Staff Governance Committee

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

Via MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence: Janette Keenan (Lynn Barker deputising)

Sinead Braiden

10:01 - 10:03
2 min

2. Declaration of Members' Interests

Sinead Braiden

10:03 - 10:07
4 min

3. Minutes of Previous Meeting held on Thursday 14 September 2023

Enclosed   Sinead Braiden

📄 Item 03 Staff Governance Committee Minutes (unconfirmed) 14.9.23.pdf (8 pages)

10:07 - 10:10
3 min

4. Matters Arising / Action List

Enclosed   Sinead Braiden

📄 Item 04 SGC Table of Actions 9.11.23.pdf (1 pages)

10:10 - 10:30
20 min

5. GOVERNANCE MATTERS

5.1. Corporate Risks Aligned to Staff Governance Committee

Enclosed   David Miller

📄 Item 5.1 Corporate Risks Aligned to SGC as at 2.11.23.pdf (6 pages)
📄 Item 5.1 Corporate Risks Aligned to SGC as at 2.11.23 Appendix 1.pdf (7 pages)
📄 Item 5.1 Assurance Principles Appendix 2.pdf (1 pages)
📄 Item 5.1 Risk Matrix Appendix 3.pdf (2 pages)

5.2. Bank and Agency Programme Update

Enclosed   David Miller

📄 Item 5.2 Bank and Agency Progamme Update 9.11.23.pdf (23 pages)

5.3. Whistleblowing Quarter 2 Report

Enclosed   Sandra Raynor

📄 Item 5.3 Whistleblowing Quarter 2 Report 2023-2024 - 9.11.23.pdf (8 pages)

5.4. Delivery of Annual Workplan 2023/2024

Enclosed   David Miller

📄 Item 5.4 Delivery of Annual Workplan 2023-2024 9.11.23.pdf (10 pages)

6. STRATEGY / PLANNING

10:30 - 10:45
15 min

6.1. Annual Delivery Plan Quarter 2 Performance Report 2023/2024

Enclosed   *Margo McGurk / Susan Fraser*

📄 Item 6.1 Annual Delivery Plan Q2 Performance Report 2024-2024.pdf (6 pages)
📄 Item 6.1 Annual Deliver Plan Q2 Perforamnce Report 2023-2024 Appendix 1.pdf (7 pages)

6.2. Population Health & Wellbeing Strategy 2023/2024 Mid-Year Review

To Follow   *Margo McGurk / Susan Fraser*

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7. NHS FIFE PROJECTS / PROGRAMMES

10:45 - 10:55
10 min

7.1. Primary Care Improvement Plan 2023/2024

Enclosed   *Nicky Connor / Lisa Cooper*

📄 Item 7.1 Primary Care Improvement Plan Update to SGC 9.11.23.pdf (6 pages)
📄 Item 7.1 PCIP 2023-24 V2.1 Appendix 1.pdf (29 pages)
📄 Item 7.1 Flash Report PCIP Programme Update Appendix 2.pdf (1 pages)

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8. QUALITY / PERFORMANCE

10:55 - 11:10
15 min

8.1. Integrated Performance & Quality Report

Enclosed   *David Miller*

📄 Item 8.1 IPQR SBAR SG Committee 9.11.23.pdf (3 pages)
📄 Item 8.1 IPQR Position at September 2023 SGC.pdf (11 pages)

8.2. Staff Governance Annual Monitoring Return 2022/2023

Enclosed   *Sandra Raynor*

📄 Item 8.2 Staff Governance Annual Monitoring Return 2022-2023 SBAR 9.11.23.pdf (3 pages)
📄 Item 8.2 Staff Governance Standard Monitoring Arrangements 2022-2023 30.10.23 FINAL Return.pdf (22 pages)

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9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

11:10 - 11:15
5 min

9.1. Workforce Policies Update

Enclosed   *Sandra Raynor*

📄 Item 9.1 Workforce Policies Update 9.11.23.pdf (14 pages)

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10. ANNUAL REPORTS / OTHER REPORTS

11:15 - 11:45
30 min

10.1. Health and Social Care Partnership Local Partnership Forum Annual Report 2022/2023

Enclosed   *Nicky Connor*

📄 Item 10.1 H&SCP LPF Annual Report 2022-2023.pdf (28 pages)

10.2. Whistleblowing Annual Performance Report 2022/2023

Enclosed   *Sandra Raynor*

📄 Item 10.2 Whistleblowing Annual Report 2022-2023 SBAR 9.11.23.pdf (3 pages)
📄 Item 10.2 Whistlblowing Annual Performance Report 2022-2023.pdf (15 pages)

10.3. Nursing & Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022/2023

Enclosed   *Lynn Barker*

📄 Item 10.3 N&M Revalidation Annual Update 2022-2023.pdf (4 pages)
📄 Item 10.3 AHP Revalidation Annual Update 2022-2023.pdf (4 pages)

10.4. Training Compliance Report 2022/2023

Enclosed   *David Miller*

📄 Item 10.4 Training Compliance Report 2022-2023 9.11.23.pdf (11 pages)

10.5. Volunteering Annual Report 2022/2023

Enclosed   *Lynn Barker*

📄 Item 10.5 Volunteering Annual Report 2022-2023 SBAR.pdf (3 pages)
📄 Item 10.5 Volunteering Annual Report 2022-2023.pdf (13 pages)

11:45 - 11:50
5 min

11. LINKED COMMITTEE MINUTES

11.1. Area Partnership Forum held on 20 September 2023 (unconfirmed)

Enclosed

📄 Item 11.1 APF Minutes Cover Sheet 20.9.23.pdf (1 pages)
📄 Item 11.1 APF Minutes (Unconfimred) 20.9.23.pdf (10 pages)

11.2. Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

Enclosed

📄 Item 11.2 H&S Sub Committee Minute Cover Sheet 8.9.23.pdf (1 pages)
📄 Item 11.2 H&S Sub Committee Minute (Unconfirmed) 8.9.23.pdf (9 pages)

11:50 - 11:55
5 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1. To the Board in the IPQR Summary

Verbal   *Sinead Braiden*

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

Verbal   *Sinead Braiden*

11:55 - 12:00
5 min

13. ANY OTHER BUSINESS

12:00 - 12:00

14. Date of Next Meeting: Thursday 11 January 2024 at 10.00 am to 12.00

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 SEPTEMBER 2023 AT 10.00 AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Roy Lawrence, Principal Lead for Organisational Development & Culture, Health & Social Care Partnership *(item 6.2 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Jackie Millen, Workforce Development & Engagement Officer *(item 7.2 only)*
David Miller, Director of Workforce
Lynne Parsons, Health & Social Care Local Partnership Forum (LPF) Representative (deputising for Simon Fevre)
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised members that S Fevre, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum, is retiring from NHS Fife in October 2023, and he paid warm tribute to S Fevre for his valued contribution to the Staff Governance Committee over the years, wishing him well for the future.

In addition, the Chair advised that W Brown will be standing down from the role of Employee Director, during her fourth term as a member of Fife NHS Board. The Chair thanked W Brown for her commitment to the Staff Governance Committee over the years and her long-standing service and contribution to the Board.

L Parsons was congratulated on her recent election to the role of Employee Director, effective from 1 October 2023, and she was welcomed to the Committee as an incoming member.

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 members Mansoor Mahmood (Non-Executive Member), Wilma Brown (Employee Director), Simon Fevre (Co-Chair, Health & Social Care Local Partnership Forum), Janette Keenan (Director of Nursing) and attendee Margo McGurk (Director of Finance & Strategy).

2.   **Declaration of Members' Interests**

There were no declarations of interest made by members.

3.   **Minutes of the last Meeting held on Thursday 20 June 2023**

The minutes of the meeting from Thursday 20 June 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.

Action No. 6 - Update on Equality, Diversity & Human Rights

It was advised that the action is to revert to 'in progress', as a rescheduled meeting date is required to progress the Workforce-related Equality & Diversity plans.

Action: Board Committee Support Officer

5.   **GOVERNANCE MATTERS**

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

The Director of Workforce advised that the levels of the two risks linked to the Staff Governance Committee remain unchanged, and a number of mitigations that are in place to control levels are detailed within the paper.

The Committee were advised that the Bank and Agency Programme of Work has been identified as a deep dive for the November 2023 meeting.

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

- Noted the Corporate Risk detail set out within Appendix 1 as at 31 August 2023;
- Reviewed all information provided against the Assurance Principles within Appendix 2;

- Considered and were assured of the mitigating actions to improve the risk levels;
- Concluded and commented on the assurance derived from the report.

5.2   Corporate Calendar – Proposed Staff Governance Committee Dates 2024/25

The Director of Workforce advised that the Committee meetings for 2024/25 are being proposed to be moved from a Thursday to a Tuesday to accommodate some members' diary commitments.

The Committee **agreed** the proposed dates for the 2024/2025 meetings.

5.3   The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation

The Head of Workforce Planning & Staff Wellbeing advised that preparation work is underway for the implementation of the legislation on 1 April 2024, and that the report provides an overview on the current actions and work that is being undertaken.

It was reported that the Act is applicable to all clinical and some non-clinical functions. It was advised that local reference groups, along with staff side representatives, are meeting regularly and have stepped up the frequency of meetings as the timeline for implementation gets closer.

An update was provided on the national testing work that is being carried out.

It was advised that a progress update and action plan will be presented to the Executive Directors' Group towards the end of September 2023, and a national event is planned for the NHS Fife Board in November 2023.

The Chair questioned the readiness of NHS Fife for implementation, and the Head of Workforce Planning explained the work that is still be carried out, which will include sharing learnings and knowledge, to support preparations.

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

5.4   Whistleblowing Quarter 1 Report

The Head of Workforce Resourcing & Relations presented the report and advised that, following guidance from internal audit, the previous years' actions are included within the report, to ensure that lessons learned can be taken and to offer assurance that actions have been put in place. Assurance was provided that work continues on the recommendations from internal audit, and that it is expected at the Whistleblowing Oversight Group in October 2023 that the outstanding actions will be closed off.

It was reported that there was one concern received during quarter 1.

It was advised that future reporting will include the ongoing implementation plans, actions taken, the responsible officer and when actions are completed. It was also

advised that a new method is being introduced, in the form of a questionnaire, which will allow feedback to be received from those who have been involved in whistleblowing.

The Head of Workforce Resourcing & Relations reported that 22 new confidential contacts are in the process of being added and will be promoted as part of 'Speak up Week' between 2 – 6 October 2023.

The Chief Executive highlighted the positive staff feedback from the iMatter survey with around 80% of staff feeling they are able to raise any concerns internally, which she noted was encouraging. She also highlighted that as the results of the survey are confidential and there are elements of the feedback linked to individual teams that are not visible to senior management, it was difficult to identify specific areas for improvement, and she confirmed that NHS Fife would not be complacent. The Deputy Director of Workforce advised that the results are available at a Directorate level, due to confidentiality, and agreed to feedback to the national iMatter team, visibility of any problem areas.

Action: Deputy Director of Workforce

The outcomes from the National Speak up Conference, which some members attended, were also highlighted, and it was advised that lessons and learnings will be taken forward within NHS Fife.

The Local Partnership Forum Representative commented on the positive work, to date, and advised that there is still a lot of work to be carried out in this area, particularly in relation to improving the response time for those raising concerns and simplifying the process for both the confidential contacts and for those who are intending to raise an issue. K MacDonald, Whistleblowing Champion and Non-Executive Member, indicated that shared learning could be taken from other Health Boards in terms of their resourcing and processes. The Deputy Director of Workforce briefly explained the experience of Forth Valley Health Board and agreed to share learnings and experience.

Action: Deputy Director of Workforce

The Director of Health & Social Care explained other mechanisms that provide avenues to support early discussions and resolutions within the Health & Social Care Partnership. The Director of Acute Services advised of a similar picture within Acute Services and provided some examples of lines of communications. K MacDonald, Whistleblowing Champion and Non-Executive Member, suggested that a small paragraph, providing examples, could be added to the report around culture, to provide greater assurance.

