend analysis and an improvement dashboard are discussed by SLT on a weekly basis.

Challenges include information being drawn from dual systems, variations in mandatory requirements,

Agreed this should be a standing agenda item on the LPF with a formal report being brought to each meeting.

RLas

Debbie Fyfe raised the issue of community and care home-based staff not being able to undertake training within their working hours for a variety of reasons.

Yvonne Batehup enquired about the method of gathering figures in the NHS and whether or not this was being done accurately. Yvonne and Rona agreed to meet up outwith the LPF to discuss concerns.

RLas/YB

Angela Kopyto raised similar issues within Dental, requesting that staff be allocated time to undertake training.

These issues will become part of ongoing discussions by SLT for staff in both Fife Council and NHS Fife and will be address in the report to the next LPF.

8 UPDATE ON CARE AT HOME INSPECTION

Lynne Garvey gave an update on the recent Care at Home Inspection, which had been circulated with the meeting papers. This was a good inspection and actions from it are being progressed via the Quality Matters Assurance Group.

Debbie Fyfe holds regular drop-in sessions with Home Care Co-ordinators which are well received.

It was agreed to highlight and celebrate the inspection report in the weekly briefing.

9 FINANCE UPDATE / BUDGET

Audrey Valente gave a brief update on the Finance Update paper which had been circulated prior to the meeting. The papers shows a projected underspend of £11.3m, the change is in part due to more accurate vacancy information being available.

The budget had been discussed by at the LPF Budget Discussion on Monday 20 March 2023 and would be taken to the Integration Joint Board on Friday 31 March 2023. The report give detail for the next financial year and also a Medium-Term Financial Strategy covering the next three years. Proposed savings in the report should close the expected £35m budget gap.

NO	HEADING	ACTION
9	FINANCE UPDATE / BUDGET (CONT)	
	<p>The IJB are being asked to approve the budget in principle prior to the business cases being developed. There is a commitment from SLT to have the first draft of these business cases for each savings proposal available ahead of the July 2023 IJB.</p> <p>Discussion took place around workforce implications.</p> <p>Debbie Fyfe asked that the LPF note that the budget being proposed to the IJB on 31 March 2023 would not have the support of the local government trade unions</p>	
10	UPDATE ON STRATEGIC PLAN – YEAR 1 DELIVERY PLAN	
	<p>Fiona McKay advised that this is the Delivery Plan for the first year of the new Strategic Plan and was a starting point to ensure that each strategic priority was met. The LPF supported the delivery plan.</p>	
11	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19	
	<p>System Pressures</p>	
	<p>Lynne Garvey advised that pressures have settled recently, there has been less community transmission of covid and currently only 26 staff are off because of it. Care Homes are in a good position and absence within Care at Home is reducing. NHS surge beds are still open and work continues on being in a safe position to reduce surge. Last week saw the best discharge profile from VHK for this winter with 117 discharges Monday to Friday and a further 11 discharges over the weekend.</p>	
	<p>Lynne wanted to praise the Care at Home Service for their excellent performance in reducing the turnover on care packages for patients being discharged from VHK and the community hospitals.</p>	
	<p>Rona Laskowski spoke of an improving picture in her area with HR support and review and improvement panels helping to reduce absences. There are still significant vacancies across the board. The switch on of Liquidlogic and the transfer for information from Swift are causing additional work for staff, but this should improve in the coming week. There are still a high number of mental health and social work referrals being received. Accommodation issues within NHS Fife, due in part to increasing staffing in CAMHS and Psychological Services along with more face-to-face appointments and increased numbers of staff working in officer are causing issues.</p>	
	<p>Chris Conroy, on behalf of Lisa Cooper, advised that daily huddles to review staffing continue, this is relatively stable but there are a couple of pinch points. Multi-disciplinary staff support is assisting. Work is ongoing with the 2C GP practices, 3 of which are out to tender at the moment and staff are being kept updated. Urgent Care/Out of Hours seem to be more settled, although there have been issues with GP staffing. Proposed initiatives are be brought forward which should assist this.</p>	