The Head of Workforce Resourcing & Relations was thanked for all her hard work, and acknowledgment was made of the improvement journey to date.

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

5.5   Delivery of Annual Workplan 2023/2024

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

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/2024

The Associate Director of Planning & Performance provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper. It was confirmed the Annual Delivery Plan is a three-year plan.

C Grieve, Non-Executive Member, stated that the response from the Scottish Government is a positive reflection on the teams and was indicative of the amount of work undertaken into collating the document.

The Chief Executive updated on a recent meeting with the Scottish Government, which is part of the quarterly cycle of review meetings, and advised that the meeting was positive, and covered the good work that is taking place within Fife.

The Committee took **assurance** from the Annual Delivery Plan 2023/2024 and **noted** the Annual Delivery Plan Review Feedback for 2023/2024.

6.2 NHS Fife Three Year Workforce Plan 2022-2025 & Health & Social Care Partnership (HSCP) Workforce Strategy and Plan 2022-2025 Update

The Chair welcomed R Lawrence, Principal Lead for Organisational Development & Culture, who joined the meeting for this item.

The Head of Workforce Planning & Staff Wellbeing advised that the paper provides an overview of progress in terms of the workforce planning activity. It was noted that feedback has been received from the Scottish Government and confirmation was provided that an annual update is not required to be published and the information will be contained within the Annual Delivery Plan process.

It was reported that an action plan has been developed in response to the feedback from the Scottish Government on the Internal Audit Annual Report, and the action plan is attached as an appendix. In terms of strengthening the process, it was advised that local workforce service plans are being developed and will support measuring the granular detail that supports planning, risk identification and risk mitigation, and an example is attached as an appendix. It was noted that regular updates on workforce planning will be built into reporting to go to the Committee.

The Principal Lead for Organisational Development & Culture advised that the Health & Social Care Partnership signed off the workforce plans in November 2022, and he advised that an annual report will be presented to the Integration Joint Board at their meeting in November 2023, and will include the plan for year two, and that the trajectories will be published after the meeting. It was reported that transformation, in terms of priority workforce is key. The connections around the Anchor strategic work, in terms of the workforce aspects, were highlighted,

and assurance was provided on the connections between the Health & Social Care partnership and NHS Fife.

The Director of Workforce thanked the Principal Lead for Organisational Development & Culture and Head of Workforce Planning & Staff Wellbeing for all their hard work.

The Committee took **assurance** from the report, which provides detailed updates on the respective workforce planning actions.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce reported a slight reduction in sickness absence in June 2023, and a small increase in Personal Development Performance Reviews (PDPR) compliance. It was reported that work is ongoing in relation to improving PDPR compliance, and actions are being developed.

C Grieve, Non-Executive Member, highlighted mental health issues in relation to sickness absence and questioned if it was related to home or work life. The Director of Workforce advised that organisational issues and non-organisational issues can be captured in the reporting going forward, if available.

Assurance was provided that the patterns for mental health-related absences are of a similar pattern to other NHS Scotland Health Boards and have tracked higher post Covid. An overview was provided on the support mechanisms in place for staff.

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

7.2   iMatter Update

The Deputy Director of Workforce advised that the iMatter process is still ongoing, and that the national report is released in November 2023, which will provide context to NHS Fife's position.

J Millen, Workforce Development and Engagement Officer, joined the meeting and advised that the paper highlights statistics and activity over the previous year. An improved position was reported, for the second year in a row, which has exceeded national outcomes and will be recorded in the national report. The key highlights and activities for the year were provided.

The Workforce Development and Engagement Officer acknowledged the Health & Social Care Partnership, Property & Asset Management Directorate and Public Health Directorate, who all exceeded their previous position. She also acknowledged the hard work and leadership within all the Directorates.

It was advised that the iMatter team have offered online manager information sessions to support managers analyse their team reports and facilitate team action

plan meetings on the iMatter portal. An overview was provided on the improvements planned for 2024, to further increase the position.

Following a question from C Grieve, Non-Executive Member, it was advised that due to confidentiality, Directorate-level responses only are available.

Discussion took place on the balance required between protecting confidentiality and actioning issues that are being raised, and the Workforce Development and Engagement Officer agreed to discuss with the Scottish Government the level of information that can be shared from the feedback. It was noted that there will also be an opportunity to feedback at the National Operational Leads Group.

It was reported that a focus on improving PDPR compliance will be a similar approach to iMatter, in terms of engagement, and that this is currently being considered.

The Director of Workforce thanked the Workforce Development and Engagement Officer and team for all their hard work.

The Committee took **assurance** from the report and **noted** the proposals for the 2023/2024 iMatter programme.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022/2023

The Director of Acute Services introduced the report and advised that it is a combined effort of the Local Partnership Forum (LPF) to celebrate the work that has been undertaken from the LPF across Acute Services, Corporate Directorates and supporting the staff governance agendas more widely. The Director of Acute Services thanked all the team involved.

The Committee took **assurance** from the report and **noted** the content.

8.2 Occupational Health and Wellbeing Service Annual Report 2022/2023

The Head of Workforce Planning & Staff Wellbeing advised that the report highlights the important contribution of the Occupational Health Service on the health and wellbeing of staff and that it outlines the breadth of activity undertaken by the service. It was also advised that the report highlights the challenges for the service, including cancellations numbers and increased Did Not Attends, which are being worked through. An update was provided on staffing, and it was noted that there is now sustainability within the service due to the recruitment of two Occupational Health positions. It was highlighted that the Occupational Health Nursing Service and Occupational Therapy Fatigue Service, are new services supporting staff.

Following questions from members around assurance and the various aspects of the service, it was agreed a discussion with the Clinical Lead and Head of Service be arranged for members.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **noted** the content.

9. LINKED COMMITTEE MINUTES

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

9.1 Area Partnership Forum held on 19 July 2023 (unconfirmed)
9.2 Acute Services division & Corporate Directorate Local Partnership Forum held on 17 August 2023 (unconfirmed)
9.3 Health and Social Care Partnership Local Partnership Forum held on 23 May 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

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

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Thursday 9 November 2023 at 10.00 am via MS Teams.

	Deadline passed / urgent
	In progress / on hold
	Closed

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

NHS Fife

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 then quarterly to the Staff Governance Committee.	**KR**	November 2023	On agenda 9/11/23 and on workplan for future reporting.	Closed
2.	20/07/23	**Corporate Risks Aligned to Staff Governance Committee**	To provide deep dive on the on-going Bank & Agency Programme Work at the next Staff Governance Committee meeting.	**DM**	November 2023	Bank and Agency Programme Update on agenda 9/11/23	Closed
3.	20/07/23	**Update on Equality, Diversity & Human Rights**	A meeting to be arranged for SB, CG, SFe, JO and RW to discuss progressing Workforce related Equality & Diversity plans.	**RW**	November 2023	Rescheduled meeting took place on 9 October 2023, with actions progressing.	Closed
4.	14/09/23	**Whistleblowing Quarter 1 Report**	To feedback to the national iMatter team, visibility of any problem areas.	**KR**	November 2023	Feedback provided via iMatter National Operational Leads and awaiting further updates for 2024/2025.	Closed
5.	14/09/23		To share learning and experience from NHS Forth Valley.	**KR**	November 2023	Information has been provided to the Board iMatter Lead.	Closed
6.	14/09/23	**Occupational Health and Wellbeing Service Annual Report 2022/2023**	A discussion with CG, Clinical Lead and Head of Service to be arranged, around assurances and related aspects of the service.	**RW**	November 2023	Meeting held on 23 October 2023 and assurance provided.	Closed

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Update on Corporate Risks Aligned to the Staff Governance Committee**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Pauline Cumming, Risk Manager**

1.   Purpose

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

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

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

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

2.   Report Summary

2.1   Situation

This paper provides an update on the risks aligned to this Committee since the last report to the meeting on 14 September 2023. Members are invited to:

*   Note details of the corporate risks as at 2 November 2023 set out at Appendix 1;
*   Review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 3;
*   Consider and be assured of the mitigating actions to improve the risk levels;
*   Conclude and comment on the assurance derived from the report;

- Identify the Deep Dive review to be prepared for the next Staff Governance Committee meeting.

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

Strategic Risk Profile

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.

- The strategic risk profile is unchanged. 18 risks - 13 high and 5 moderate level
- No risks have been closed

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

Table 2: Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level				Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve staff experience and wellbeing	2	-	-	-	◄►	• 11 - Workforce Planning and Delivery • 12 - Staff Health and Wellbeing • 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019'	Risk 19 is a proposed new risk.

Since the last report to the Committee on 14 September 2023:

- Two risks remain aligned to the Committee.
- The risk level is unchanged with both risks assessed as High.
- No risks have been closed.
- One potential new Corporate risk has been identified relating to 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019'. This is discussed below under **New Risks**.

New Risks.

Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019

At the Executive Directors' Group (EDG) on 17 August 2023, discussion took place on a potential new corporate risk related to the above. The Director of Workforce and colleagues were asked to scope out the risk and report back to a future EDG.

The Health and Care Staffing (Scotland) was a substantive agenda item under Quality, Performance, Workforce & Risk at the EDG meeting on 19 October 2023. The draft risk developed by the Workforce Team was considered and it was agreed that the risk should be described differently. Following further discussion at EDG on 2 November 2023, the following wording is proposed:

"Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with the Health and Care (Staffing) (Scotland) Act 2019 [HCSA] requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures".

If agreed, the risk will be proposed to the Board to approve for inclusion in the Corporate Risk Register.

Deep Dive Reviews

Deep Dive reviews will continue to be commissioned by the Governance Committees, with the focus agreed by the Responsible Executive, in consultation with the Chair and Committee members, or via a recommendation from EDG or the Risks & Opportunities Group.

Based on our experience and learning from the last year, the ROG will make recommendations on the role of the 'Deep Dive' during the lifecycle of a risk, along with criteria for future reviews. These will form part of a ROG update paper to EDG on 2 November 2023, and will be presented to the Committee in due course for consideration and feedback.

Corporate Risk Reporting

The Corporate Risk Register will continue to be updated to match the Committee cycle, including through review at ROG and its recommendations to the EDG.

The format and content of the Register and corporate risk reports, including deep dive reviews, will continue to evolve. We will also continue to monitor the implementation of the Assurance Levels and identify areas that require further development.

The Committee is advised that an Audit & Risk Committee Development (ARC) session with the topic 'Reviewing Progress and Effectiveness of Risk Management Arrangements and Reporting', took place on 12 October 2023. In summary, the focus included the developments undertaken in the last 12 months to improve corporate risk reporting, consideration of the ARC's responsibilities, and the role of the ROG in supporting effective risk management.

The ROG will consider outputs and possible developments from the session, and submit recommendations to EDG and the governance committees as appropriate.

Next Steps

The ROG will continue to deliver 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 and Value-Based Health & 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 support staff health and wellbeing, and the quality of health and care services.

This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3   Financial

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

2.3.4   Risk Assessment / Management

The management of the Corporate Risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and work- plans, with updates

provided via established governance routes, for example, Programme Boards, Steering Groups, and other management groups. These include the Workforce Senior Leadership Team and the local HCSA Reference Group.

These groups provide fora which allow for transparency and due diligence to take place on the risks, which in turn will add legitimacy to decision making and contribute to good corporate governance.

The Committee is asked to note the position of the risks with regards to risk appetite:

The extant risks aligned to this Committee map to Strategic Priority 3: To Improve Staff Experience and Wellbeing. The appetite for risks within this domain is set at Moderate. Both risks remain high and therefore above appetite.

The proposed new corporate risk related to the 'Health and Care (Staffing) (Scotland) Act 2019' has been mapped to Strategic Priority 2: To improve the Quality of Health and Care Services. The appetite for risks within this domain is set at Moderate. The risk is currently assessed as Moderate and is therefore within appetite.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, Involvement, Engagement and Consultation

This paper reflects a range of communication and engagement with key stakeholders, including the HCSA Local Reference Group, the Health Care Improvement Scotland HCSA Programme, Scottish Government and the Executive Directors Group on 19 October and 2 November 2023.

2.3.8 Route to the Meeting

- HCSA Local Reference Group Meeting on 29 September 2023
- Executive Directors Group meeting on 2 November 2023

2.4   Recommendation

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

- Note details of the corporate risks as at 2 November 2023 set out at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2 and the Risk Matrix at Appendix 3;
- Consider and be assured of the mitigating actions to improve the risk levels;

- Conclude and comment on the assurance derived from the report;
- Identify the Deep Dive review to be prepared for 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 2 November 2023
- Appendix 2: Assurance Principles
- Appendix 3: Risk Matrix

Report Contact:

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Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 2 November 2023

				To improve staff experience and wellbeing				
No	**Risk**	**Mitigation**	**Risk Level & Rating**	**Target Risk Level & Rating by dd/mm/yy**	**Risk Level Trend**	**Appetite (Moderate)**	**Risk Owner**	**Primary Committee**
11	**Workforce Planning and Delivery** There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans. Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025, to support the Health & Social Care Strategic Plan for 2023 to 2026 and the integration agenda. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the "exemplar employer / employer of choice" and the associated values and behaviours and aligned to the ambitions of an anchor institution. 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	High 16	Mod 8 by 31/03/25	◄►	Above	Director of Workforce	Staff Governance (SGC)

		To improve staff experience and wellbeing						
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		Strategic Planning & Resource Allocation (SPRA) submissions, identifying impacts on the future shape of the staffing complement, and highlighting any sustainability pressures. An update on NHS Fife Workforce Planning actions and serviced based workforce plans will be provided at the September 2023 Staff Governance Committee, alongside an update on HSCP Year 2 Action Plan.

Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions to improve workforce sustainability.

A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made to date. Candidates are currently undergoing pre employment checks with start dates being confirmed and allocated to services based on priority of need and skills mix required.

Commencement of local guidance chapter testing to support the | | | | | | |

		To improve staff experience and wellbeing						
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		implementation of the Health and Care Staffing Act (2019) within NHS Fife. Local HCSA Reference Group well established, with multi disciplinary, Board wide representation informing preparatory work for Act implementation in April 2024.						

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

			To improve staff experience and wellbeing					
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
19	PROPOSED NEW RISK Implementation of Health and Care (Staffing)	NHS Fife Local HCSA Reference Group, chaired by Deputy Director of Workforce was formed in 2022 with Fife wide, multi-disciplinary and staff side representation.	Moderate 12 (L4x C3)	Moderate 9 (L3xC3) 1/04/2024	N/A	Within	Director of Workforce	Staff Governance Committee (SGC)

		To improve staff experience and wellbeing						
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
	(Scotland) Act 2019 [HCSA] Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.	Frequency of meetings increased to monthly from September 2023. NHS Fife participating in nationally led chapter guidance testing and monthly national Chapter Testing Group meetings. Fortnightly Healthcare Improvement Scotland (HIS) / Scottish Government (SG) monitoring meetings in place with Head of Workforce & Nursing & Midwifery (N&M) Workforce Lead. N&M Workforce Lead in post since March 2021, with Scottish Government funding provided. HCSA resources shared widely within NHS Fife. Quarterly progress returns submitted to SG. Regular updates provided to Area Partnership Forum (APF), EDG and SGC.						

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		Planning underway for Board wide engagement event with NHS Fife/ Scottish Government / HIS on 30 November 2023.						

Risk Movement Key

▲   Improved - Risk Decreased

◄►   No Change

▼   Deteriorated - Risk Increased

Appendix 2: Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or → Escalation / Recording
- Scrutiny or risk delegated to Committee

Year End Report

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

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
○○○● (green)	○○○● (yellow)	○●○○ (orange)	●○○○ (red)

Document developed from diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022

Appendix 3: Risk Assessment Matrix

Figure 1

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

In terms of grading risks, the following grades have been assigned within the matrix.

- 🟩 Very Low Risk (VLR)

- 🟨 Low Risk (LR)

- 🟧 Moderate Risk (MR)

- 🟥 High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

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

Figure 3: Consequence Ratings

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

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Bank & Agency Programme Update**
Responsible Executive:	**David Millar, Director of Workforce**
Report Author:	**Fiona McLaren, Head of Corporate PMO**

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- Annual Delivery Plan
- Government policy / directive
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

This report aligns to the following Strand/s of the Staff Governance Standard:
- Well informed
- Involved in decisions
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is one of the highest priorities for NHS Fife in terms of both strategic workforce and financial goals. Whilst it is clear a lot of activity has taken place to move away from off framework agencies, we have yet to see the financial impact of actions being taken to reduce the reliance on temporary staffing and consequently the financial position has not improved as laid out in the 2023/24 financial plan. This paper provides an update on the plan for the Bank & Agency Programme and to provide assurance that work is underway to reduce bank and agency spend within 2023/2024.

2.2 Background

The Bank & Agency Programme has been established to deliver the following objectives:

1. Develop an implementation plan and oversee the implementation of this plan to deliver a reduction of supplementary staffing spend in 2023/2024.
2. Implement Scottish Government's Supplementary Staffing – Agency Controls, which remove the use of off framework agencies from 1 June 2023.
3. Deliver an external review of the current bank set up to establish if current model is fit for purpose and identify what actions are required to ensure it operates efficiently and effectively.
4. Make difficult decisions, ensuring there are no negative impacts on the quality of patient care and patient safety.

In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government's directions on the use of agency staffing. However, despite the actions being taken across the Fife system, at the end of August 2023 both the board and the HSCP continue to incur significant cost on supplementary staffing, in fact spending more this financial year than in the previous financial year.

This report will outline the improvement plans identified to reduce supplementary staffing spend in 2023/2024.

2.3 Assessment

Supplementary Staffing Review as at 31 August 2023

In parallel with the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive medical and nursing staff levels. These include:

- The International Recruitment Oversight Group.
- The Healthcare Support Worker, and Assistant Practitioner (band 2-4) Career Development Framework Group.
- Block recruitment event in June 2023.
- Unregistered staff pools created within the Planned Care and Emergency Care directorates to support underlying long-term vacancies.
- Investment in several new consultant posts.
- Investment in more cost-effective Gateway doctors to replace junior locum spend.
- Additional administration staff appointed into ward areas to mitigate the workload associated with administration tasks for nursing staff.

Despite all this investment, spend on temporary staffing at the end of August 2023 remains high and higher than in the previous financial year. The year to date pay overspend at August 2023 for nursing and medical staffing, exceeds the overspend for the whole of 2022/2023.

Medical Staffing

The challenges in recruiting to substantive staffing has resulted in an increase in use of agency locums and dependence on existing staff offering extra bank hours. Additionally, if we continue to run with vacancies on any junior doctor rota there is a risk they will be found to be noncompliant on monitoring and incur financial penalties which has happened in the previous financial year and the year to date. The use of Gateway Doctors was first tried in NHS Fife in August 2022 and have proved to be successful. This financial year, Apr-Aug the ECD had 8 FY2 locums covering 5 GPST rota gaps and 3 JCF vacancies. These doctors have now been replaced in August by 9.0WTE Gateway doctors, who despite an

administration cost of £6,000 per doctor, are a more cost effective to filling vacancy gaps and give NHS Fife the opportunity to recruit to substantive posts from this cohort of staff after the end of their 2 FY equivalent rotation. Doctors are paid the equivalent to FY1 or FY2 salaries and only attract banding supplements if they work OOHs. The positive financial impact between mid-August 2023 and March 2024 is anticipated to be a cost reduction of £0.150m. This cohort of doctors along with the actions being taken by the directorate will also secure a complaint junior doctor rota and secure further cost reductions for the remainder of the financial year of £0.560m.

Since the beginning of the calendar year several new consultant posts have been approved by EDG. These include a total of 7 within the ED consultant body and 1 Neonatal Consultant and 1 Paediatric Consultant. As a result of this investment cost reductions for the remainder of this financial year of £0.046m are anticipated.

Medical Staff Cost Reductions Sept to Mar 2024	£m
Junior Doctor Non Compliant Rota	0.560
Gateway Doctors	0.150
ED Consultant Vacancy Recruited to	0.156
Neonatal & Paediatric Consultants	0.046
Total Cost Avoidance/Reduction	0.912

At the end of August 2023, several NHS and agency locums remain deployed across HBRS and are primarily filling vacancies (in some cases long term vacancies), maternity leave and sickness absence. Only 4 posts recruited via agencies remain with off framework agencies despite efforts to secure framework staff.

Nursing Staff

The spend on nursing supplementary staffing has been slow to deliver cost reductions despite the actions being taken. Both finance and non-finance data has been reviewed to identify potential reasons for the delay in progress.

Staff requests to the staff bank for the period January 2023 to August 2023 for both registered and unregistered staff, across the system (both HBRS and HSCP) have been identified as below. The chart below highlights that since the beginning of the financial year and going into the Spring, requests to the bank have remained reasonably static with no reduction in requests to note.

Nurse bank requests per month
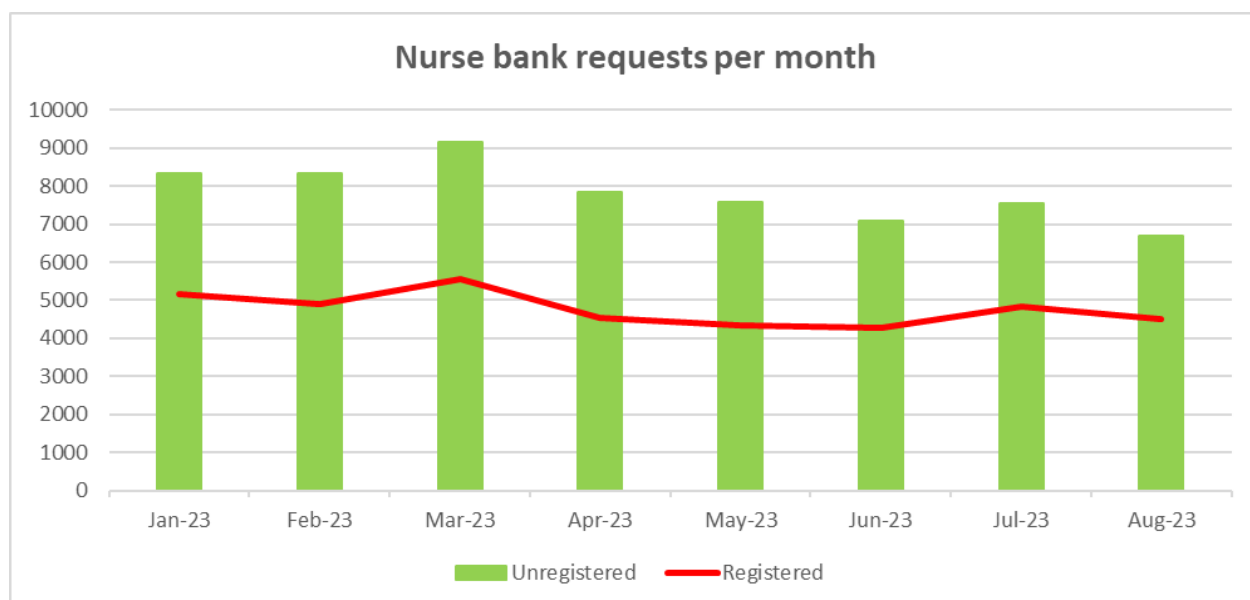
Data Source: Allocate

A slight reduction has occurred in August 2023 which likely reflects the actions taken by service which were highlighted at the August 2023 Bank and Agency Programme Board, but the full financial impact of the reduction in requests will not be known until September 2023 financial reports are available because of the 2-week delay in nurse bank payments and the pace at which agency invoices are approved and paid.