NO	HEADING	ACTION
11	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT) System Pressures The Flow and Navigation Centre continues to provide support and direct out of hours professional support to Care Homes can demonstrate improvement between August 2022 and February 2023 and thanks extended to all involved. Fiona McKay gave an update on Liquidlogic which goes live for Adults and Criminal Justice on Monday 3 April 2023. Children’s Services go live on 4 May 2023. This replaces Swift which has been in place for 23 years and live case are being transferred to the new system. Over 600 staff members have been trained by the team and they will be on site in Fife House to assist with a smooth transition. Simon Fevre raised concerns, on behalf of Wendy McConville who had left the meeting, in regards to staffing issues at Stratheden. It was agreed that Simon and Wendy would meet with Rona Laskowski and Lynn Barker out with the meeting and an update would be provided on 23 May 2023 Update on Industrial Action / Staff Pay Update No update given. Annual Leave Update – NHS Staff Susan Young advised that due to ongoing staff pressures, NHS employees who had been unable to use all of their annual leave during 2022-2023 could carry forward more than 5 days into 2023-2024, but these had to be used by 30 June 2023. Covid/Flu Update No update given. Immunisation - Staff / H&SC Workforce Simon Fevre acknowledged the significant work currently ongoing around the immunisation workforce as vaccination levels decrease.	SF/WMcC/ RLas/LB
12	IMATTER IMPROVEMENT ACTIONS This item will be discussed at the LPF meeting on 23 May 2023.	
13	HSCP MISSION 25 SOCIAL MEDIA RECRUITMENT CAMPAIGN This item will be discussed at the LPF meeting on 23 May 2023.	
14	HSCP CARE ACADEMY PARTNERSHIP MODEL This item will be discussed at the LPF meeting on 23 May 2023.	

NO	HEADING	ACTION
15	ITEMS FOR BRIEFING STAFF	
	Care @ Home Inspection Encourage Hand Washing	HW/
	Strategic Delivery Plan Comms re Finance	LG/LB/FM/
	Improvement in Attendance Figures	AV/SY/EJ
16	LPF ANNUAL REPORT 2022-2023	
	Simon Fevre advised that he had e-mailed some LPF members seeking information which would be included in this year's Annual Report. Further update at next LPF meeting.	
17	AOCB	
	Nothing was raised under this item.	
18	DATE OF NEXT MEETING	
	Tuesday 23 May 2023 – 9.00 am – 11.00 am – LPF Meeting	
	Wednesday 31 May – 9.00 am – 12 noon – LPF Development Session	

HEALTH & SAFETY SUB-COMMITTEE

(Meeting on 9 June 2023)

No issues were raised for escalation to the Staff Governance Committee.



Minute of the H&S Sub-Committee Meeting
Friday 9 June 2023 at 12.30 pm on Teams

Present

Neil McCormick (Chair), Director of Property & Asset Management (NMcC)
Paul Bishop, Head of Estates (PB)
Iain MacLeod, Deputy Medical Director (IMaCL)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM)
Conn Gillespie, Staff Side Representative (CG)

In Attendance

Billy Nixon, H&S Manager (BN)
Andrea Barker, note taker

The order of the minute may not reflect that of the discussion

No.		Action
1.	<u>Welcome & Apologies</u> NMcC welcomed those present to the meeting. Apologies were noted from Dr Chris McKenna, Ann-Marie Marshall (A-MM) and Nicola Robertson.	
2.	<u>Minute/Matters Arising:</u> The Minute of 10.03.23 was approved as an accurate record. <u>Matters Arising</u> Interviews for Manual Handling Trainers - acceleration of recruitment process actioned by DM. Action complete.	
3.	<u>Covid-19 Update:</u> Proposed removal of Covid-19 Update as a standard item on the agenda. Proposal agreed by the group.	
4.	<u>Governance Arrangements:</u> There were no Governance Arrangements to report.	
5.	<u>Operational Updates</u> 5.1 <u>H&S Sub-Committee Incidents</u> (Mar-May 2023)	

A copy of the H&S Sub-Committee Incidents Report (Mar-May 2023) was distributed to members of the group.