A summary of the bank hours paid for Health Board retained services on a weekly basis and recorded in this financial year, is provided in the chart below. The monthly total paid for both registered and unregistered staff remain fairly static with no reductions of note with the final week paid in August 2023 being week commencing 14 August 2023, leaving approximately 10 days of data for August 2023 not accounted for due to bank staff paid 2 weeks in arrears.
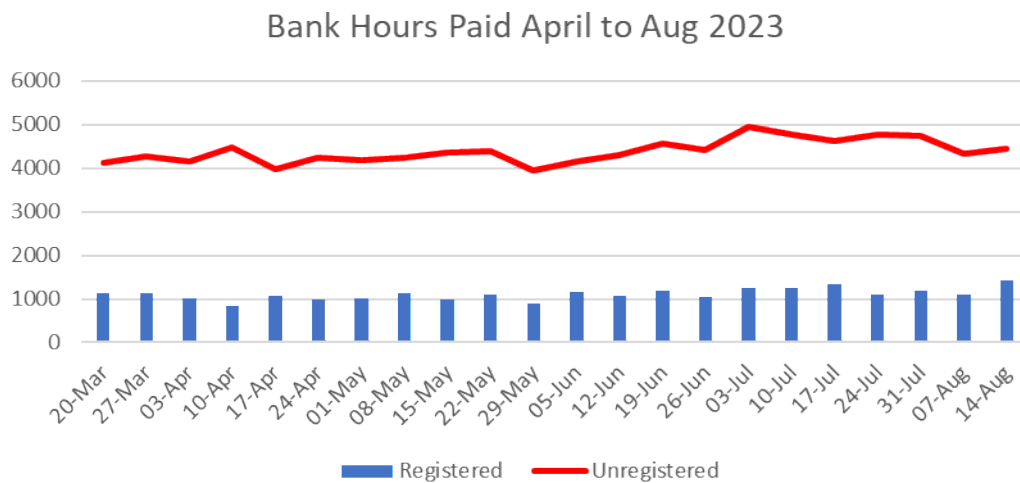
Data Source: Payroll

Appendix 2 provides the reasons for the hours requested and paid over the period April to August 2023 with vacancies being the most significant reason particularly amongst unregistered staff.

Significant work has gone into moving away from off framework agencies as the 2 charts below highlight (Health Board retained only).

Unregistered Staff Agency Spend
Invoices Paid in Month
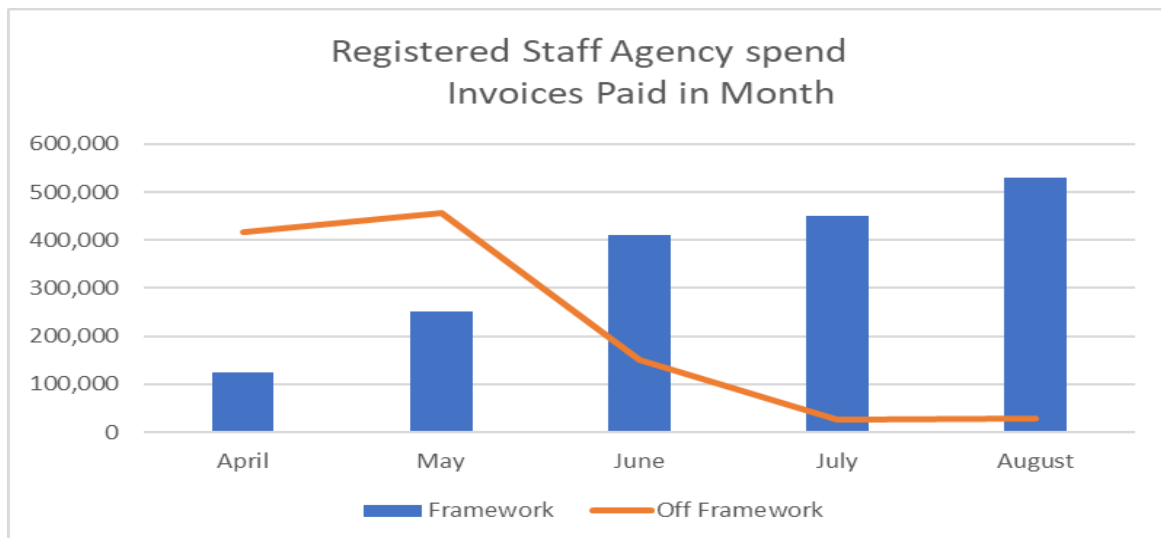
Data Source: Financial Ledger

The table (Health Board retained) below shows spend with agencies for both registered and unregistered staff, and whilst there has been a move away from off framework agencies, spend with framework agencies has grown, with only a slight reduction in unregistered staff in July sustaining into August 2023. The bank has not increased in line with the reduction in agency which indicates a small but positive move away from reliance on supplementary staffing.

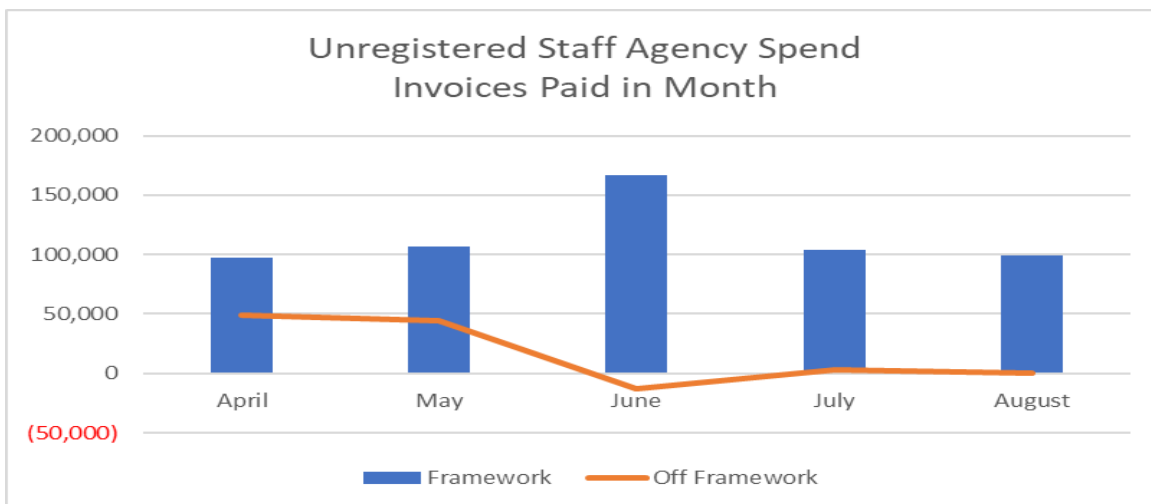| Registered Staff	Framework	Off Framework	Total
April	123,291	417,244	540,535
May	251,031	455,742	706,773
June	410,961	149,548	560,509
July	449,304	25,906	475,210
August	529,020	28,520	557,540

Unregistered Staff	Framework	Off Framework	Total
April	97,059	48,892	145,951
May	107,085	44,327	151,412
June	166,416	(12,868)	153,548
July	103,860	2,760	106,620
August	99,395	276	99,672

Data Source: Financial ledger – invoices paid in month

Both financial and non-financial date in relation to bank staff and agency spend all confirm no significant change in the volume of supplementary staffing that is being deployed across health board retained services despite an increase in staff during the period January to August 2023 as identified in Appendix 3, with the largest net increase in staff across the unregistered staff group.

The table below identifies for Health Board retained Services, the Funded Establishments and the WTE's worked to the end of August 2023. An estimate for agency staffing is included based on cost as this data is not readily available.

Nursing & Midwifery Staff
Health Board Retained
Average WTE worked to August 2023

	UNREGISTERED STAFF		
	Funded	Actual	Variance
Substantive	636.84	648.05	(11.21)
Bank		118.78	(118.78)
Estimated Agency		35.59	(35.59)
	636.84	802.42	(165.58)

includes Overtime & excess P/T Hrs

	REGISTERED STAFF		
	Funded	Actual	Variance
Substantive	1,442.91	1,303.58	139.33
Bank		29.60	(29.60)
Estimated Agency		104.08	(104.08)
	1,442.91	1,437.26	5.65

Data Source: Financial Ledger

Whole time equivalent data indicates that for unregistered staff there continues to be a significant reliance on bank and agency staff despite the additional recruitment in this staff group to the end of August 2023. The data in the table above is at a very high level and suggests, in the main, vacancies are being covered by substantive postholders however there is likely to be variation in individual areas. Consequently, a deep dive was undertaken of several ward/service areas to identify other factors that may be influencing spend on supplementary staffing remaining static. Appendix 4a-c provides the data collated for these areas which identified supplemental staffing cost incurred when no obvious vacancies were noted which was cross referenced to the staffing establishments maintained and shared by service. However high sickness levels were observed along with high activity levels although not materially different to the previous year.

Looking forward beyond August 2023, additional staff are expected to join the organisation. The table below provides details of the international recruits in place currently and the numbers expected in the coming months. A further 24 recruits who may not initially work as a registrant but on commencement of employment should reduce the requirement for supplemental staffing in the locations they are placed. Moreover, NQP are anticipated to join NHS Fife in the Autumn months.

Total recuited/anticipated to start	**80**
Registered with NMC	50
Awaiting Registration	6
September OSCE	8
November OSCE	7
Working as Band 3	1
October Start date Confirmed	8
Total	**80**

8 expected to arrive November 2023
8 expected to arrive January 2024
Data Source: Workforce

At Mid-September, details of numbers of staff recruited via the block recruitment event are detailed below, indicating that significant numbers of non-registered staff are expected to join NHS Fifie over the coming months.

Mass Recruitment Event - All Locations													
Band	Total Appointable and processing	Checks complete	Risk Assessment	Checks incomplete	Total	Start Date Provided by line manager	Started Pre 31.08.2023	Sept	Oct	Nov	Dec	Jan	Total - Start Date Confirmed
2	70	38	3	29	70	24	14	8	2				24
3	18	9	3	6	18	9	5	3	1				9
5	8	6	1	1	8	5	3	1				1	5

Data Source: Workforce

Along with the increasing uptake of the Assistant Practitioner role, reliance on supplementary staffing should decrease with reductions emerging in September particularly within the unregistered staff body.

Data would support the action taken by service up until August 2023 has primarily focused on the move away from framework agencies with work going forward in August 2023 to reduce the reliance on supplementary staffing. Updates to the Bank and Agency Programme Board confirm this with plans identifying actions that will begin to deliver from late August 2023 onwards. If agency spend on Unregistered staff were to cease from 1 October 2023, circa £0.600m cost avoidance could be achieved. Additionally, if bank spend on unregistered staff could be reduced by 50-75% cost circa £1m to £1.5m could be avoided. Data indicates there is an excess of substantive hours being worked over funded establishments within the unregistered staff group. Sickness absence and activity levels, whilst high are in line with the previous year. Staff numbers particularly within unregistered staff have increased in the eight months to August 2023 with further numbers expected. A further paper on the nursing workforce capacity can be viewed in Appendix 5 which details workforce challenges and future nursing pipelines.

Staff Bank Consolidation

The Staff Bank Consolidation Short Life Working Group (SLWG) was stood up in March 2023 with the aim of consolidating all existing staff banks within NHS Fife and Fife Health and Social Care Partnership (HSCP) into one single staff bank by the end of Q2 2024.

The current Nurse Bank as it stands is not entirely fit for purpose and this is evidenced in the recurring reliance on bank staff, additional hours and fixed term contracts to support annual leave cover, HR investigations and disciplinary action, invoicing, and administrative duties. In addition to this, the transfer of 1500 bank staff employees to create a single staff bank also requires additional resource to manage these staff and the incorporating duties going forward. On that basis the SLWG is working through options on how to resource a consolidated bank without investment. Some improvements have been identified such as:

- New and existing bank staff will be signposted to OHS for Skin Surveillance, however the Staff Bank will still follow up when approached by bank staff members and will provide support and guidance upon individual request.

- 6 monthly HSCW reviews are to be under the responsibility of the individual to obtain within an area they are working rather than by the Staff Bank. Reviews conducted within the area of work rather than administration will ensure a more accurate review and supports the quality of staff.

Direct Engagement

Unlike Nursing staff, the use of temporary staff such as Medical Locums through agencies where payment is made for both the hourly rate and the agencies commission requires VAT to be paid on the total cost and is non recoverable by NHS Fife. The VAT, currently at 20%, adds considerable cost on top of the Locums hourly rate in comparison to the traditional employment model through Payroll where this cost element is not subject.

An alternative approach has been in place since 2018 and a number of boards across Scotland have implement a Direct Engagement Model for Locums. This model would see Locums issued with a time limited contract for service from NHS Fife. As a result, they would provide a timesheet to NHS Fife and be paid through the NHS Fife weekly payroll at their agreed hourly rate and subject to any deductions for PAYE and National Insurance

as per the traditional employment route. Although it should be noted that the Locum is not classed as an employee and therefore would not be entitled to the standard benefits such as pension contributions and sickness absence pay. Whilst NHS Fife would be liable for National Contributions for the Locum, there would be no Vat charged. The element normally charged by the Agency for their commission on top of the Locums hourly rate would continue to attract a VAT charge and would continue to be Invoiced to NHS Fife in the existing fashion.

National Procurement have calculated that NHS Fife spent £13.462m on Medical Locums in 2022/2023. It is estimated that with a 90% compliance (assuming the Direct Engagement Model was implemented for all Locums out with any emergency short term cover) a potential saving of 10% of current spend could be achieved. Based on the NHS Fife spend for 2022/2023, this would equate to £1.34m. In order to implement a successful Direct Engagement model within NHS Fife a compliant contract for service would need to be agreed and implemented. Consideration would be required to create a set of standard operating procedures and with whom each element of these would be managed by. In addition, the initial and regular communications with the Locums would need to be consistent and tightly controlled to prevent any disruption to the provision of service.

A paper for approval on the Direct Engagement model is currently being discussed at relevant governance groups.

2.3.1 Quality, Patient and Value-Based Health & Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

Appropriate staffing cover will support our ambition to support staff wellbeing, ensuring the effective planning and delivery of workforce resourcing. The reliance on supplementary staffing has been noted as a risk to sustainable staffing and this programme of work needs to be complemented by our overall recruitment and retention strategy to ensure the re-balancing of our workforce profile**.**

The consistent application of standard operating procedures will be an important element of safe staffing delivery to support the requirements placed on the organisation by Health and Care (Staffing) (Scotland) Act 2019

2.3.3 Financial

The finance impacts have been noted in this paper.

2.3.4 Risk Assessment / Management

Without delivery of the proposed programme of work there is a risk that our supplementary staffing costs will continue to increase, and we would fail to meet our financial planning targets. Our ability to deliver cost effective supplementary staffing arrangements and reduction of reliance on agency staff will continue to undermine the stability of our workforce model.

A Risk log has been identified for this work and risks are reviewed monthly at Programme Board.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact on climate emergency and sustainability.

2.3.7 Communication, involvement, engagement and consultation

The Bank & Agency Programme Board reports to the Executive Director's Group with updates to the Financial Improvement & Sustainability Programme Board/ /Area Partnership Forum/Staff Governance Committee.

2.3.8 Route to the Meeting

This paper has been drafted and approved by the Bank & Agency Senior Responsible Owner.

2.4 Recommendation

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Bank & Agency Spend to 31 March 2023
- Appendix 2: Reason for Bank Hours Requested and Paid
- Appendix 3: NHS Fifie Joiners, and Leavers 1 January 2023 to 31 August 2023
- Appendix 4a 4b and 4c: Deep Dive of Ward Areas
- Appendix 5: Update on Nursing Workforce Capacity

Report Contact
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Appendix 1

Bank and Agency Spend to March 2023

	AGENCY SPEND			BANK SPEND			
	Medical Locums	Nursing	Total	Medical NHS Locums	Nursing	Total	Grand Total
	£	£	£	£	£	£	£
Director Of Acute Services	11,489	252	11,741		77,215	77,215	88,956
Emergency Care & Medicine	2,694,830	4,843,155	7,537,985	424,137	3,190,833	3,614,970	11,152,955
Planned Care & Surgery	1,098,690	584,640	1,683,330	803,953	1,488,035	2,291,988	3,975,318
Women, Children + Clinical Ser	988,334	14,911	1,003,245	650,019	694,040	1,344,059	2,347,304
Corporate Services			0	36,251	66,199	102,450	102,450
Health Board retained	**4,793,343**	**5,442,958**	**10,236,301**	**1,914,360**	**5,516,322**	**7,430,682**	**17,666,983**
Emergency Care Covid-19 Costs		481,531	481,531		307,704	307,704	789,235
Emergency Care Cv19 Set Aside	1,899,933	1,393,122	3,293,055	597,326	404,165	1,001,491	4,294,546
Planned Care Covid-19 Costs		246,746	246,746		187,466	187,466	434,212
Wc+cs Covid-19 Costs		1,653	1,653		207,865	207,865	209,518
Corporate Services		21,888	21,888		74,516	74,516	96,404
HB Retained Covid-19	**1,899,933**	**2,144,940**	**4,044,873**	**597,326**	**1,181,716**	**1,779,042**	**5,823,915**
HEALTH BOARD RETAINED TOTAL	**6,693,276**	**7,587,898**	**14,281,174**	**2,511,686**	**6,698,038**	**9,209,724**	**23,490,898**
Community Care Services	668,203	3,934,222	4,602,425	314,821	4,626,871	4,941,692	9,544,117
Complex And Critical Services	4,146,733	3,093,739	7,240,472	545,430	4,051,185	4,596,615	11,837,087
Primary Care + Prevention Serv	614,856	727	615,583	1,503,242	363,920	1,867,162	2,482,745
Professional/business Enabling			0		14,654	14,654	14,654
H&SCP	**5,429,792**	**7,028,688**	**12,458,480**	**2,363,493**	**9,056,630**	**11,420,123**	**23,878,603**
Community Care Services		161,294	161,294	142,013	164,357	306,370	467,664
Complex And Critical Services		34,926	34,926		66,096	66,096	101,022
Primary Care + Prevention Serv					28,923	28,923	28,923
Covid-19 Vaccination Costs		-9	-9		394,366	394,366	394,357
H&SCP Covid-19	**0**	**196,211**	**196,211**	**142,013**	**653,741**	**795,754**	**991,965**
H&SCP TOTAL	**5,429,792**	**7,224,899**	**12,654,691**	**2,505,506**	**9,710,371**	**12,215,877**	**24,870,568**
Grand Total	**12,123,068**	**14,812,797**	**26,935,865**	**5,017,192**	**16,408,409**	**21,425,601**	**48,361,466**

Appendix 2
Reasons For Nurse Bank Hours Requested and Paid April to August 2023
Health Board Retained

Hrs Worked Reason	Trained	Untrained	Grand Total
Annual Leave	736	3,022	3,758
Bank Isolation		7	7
Bank Training	9	131	140
Carers Leave		46	46
Compassionate Leave	78	134	212
COVID19	1,401	6,673	8,074
Escort	32		32
Funded Project	121	1,014	1,135
Isolation	26	337	364
Jury Service		12	12
Long Term Sickness Half Pay	15		15
Major Incident	20		20
Maternity/Adoption Leave	176	86	262
Observation Policy Mental Health		835	835
On Call	24		24
Orientation	8	23	30
Overtime	224	1,817	2,041
Paternity Leave		19	19
Peak in Workload	455	2,230	2,685
Secondment	39	156	195
Self-Isolation	5	22	27
Sickness	5,438	14,799	20,237
Study/Training Leave	57	140	197
Supervision Procedure		12,033	12,033
Surge Capacity	244	217	461
Terminal Clean	21		21
Training	117	875	992
Vacancies	14,724	51,314	66,038
Waiting List Initiative	407	467	873
Grand Total	**24,376**	**96,407**	**120,783**

Nursing & Midwifery Staff
Health Board Retained
Bank Hours Paid to August 2023

	April	May	June	July	August	Total
Registered	4,107	5,171	4,236	4,730	6,132	24,376
Unregistered	17,024	20,977	16,799	18,678	22,929	96,407
	21,131	26,148	21,035	23,408	29,062	120,783

Appendix 3
NHS Fife – Joiners and Leavers 01 Jan 2023 to 31 August 2023

NHS Fife Nurse Bank Joiners and Leavers 1 Jan 2023 to August 31 2023

NHS Fife Joiners 1 Jan 2023 to August 31 2023
Department   Nursing Bank (Dept)

Joiners	Count of Calculated WTE
Administrative Support Officer.SF9990296273	1
Assistant Practitioner (Student).SF9990303593	16
Assistant Practitioner.SF9990303639	1
Bank Charge Nurse.SF9990005027	21
Bank Hospital Chaplain.SF9990005028	2
Bank Nursery Nurse.SF9990005940	3
Bank Nursing Assistant.SF9990006220	53
Bank Nursing Assistant.SF9990006659	390
Bank Senior Nurse.SF9990004479	1
Bank Senior/Specialist Nurse.SF9990004624	3
Bank Staff Nurse.SF9990005533	80
Finance Business Partner.SF9990317459	1
Nursing / Midwifery Manager.SF9990316722	1
Senior Bank Nurse.SF9990004625	9
Grand Total	**582**

Nursing staff Joiners	578
Nursing Staff Leavers	525
Net Joiners	**53**

NHS Fife Leavers 1 Jan 2023 to August 31 2023
Department   Nursing Bank (Dept)

Leavers	Count of WTE
BANK NURSING SERVICES BAND 2	293
BANK NURSING SERVICES BAND 3	26
BANK NURSING SERVICES BAND 4	5
BANK NURSING SERVICES BAND 5	174
BANK NURSING SERVICES BAND 6	17
BANK NURSING SERVICES BAND 7	9
BANK NURSING SERVICES BAND 8A	1
PUBLIC HEALTH NURSING SERVICES BAND 2	3
Grand Total	**528**

NHS Fife Joiners 1 Jan 2023 to August 31 2023

Division	Acute Services Division (Div)

Row Labels	Count of Calculate
ADMINISTRATIVE SERVICES	36
ALLIED HEALTH PROFESSION	46
DENTAL SUPPORT	2
HEALTHCARE SCIENCES	11
MEDICAL AND DENTAL	124
MEDICAL SUPPORT	8
NURSING/MIDWIFERY	251
OTHER THERAPEUTIC	1
SUPPORT SERVICES	1
Grand Total	**480**

NHS Fife Leavers 1 Jan 2023 to August 31 2023

Division	Acute Services Division (Div)

Row Labels	Count of WTE
ADMINISTRATIVE SERVICES	35
ALLIED HEALTH PROFESSION	28
DENTAL SUPPORT	2
HEALTHCARE SCIENCES	9
MEDICAL AND DENTAL	78
MEDICAL SUPPORT	2
NURSING/MIDWIFERY	135
OTHER THERAPEUTIC	1
Grand Total	**290**

	Registered	Unregistered	Total
Joiners	100	151	251
Leavers	87	48	135
Net Joiners	**13**	**103**	**116**