BN presented the Incidents Report for the period March to May 2023 to the group in his role as H&S Manager.

Whilst discussion major violence and aggression incidents the Sub-Committee **noted** the importance of the level of accuracy whilst recording such incidents, particularly in mental health settings. Paying particular attention to the level of intensity and the risk.

The Sub-Committee **noted** that the frequency of these incidents is increasing.

RIDDOR Reportable Incidents

The Sub-Committee **noted** that the Health & Safety team have taken over the reporting of RIDDOR. The H&S team will be the first point of contact for NHS Fife for all Health & Safety Executive related incidents.

Hate Crime

JK raised the reporting of hate crime within the organisation. BN advised that hate crimes are recorded on Datix adding that the manner in which they are recorded may differ eg under physical or verbal assaults.

The Sub-Group **noted** the importance of accuracy when staff are reporting incidents and to give as much information as possible for data purposes.

5.2 Manual Handling Review

A copy of the Manual Handling Review Report was circulated and presented to the group by BN. *(Please note that the information contained in the report is for the first quarter (January-March 2023) and only April and May 2023 for the second quarter due to the timing of the meeting).*

Kirstie Winn (KW) and Nicola Walters (NW), Manual Handling Trainers commenced employment on 4 April 2023.

01.01.23 – 31.05.23

- 79 manual handling courses were delivered
- A total of 239 members of staff were trained and updated on manual handling during this period

New Manual Handling Courses

CBA - Competency Based Assessment

CLD - Patient Handling Update - Child Health Practitioners

LHU - Load Handling Update

LUF - Load Handling Update (Facilities staff)

MIN - Patient Handling Update - Minimal Handling

OBS - On-site Observation & Training

PPS - Load Handling Update – Pharmacy, Porters & Stores

Strategic - Equipment Review Group

<p>A-MM was invited and accepted an invitation to join Jim Forrest, Fife Council's Manual Handling Lead Advisor at their Equipment Review Group.</p> <p>A-MM advised that a Manual Handling Review Group will be re-instated to promote continuity and build relationships between ourselves and Fife Council.</p> <p><u>Overview</u></p> <ul style="list-style-type: none"> • Positive feedback is being received from staff evaluation forms following training which feed into the Training Needs Analysis and Learning Outcomes. From this a continual audit and review process is evidenced in order to meet the requirement of the Scottish Manual Handling Passport (SMHP). • Manual Handling is now live on TURAS which allows staff to book courses themselves (classroom-based sessions). • With A-MM and NW trained in manual handling for children and young babies, NHS Fife can now deliver Module G of the SMHP. • The successful candidate for the Manual Handling Co-ordinator will commence in post on 3 July 2023. <p>Action – A-MM will present a Manual Handling Comparative Report to the Sub-Committee at the 8 December 2023 meeting.</p> <p>NMcC extended his appreciation and thanks on behalf of the Sub-Committee to A-MM and her team for their great effort with the huge increase in Manual Handling training across the organisation.</p> <p>Action - It was agreed by the Sub-Committee to request that A-MM to prepare a full analysis report showing the correlation between the uptake of training and the number of musculoskeletal injuries. Please include pre-pandemic figures alongside current figures. Please present at the next H&S Sub-Committee meeting on 8 September 2023.</p> <p><u>Manual Handling Internal Audit</u></p> <p>NMcC added that all outstanding actions on the recent Manual Handling Internal Audit are complete and have been signed off.</p> <p><u>Training – Importance of reducing the impact of ill health on our staff</u></p> <p>IMacL - With staff suitably trained, we see the number of incidents reducing, how can we show that NHS Fife is helping staff to come to work and fulfil their lives whilst looking after and caring for our patients?</p> <p>Effectively, the importance of training our staff is part one of the process but how do we relay part two in so far as the impact this has on patients lives and also the running of the system as a whole?</p> <p>The Sub-Committee agreed that it would be worth considering a multi-disciplinary exercise around the correlation of absence statistics as well as in terms of absence due to musculoskeletal injuries resulting in staff being unavailable for work.</p> <p>5.3 <u>Health Surveillance (including Skin Health)</u></p>	<p>A-MM</p> <p>A-MM</p>
--	-------------------------