April-August Variance Breakdown	Band 7 £	WTE	Band 6 £	WTE	Band 5 £	WTE	Band 4 £	WTE	Band 3 £	WTE	Band 2 £	WTE	Total
Vacancy					£256,263	11.17	£25,114	1.30					£281,376
Over-Establishment	-£4,766	-0.20	-£45,462	-1.78					£12,727	0.70	-£9,993	-0.59	-£47,494
Incremental Drift	£4,008		£9,305		£4,003				£16,528		£12,311		£46,155
Over-Time	-£4,492		-£5,144		-£9,257		-£2,175		-£15,241		-£3,329		-£39,639
Bank					-£18,784	-0.69	-£8,009	-0.37	-£696	-0.04	-£209,574	-8.97	-£237,063
Agency					-£312,056	-7.66					-£43,205	-1.52	-£355,261
Other Payments			-£2,243		-£4,041								-£6,284
Total	-£5,250	-0.20	-£43,544	-1.78	-£83,872	2.82	£14,929	0.93	£13,317	0.66	-£253,791	-11.08	-£358,210
Actual M5	£1,532		-£40,068		-£73,707		£23,576		£17,067		-£254,653		-£326,253 YTD OVERSPEND
Difference Unexplained	£6,782		£3,476		£10,165		£8,647		£3,750		-£862		£31,957

Wd 43 Admissions / Transfers In	22/23	23/24
April	13	9
May	15	12
June	7	13
July	9	10
August	8	11
	52	55

Wd 43 Discharges / Tfr Out	22/23	23/24
April	106	141
May	127	119
June	129	135
July	105	135
August	130	157
	597	687

Sickness % Absence Rate	22/23	23/24
April	5.89	6.40
May	6.14	5.27
June	11.19	11.42
July	11.47	12.00
August	10.44	8.47
	9.03	8.71

Split by Nursing Type	%	Hours
Avg Untrained 23/24	8.68	263.30
Avg Trained 23/24	9.63	235.00
Short Term Sickness Avg wt	6.73	
Long Term Sickness Avg wte	1.98	

Bed Occupancy	22/23 Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy	23/24 Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy
April	24	720	886	123%	24	720	892	124%
May	24	744	902	121%	24	744	918	123%
June	24	720	871	121%	24	720	896	124%
July	24	744	923	124%	24	744	912	123%
August	24	744	934	126%	24	744	898	121%

Note:
Overspend to August 2023 £326,253, 82% due to overspend against budget on unregistered staff. Spend includes core staffing more than funded establishment, bank, agency and overtime. Two factors that may be driving the additional temporary spend, Sickness absence well above the 4% national target but slightly improved on previous year and Bed Occupancy in excess of 100% but in line with previous year.

Appendix 4b – VKH Ward 34 Haematology

April-August Variance Breakdown	Band 7 £	Band 7 WTE	Band 6 £	Band 6 WTE	Band 5 £	Band 5 WTE	Band 3 £	Band 3 WTE	Band 2 £	Band 2 WTE	Total
Vacancy					£25,625	1.03	£19,417	1.25	£21,708	1.16	£66,751
Over-Establishment	-£1,133		-£1,191								-£2,324
Incremental Drift	-£740		-£1,351		£22,351		-£1,956		£14,240		£32,544
Over-Time	-£1,464		-£800		-£12,363		-£2,152		-£5,660		-£22,438
Bank					-£9,285	-0.40	-£346	-0.02	-£57,057	-3.05	-£66,688
Agency					-£13,568	-0.33			-£22,923	-0.80	-£36,491
Other Payments											£0
Total	-£3,337	0.00	-£3,342	0.00	£12,761	0.30	£14,963	1.23	-£49,692	-2.69	-£28,646
Actual M5	-£1,867		-£3,545		£8,293		£16,951		-£40,445		-£20,614 YTD OVERSPEND
Difference Unexplained	£1,469		-£204		-£4,468		£1,988		£9,247		£8,033

Wd 34 Admissions / Transfers In	22/23	23/24
April	39	28
May	39	35
June	31	41
July	42	28
August	45	39
	196	171

Wd 34 Discharges / Tfr Out	22/23	23/24
April	54	52
May	48	54
June	48	59
July	82	40
August	64	62
	296	267

Sickness % Absence Rate	22/23	23/24
April	15.70	12.50
May	21.08	7.81
June	13.12	6.23
July	10.28	6.47
August	10.75	6.25
	14.19	7.85

Split by Nursing Type	%	Hours
Avg Untrained 23/24	0.95	11.50
Avg Trained 23/24	8.66	230.50
Short Term Sickness Avg wte	2.97	
Long Term Sickness Avg wte	5.48	

Bed Occupancy	22/23 Bed Complement	22/23 Allocated Bed Days	22/23 Occupied Bed Days	22/23 Bed Occupancy	23/24 Bed Complement	23/24 Allocated Bed Days	23/24 Occupied Bed Days	23/24 Bed Occupancy
April	16	480	413	86%	16	480	425	89%
May	16	496	402	81%	16	496	472	95%
June	16	480	424	88%	16	480	402	84%
July	16	496	373	75%	16	496	441	89%
August	16	496	381	77%	16	496	361	73%

Note:

Overspend to August 2023 £20,614 all due to over reliance on unregistered staff. Spend includes, bank, agency and overtime in excess of budget. A factor that may be driving the additional temporary spend, Sickness absence well above the 4% national target but significantly improved on previous year.

Appendix 4c – VKH AU1

April-August Variance Breakdown	Band 7 £	WTE	Band 6 £	WTE	Band 5 £	WTE	Band 4 £	WTE	Band 3 £	WTE	Band 2 £	WTE	Total
Vacancy					£259,382	11.91			£38,765	2.29			**£298,148**
Over-Establishment	-£4,605	-0.17	-£32,825	-1.25			-£11,811	-0.67			-£41,185	-2.61	**-£90,426**
Incremental Drift	-£11,543		£20,085		-£3,177		£4,327		-£5,264		£20,392		**£24,819**
Over-Time	-£4,833		-£8,006		-£21,729		-£5,395		-£13,214		-£4,999		**-£58,176**
Bank	-£2,673	-0.09	-£4,789	-0.18	-£46,684	-0.18	-£876	-0.05	-£34,468	-1.93	-£190,977	-10.54	**-£280,466**
Agency					-£338,915	-8.32					-£89,696	-3.15	**-£428,611**
Total	-£23,654	-0.26	-£25,535	-1.43	-£151,122	3.42	-£13,755	-0.71	-£14,181	0.36	-£306,465	-16.29	**-£534,712**
Actual M5 variance	-£31,319		-£12,510		-£153,531		-£23,716		-£16,337		-£309,404		**-£546,817** YTD Overspend
Difference Unexplained	-£7,665		£13,025		-£2,409		-£9,961		-£2,156		-£2,939		-£12,105

AU1 Admissions / Transfers In	22/23	23/24
April	672	678
May	644	843
June	657	919
July	627	1008
August	641	934
	3,241	4,382

AU1 Discharges / Tfr Out	22/23	23/24
April	263	298
May	229	344
June	245	351
July	240	405
August	249	326
	1,226	1,724

Avg LOS in unit (inc tfrs)	22/23	23/24
April	21	22
May	22	19
June	22	18
July	23	16
August	23	17
	22	18

Sickness % Absence Rate	22/23	23/24
April	9.14	5.34
May	5.00	3.34
June	6.35	4.78
July	8.51	9.45
August	8.00	7.31
	7.40	6.04

Split by Nursing Type	%	Hours
Avg Untrained 23/24	9.81	658.00
Avg Trained 23/24	4.79	297.50
Avg Admin 23/24	5.94	50.00
Short Term Sickness Avg wte	3.70	
Long Term Sickness Avg wte	2.85	

Bed Occupancy	22/23				23/24			
	Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy	Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy
April	29	870	842	97%	36	1080	937	87%
May	29	899	844	94%	37	1147	952	83%
June	29	870	842	97%	37	1110	888	80%
July	29	899	916	102%	37	1147	826	72%
August	29	899	868	97%	37	1147	821	72%

Note:

Overspend to August 2023 £546,817. Significant use of supplementary staffing despite no band 2 vacancies. Spend on bank, agency and overtime in excess of budget also for registered staff. A factor that may be driving the additional temporary spend, Sickness absence above the 4% national target but improved on previous year and 35% increase in admissions.

NHS Fife

NHS SCOTLAND

Meeting:	**Executive Directors Group**
Meeting date:	**5 October 2023**
Title:	**Update on Nursing Workforce Capacity**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Janette Keenan, Executive Director of Nursing**

1 Purpose

This report is presented for:
- Assurance
- Discussion

This report relates to:
- Annual Delivery Plan
- Emerging issue
- Government policy / directive
- Legal requirement

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

2 Report summary

2.1 Situation

In recent years, the healthcare landscape in Scotland has undergone significant change. Several underlying factors have given rise to challenges that inevitably impact on the capacity and resilience of our nursing workforce. This report seeks to provide information on the present status of the nursing workforce in NHS Fife and to address the complexities that are shaping our current situation. The report will explore the challenges faced by NHS Fife in terms of demand, supply, and retention.

2.2 Background

The population of Fife is ageing. The number of residents aged 65 and over is expected to increase by 30% between now and 2043, while the number of working age citizens will decrease by 10%. This demographic trend places an increased demand on healthcare services, especially in areas like chronic disease management, long-term care, and older people's specialities. As the patient profile changes, there is a need for a nursing workforce that is not only larger in number but also trained to provide the care that is required.

The rise in chronic illnesses, mental health issues, and complex health needs, coupled with the demographic shifts, has intensified the pressure on the nursing workforce.

Patients nowadays often present with multiple, overlapping health issues that require a much more integrated approach to care.

Recruitment and retention have emerged as pressing issues. The challenges of maintaining a robust nursing workforce are multifaceted, stemming from factors like age profile, professional burnout and competitive job markets.

It is within this context of demographic challenges, evolving healthcare needs and workforce pressures that this review of NHS Fife's nursing workforce capacity is presented. This report aims to provide a comprehensive overview, identify gaps, and recommend actions to ensure that NHS Fife maintains high quality, safe patient care, even in the face of mounting pressures.

2.3   Assessment

Current Establishment

The current registered nursing workforce establishment (August 2023) is highlighted in Figure 1 and the establishment gap in Figure 2:
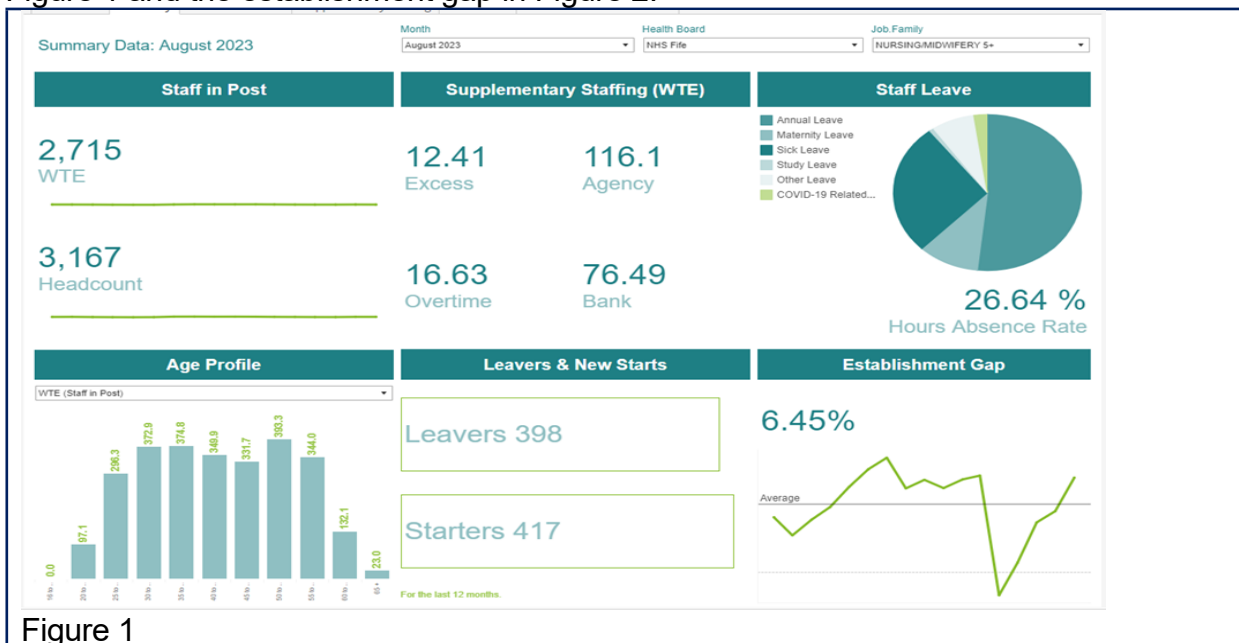
Figure 1
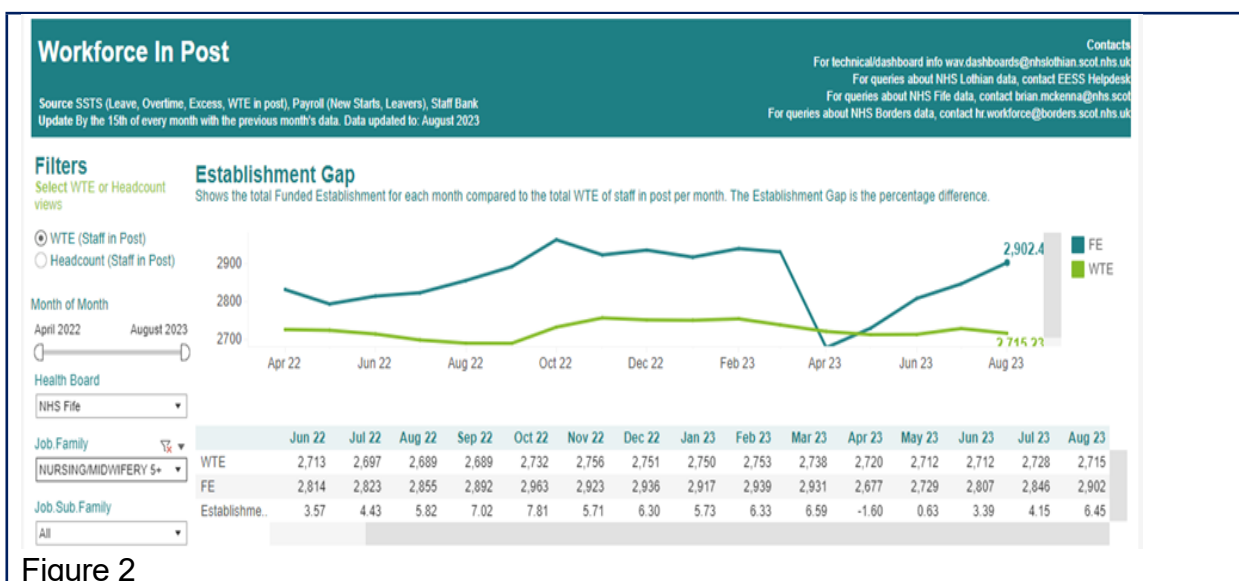
Figure 2

The current non-registered nursing workforce establishment (August 2023) is highlighted in Figure 3 and the establishment gap in Figure 4:
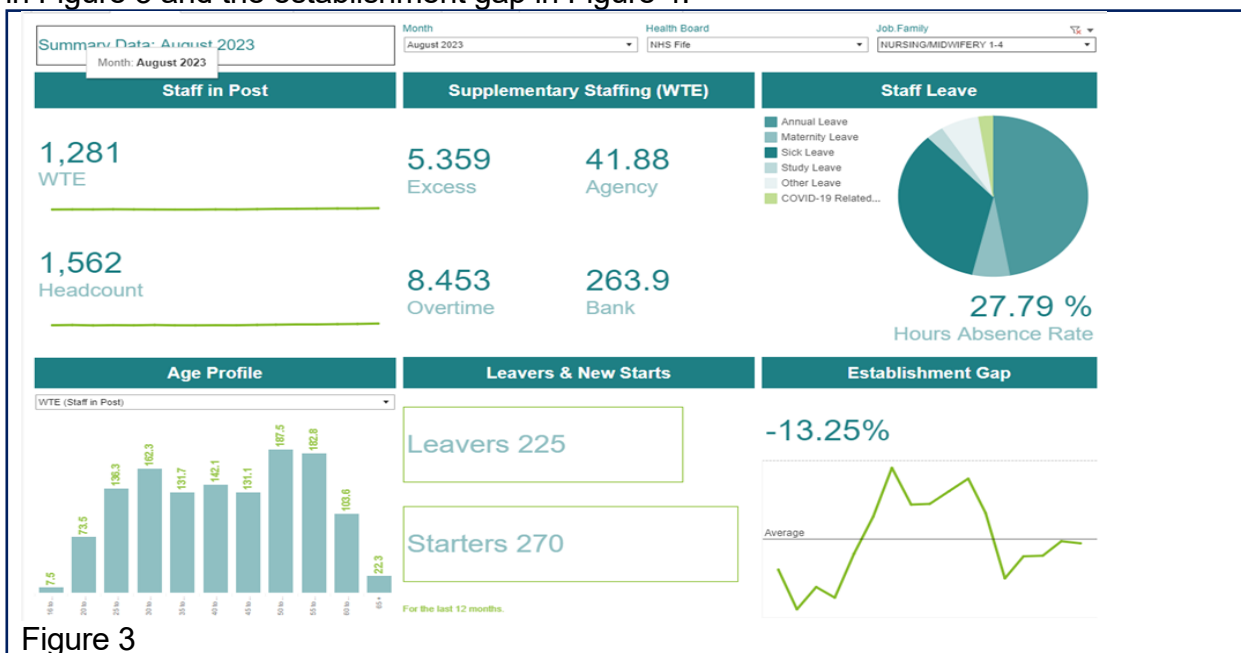
Figure 3
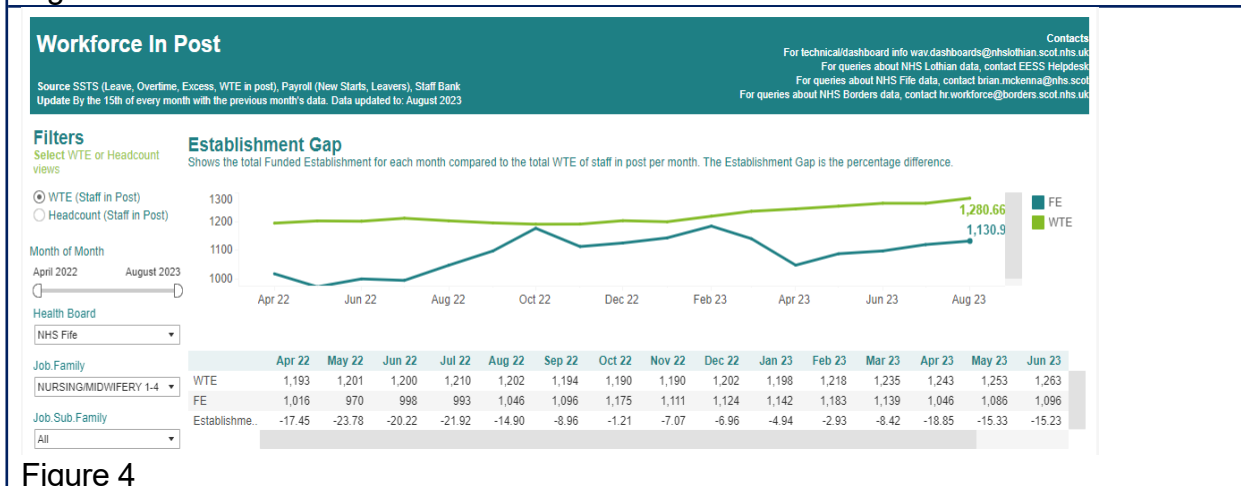
Figure 4

The infographics demonstrate an under-established gap in the registered nursing workforce and an over-establishment in the non-registered nursing workforce.

Supply Challenges

One of the key challenges is the supply of registered nurses. As previously discussed, 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.

SUPPLY CHALLENGE	COMMENT
Age profile	The median age for nurses in NHS Fife is 43 years, however **20%** of the nursing workforce is aged **over 55** (NES Turas Data June 2023). This percentage in higher is specific services with district nursing, learning

	disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over. There is a potential that registered staff over 55 opt to retire within the next few years: 20% of 2715 WTE = **543wte**
Student Intake	The shortfall of new nursing students starting their degrees in 2023 means that there will be fewer newly qualified practitioners (NQPs) in 2026. This compounds the reduction in numbers seen in 2021 and 2022. It means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

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 intake only to pre-2010 levels.

In September, the number of applicants for nursing courses in Scotland, including the University of Dundee, in 2023 is 14% down compared to the same point last year. The target for student nurses is **4536** in Scotland; only **3300** places have been accepted this year (550 fewer than last year).

Student attrition rates also continue to cause concern with a significant drop out during training. |

SUPPLY CHALLENGE	COMMENT
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 WTE in June, but with less than **145 WTE** eventually joining us.

This year, we again recruited 180WTE (this includes a rise of 10WTE in midwifery).

As of September, the recruited numbers are: Mental Health 25 WTE; LD 0 WTE; Planned Care: 24.6WTE; Emergency Care 36.96 WTE; Community 16.17 WTE; Community Hospitals 16.7 WTE; a reduction on previous years with **119.43 WTE** expected to join us. |
| **Vacancies** | There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can place additional strain on 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 **13.9%** for June 2023. NES data suggests 510.7 WTE vacancies. The 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, speculative recruitment, student recruitment etc). Agreement was made with DoF, DoW and DoN to use **10%** as a realistic vacancy rate. The Divisions have declared registered nurse vacancies following recruitment initiatives (IR, NQP, AP) (AfC Band 5): HSCP **149.44** WTE (74.8 WTE vacancies in MH and LD); ECD **39.24wte**; Planned Care **7.41 WTE over recruited**.
Turnover	Turnover rate remains static between March and June at **13.5%** (NES data).

SUPPLY OPPORTUNITIES	COMMENT
International Recruitment	Recognised as medium-long term solution, this workstream has been a positive experience to date, working with Yeovil Trust Costs: £12k per nurse provided by SG. Actual cost £10,600 but this has further reduced as OSCE prep now carried out in house by PPD. No confirmation of continued funding by SG but service / organisation agreement is required to maintain pipeline; stop / start with Yeovil disrupts consistent flow. Currently **67** IRs in post: 42 in ECD; 22 in PCD and 3 in HSCP. There are 28 IRs in the pipeline: 7 (+1 vacancy) for PCD; 16 (+4 vacancies) in ECD. Work is being taken forward to support mental health. Of the IR nurses working in Fife; 48 are registered with the NMC; 13 have passed their OSCEs and awaiting NMC; 8 have OSCE dates in November; 8 still to be given OSCE date 8 Nurses commencing in September 2023 8 Nurses commencing in October 2023 Planning for 8 nurses to arrive in November 23 and January 24. International Recruitment Coordinator in post (Workforce Directorate) and PPD Facilitator in post (OSCE prep now all in-house) Can support 8 IRs per month (limiting factors: accommodation, OSCE support)
Return to Practice	We have **5** applicants for this year's programme.
Open University	**5** places have been made available to Fife: in discussion with OU for additional places.
HNC Route	**16** applicants for HNC- 2-year course allows entry to 2nd year of pre-reg nursing course
Assistant Practitioners	Cohort 1 (n=21) started PDA in April- should qualify January 24 Cohort 2 (n= 44) start PDA in August- should qualify May 24 Cohort 3 (n= 12) start PDA in January 25 Cohort 4 (n= tbc (ASD); 16 (HSCP)) commence October

Bands 2 – 4 career development framework	Supporting staff to develop in their careers will facilitate a sustainable workforce. Staff entering healthcare at band 2, achieving band 3 and potentially band 4. Discussions are taking place with HEIs around second year entry to nursing degree for band 4 Assistant Practitioners to allow them to become Registered Practitioners
Mass Recruitment Event	Event held at Fife Campus on 25th May 2023 After the event, 99 band 2, 3, and 5 candidates were appointable, but some did not meet criteria for visa or were not responding to our contact, so final number is approximately 85. Of those, 15 have started in post at end of August.
Retire and Return	Retire and return is being promoted by the Scottish Government as it will allow staff to easily access appropriate opportunities for employment within the organisation after they retire, ensuring their skills and experience are retained and benefitting NHS Fife as we continue to recover and remobilise after the pandemic.