BN gave an update to the Sub-Committee on all of the positive progress that had been made in improving the uptake on the Skin Health Surveillance process. Surveillance returns show compliance:

- Quarter 1 - 67%
- Quarter 2 - 61%
- Quarter 3 - 61 %
- Quarter 4 - 65%

BN highlighted that health surveillance figures are lower than normal with Occupational Health (OH) concerned that all the figures are not coming through. The correct process that Managers should follow includes identifying staff group or individuals and then notify OH following a suitable risk assessment.

As OH no longer have an Occupational Health Practitioner who is suitably qualified in HAZ recordings, BN advised that he is considering approaching another Board or provider in order to capture these.

Action - BN and DM **agreed** to take health surveillance and HAZ recordings forward to bring them back on track.

5.4 Glove Selection Procedure Review

BN gave an update to the Sub-Committee that the GP G1 Glove Selection Procedure review with updated with very few changes in February 2023. The Policy has been uploaded on Blink.

5.5 Sharps Strategy Group

Following a recent Internal Audit, addressing the escalation of any related sharps incidents/concerns was highlighted for action.

- Historically, the Sharps Strategy Group with a SLWG, pre-Covid-19.
- Sharps incidents/concerns are a standing agenda item at ASD&CD H&S Committee meetings.
- Sharps Incident Reports are discussed at Sub-Committee meetings.

The Sub-Committee **agreed** that a separate Sharps Strategy Group was not required.

Action - Internal Audit to be notified accordingly.

5.6 Annual Workplan 2023-24

Business for discussion at the next meeting on 8 September 2023 includes:

- Sharps Review
- Face Fit Testing
- Learning & Development - All H&S and Manual Handling Training Packages

If you would like a specific item added to the Annual Workplan for discussion at future Sub-Committee meetings, then please advise Andrea who will update the agenda.

BN/DM

NMcC

6.	<p><u>NHS Fife Enforcement Activity</u></p> <ul style="list-style-type: none"> • There has been no recent HSE enforcement activity to report within NHS Fife. • Manual Handling Enforcement Activities are on-going within several other Scottish Boards. 	
7.	<p><u>Policies & Procedures</u></p> <ul style="list-style-type: none"> • <u>NHS Fife</u> <p>GP/D1-1 - <u>Display Screen Equipment</u></p> <p>Review June 2023.</p> <p>GP/SUMS-01 - <u>Safe use of Medical Sharps</u></p> <p>Due for review in August 2023.</p> <p>GP/M2 - <u>Control of Mercury Policy</u></p> <p>Pending.</p> <p>GP/L2 - <u>Dealing with Lead at Work Procedure</u></p> <p>Pending.</p> <p>GP/S2 - <u>Smoking Policy</u></p> <p>Pat Allan replaces Kay Samson as Senior Health Promotions Officer. Hazel Thomson, Board Committee Support Officer is following up further updates with the Health Promotions team.</p> <p>NMcC extended thanks to BN and his team on behalf of the Sub-Committee for bringing the H&S P&Ps up-to-date.</p> <ul style="list-style-type: none"> • <u>HSCP</u> <p>On-going updates continue around policies, protocol and safe systems of work across NHS services that are delegated to the partnership.</p>	
8.	<p><u>Performance</u></p> <p>For noting:</p> <p>(a) <u>ASD&CD H&S Committee Minute</u></p> <p>BN advised that the ASD&CD H&S Committee meeting on 31 May 2023 was not quorate and, therefore, cancelled.</p> <p>(b) <u>HSCP H&S Assurance Group Minute</u></p>	

The HSCP H&S Assurance Group Minute of 9 May 2023 was presented and **noted** by the group.

Matters Arising from the HSCP Minute of 9 May 2023:

(a) Personal Safety Training

The retiral of Ian Bease, Community Safety Officer has led to concerns from HSCP staff around the lack of Personal Safety Training, particularly for community staff. JK advised that the post of Community Safety Officer falls within the remit of the Resilience Team, Public Health which is led by Sue Cameron.

(b) Lone Working Policy

Work continues around a Deep Dive with Staff Side colleagues around the safety of lone working staff colleagues.

(c) Asbestos Incident, Lynebank Hospital, Dunfermline

NHS Fife operates Asbestos Registers across its estate. It is a legal requirement for all contractors to sign off on the Safe Systems of Work arrangements set out by NHS Fife.

PB advised the Sub-Committee that the protocol around contractor access to sites is under review and once approved, will be published on Blink.

Action - PB to prepare a report on the recent asbestos incident for discussion with the group at the next meeting on 8 September 2023.

(d) Workforce Challenges

The Sub-Committee **noted** workforce shortages in mental health particularly around substantive posts.

This remains an on-going concern and results in our reliance on Bank workforce. This, in turn, raises the question as to whether Bank staff have the appropriate training in de-escalation management of violence and aggression and also in terms of the correlation between levels.

DM added that it may be helpful to check how we deliver our services to ensure the safety of our staff and our patients.

In terms of management of training our Bank staff, do we:

- Expect Bank staff to carry out training in their own time, or
- Pay Bank staff to come in and carry out training, when required

JK added that Bank staff have an induction period where they would carry out training and complete their induction packs.

Action - JK agreed to check on the support around additional training further down the line to NHS Bank staff and report her finds to the Sub-Committee.

PB

JK

<p>9.</p>	<p><u>Any Other Business</u></p> <p>9.1 <u>ASD&CD H&S Committee Meeting (31.05.23)</u></p> <p>The meeting was cancelled, therefore, no business to report - See 8(a) above.</p> <p>9.2 <u>HSE Letter – Recommendation for managing Violence & Aggression & Musculoskeletal Disorders in the NHS</u></p> <p>BN advised the Sub-Group that he was in receipt of an HSE letter which had recently been brought to his attention. The letter highlights findings on the management of risks from workplace violence and aggression and musculoskeletal disorders.</p> <p>NHS Fife has a good part of the response covered; however, BN will pick up on any vulnerabilities and will advise the Sub-Group of these accordingly.</p> <p>NMcC added that, although NHS Fife has not received a direct copy of the correspondence, we should prepare an ‘on-hold’ response.</p> <p>Action - BN to prepare a ‘draft’ response for NMcC’s consideration.</p> <p>9.3 <u>RCM Scotland – Entonox Levels in Maternity Units</u></p> <p>NMcC discussed a letter received from the RCM Scotland in relation to the health and safety around staff exposure levels to nitrous oxide together with the carbon footprint impact. He added that our Maternity Unit is relatively modern with good ventilation in comparison to other Boards with older buildings.</p> <p>Action - PB to prepare a response and consider exposure levels from cylinder usage in maternity and any other clinical areas eg the Emergency Directorate and Obstetric Theatres. PB to consider the Catalytic Cracking process.</p> <p>9.4 <u>Attendance at local Health & Safety Meetings</u></p> <p>It was noted by the Sub-Committee that attendance at Health & Safety Committee and Partnership meetings remains challenging.</p> <p>CG added that Union representation at Health & Safety meetings is also challenging and has been for some time.</p> <p>The Sub-Committee agreed that future consideration should be given to a campaign on Blink or similar to encourage participation in terms of the HSCP and NHS Fife.</p>	<p>BN</p> <p>PB</p>
<p>10.</p>	<p><u>Date & Time of Next Meeting</u></p> <p>Friday 9 September 2023 at 12.30 pm on Teams</p>	