2.3.1 Quality / Patient Care

A full nursing establishment is essential to ensure quality care:

- Patient Safety: Adequate staffing ensures that patient needs are promptly addressed. Understaffed wards and departments may lead to missed care, increased harms, medication errors, and delays in treatments or interventions.
- Improved Patient Outcomes: Research has consistently shown a direct correlation between appropriate nurse staffing levels and patient outcomes. Conditions such as urinary tract infections, pneumonia, sepsis, and mortality rates can be influenced by nurse-to-patient ratios.
- Decreased Burnout: Adequate staffing reduces nurse burnout. Overburdened nurses are more likely to experience stress, fatigue, and dissatisfaction, leading to decreased efficiency, increased errors, and higher turnover rates.
- Enhanced Patient Experience: A full nursing establishment ensures that patients receive timely care, personalised attention, and adequate support.
- Reduced Harms: Correct staffing can reduce the incidence of hospital-acquired conditions, such as pressure ulcers, falls, and infections.
- Increased Morale: When nursing teams are adequately staffed, it fosters an environment of mutual support, improved team dynamics, and higher morale. This positively impacts the overall quality of care delivered.
- Professional Development: With a full nursing establishment, nurses have more opportunities to mentor and be mentored, share knowledge, and engage in continuous learning and professional supervision. This ongoing development directly translates to enhanced care quality.

A full nursing establishment is a cornerstone of quality care, ensuring that patients are safe, receive the best possible outcomes, and have a positive healthcare experience.

2.3.2 Workforce

Workforce planning and management supports the well-being and professional development of nurses, leading to a more sustainable and effective healthcare system.

2.3.3 Financial

A report is being prepared by the Services, Workforce and Finance to highlight financial issues / impacts as part of a Supplementary Staffing Review.

2.3.4 Risk Assessment / Management

The Healthcare Staffing Scotland Act represents a pivotal move in ensuring that healthcare staffing, in this case within the nursing workforce, is both safe and appropriate to the needs of patients. This Act places a legal obligation on health boards to ensure that staffing levels are adequate for ensuring high-quality care, thereby prioritising patient safety and well-being. One of the key implications for the nursing workforce is that the Act emphasises evidence-based staffing decisions, driven by robust tools and methodologies. It mandates regular reporting and transparency in staffing decisions, promoting accountability at all levels. While this legislation underscores the commitment to quality healthcare provision, it also poses challenges. NHS Fife is now faced with the task of regularly evaluating and justifying their staffing ratios, ensuring they align with patient needs, and securing resources to maintain the recommended staffing levels. Furthermore, the Act has reinforced the importance of continuous professional development, training, and skills enhancement for nurses, ensuring they are well-equipped to deliver quality care.

A 'Workforce Tools' schedule has been agreed. This year, to date, the tools have been run across most areas:

Acute Services Division: Tools run weeks of 3rd and 10th April. AU1 was highlighted as a risk but no recommendations to uplift or change current funded establishment in wards and departments.
EDEM: Aiming to run before the end of the year.
SCAMPS: Report being prepared
MHLD: have ran workload tools. Report being prepared but professional judgement tool indicates impact of vacancy levels.
Community have just completed the 2nd National Tool run and data is still be inputted into the tools. Family Nurse Partnership team were included and ran the tool for the first time. Over 4000 data entries were made with just under 400 staff recording their workload data.
CCSN are currently on the 1st week of the 2nd National run of the workload tools.
CNS 1st National run commences 16th October; 2nd run scheduled January 2024.

Real Time Staffing Assessment:
Mental Health teams are accessing and using the RTS resource on the TURAS platform daily.
Maternity inpatient services are accessing and using RTS resource on TURAS platform daily.
The Critical Care RTS has just been reviewed and refreshed. SBAR due from Healthcare Staffing Programme team. The resource now includes a launch date of 16th October.
Adult ICU/HDU
Paediatric ICU/HDU
Neonatal

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

An impact assessment has not been made.

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.9 Communication, involvement, engagement and consultation

- Information received from Senior Nurses and Workforce Directorate to inform report

2.3.10 Route to the Meeting

2.4 Recommendation

- **Assurance** – EDG is asked to take assurance that all avenues are being explored to support capacity in nursing workforce
- **Discussion** – EDG is asked to support continuation of capacity work with Services, Workforce and Finance and merge workforce papers

3 List of appendices

The following appendices are included with this report:

N/A

Report Contact

Janette Keenan

Executive Director of Nursing

Email janette.keenan@nhs.scot

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Whistleblowing Quarter 2 Report for 2023 / 2024**
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 a:
- Government policy / directive
- Legal requirement

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

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

2.   Report Summary

2.1   Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) have been in place now since 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns.

2.2   Background

This report is to provide Staff Governance Committee members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 July 2023 to 30 September 2023 (Quarter 2).

2.3 Assessment

Whistleblowing Concerns Reporting

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

Anonymous / Unnamed Concerns Reporting

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

Local Press Coverage

NHS Fife received no whistleblowing articles published in the local newspaper during the second quarter reporting period.

Awareness Raising and Training

INWO updates continue to encourage the use of business-as-usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access, which we continue to promote, and work is ongoing to reimplement the standards across the Board.

The Quarter 2 data report referred to above is detailed within Appendix 1, for information.

2.3.1 Quality, Patient Care and Value-Based Health & 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 / unnamed concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2023 / 2024, quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

2.4 Recommendation

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

- There were no whistleblowing concerns received in Quarter 2; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local newspaper; assurance of awareness of standards, and the whistleblowing training undertaken during Quarter 2.

3.   List of Appendices

The following appendix is included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 2 (1 July 2023 to 30 September 2023)

Report Contact:

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

Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards, Whistleblowing Training Undertaken During Quarter 2: 1 July 2023 to 30 September 2023

1.   Introduction

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

2.   Whistleblowing Concerns Received During Quarter 2

There were no Whistleblowing Concerns received during Quarter 2

Quarter 1 1 April to 30 June	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	H&SCP	Complex & Critical Care
Quarter 2 1 July to 30 September	Theme	Division	Service
Nil			
Quarter 3 1 October to 31 December	Theme	Division	Service
Quarter 4 1 January to 31 March	Theme	Division	Service

3.   Whistleblowing Concerns Received During Quarter 1 – Reasons for Extensions to Investigation

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

An extension was approved for the Stage 2 Whistleblowing Concern received during Quarter 1 due to the complexities of the investigation and the number of witness interviews, authorised by the Head of Complex & Clinical Care Services. The Whistleblower was advised of the need to extend the timescales and has been kept up-to-date with the progress of the investigation into their concerns throughout.

4. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 1

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken, lessons learned at this time. A further update will be provided in due course.

5. Anonymous / Unnamed Concerns Received During Quarter 2

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information". Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous / Unnamed Concerns received during Quarter 2:

Quarter 1 1 April to 30 June	Theme	Division
Nil		
Quarter 2 1 July to 30 September	Theme	Division
Anonymous Complaint 1	Bullying	H&SCP – Complex & Critical Care
Anonymous Complaint 2	Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.	H&SCP – Primary & Preventative Care
Quarter 3 1 October to 31 December	Theme	Division
Quarter 4 1 January to 31 March	Theme	Division

6. Anonymous / Unnamed Concerns – Themes, Actions Taken and Lessons Learned During Quarter 2

Again, as the investigations into the two Anonymous / Unnamed Concerns received during Quarter 2 have not yet concluded, we are unable to provide an update in relation to the themes, actions taken, lessons learned at this time. A further update will be provided in due course.

7. **Local Press Coverage During Quarter 2**

There were no Whistleblowing articles published in the local newspaper during Quarter 2:

Quarter 1 1 April to 30 June	Theme	Quarter 2 1 July to 30 September	Theme
Nil		**Nil**	
Quarter 3 1 October to 31 December	Theme	Quarter 4 1 January to 31 March	Theme

To ensure that staff have the confidence to speak up within the organisation without fear in the knowledge that their voices will be heard, the following initiatives have been introduced:

- The use of business-as-usual processes for handling concerns, making sure internal routes for speaking up are obvious and easy for staff to access via the Chief Executive's monthly newsletter and StaffLink, which will allow the most effective issue resolution.

- A campaign to increase the existing pool of Confidential Contacts to ensure our workforce have the support to speak up on matters such as Whistleblowing is well currently underway and training took place during October 2023.

- A Whistleblowing Terms of Reference template has now been approved to aid the completion of Whistleblowing reviews in a standardised manner, which will provide the opportunity for the individual raising the concern to speak to the Whistleblowing Champion, should they wish to discuss their experience of the process.

8. **Experience of Individuals Raising Concerns**

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now finalised to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the conclusion of stage 2 investigations.

9. **Whistleblowing Training Data**

The whistleblowing training data undertaken during Quarter 2 (1 July 2023 to 30 September 2023) is summarised below:

Whistleblowing Training Undertaken During 2023/2024
Quarter 2 - 1 July 2023 to 30 September 2023

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Delivery of Annual Workplan 2023 / 2024**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

1.   Purpose

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

This report relates to:
- Local Policy

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

This report aligns to the following Strand/s of the Staff Governance Standard:
- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2.   Report Summary

2.1   Situation

The Staff Governance Committee approved the Annual Workplan for 2023 / 2024 at the meeting on 9 March 2023. For assurance, the version of updated Annual Workplan is attached at **Appendix 1**, which details amendments made to enable the Committee to clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2   Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B06/22, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider or take assurance from during 2023 / 2024.

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

2.3.1 Quality, Patient and Value Based Health & Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee.

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2023 / 2024 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 9 March, 11 May, 20 July and 14 September 2023 and those planned for the meeting on 9 November 2023.

2.4   Recommendation

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

- the updates made to the Staff Governance Workplan for 2023 / 2024 since it was presented to committee members on 14 September 2023.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2023 / 2024

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2023 / 2024

NHS Fife

Governance – General							
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action List	**Chair**	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Corporate Calendar – Proposed Staff Governance Committee Dates 2024 / 2025	**Director of Workforce**			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2023 / 2024	**Director of Workforce**	✓		✓	✓	✓	✓ **Final**
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	**Director of Workforce**					✓ **Draft**	✓ **Final**
Annual Review of Staff Governance Committee Terms of Reference	**Head of Corporate Governance & Board Secretary**						✓
Corporate Risks Aligned to Staff Governance Committee	**Director of Workforce**	✓ **Deep Dive: Bank & Agency Programme**	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2022 / 2023	**Head of Corporate Governance & Board Secretary**	✓					

Staff Governance Annual Workplan 2023-2024
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Originator: Workforce Directorate
*Items on the agenda and their timing continue to be reviewed and may be subject to change

4/10   60/270

Governance Matters (Continued)

	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	**Head of Corporate Governance & Board Secretary**						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✓ **Deferred to 11/7/23**	✓				
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	**Director of Workforce**			✓			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✓ **Quarter 4 Report**		✓ **Quarter 1 Report**	✓ **Quarter 2 Report**		✓ **Quarter 3 Report**

Strategy / Planning

	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Objectives 2023 / 2024	**Chief Executive / Director of Finance & Strategy**	✓					
Annual Delivery Plan 2023 / 2024	**Director of Finance & Strategy**		✓	✓			
Annual Delivery Plan Quarterly Performance Report 2023/2024	**Director of Finance & Strategy**				✓ **Quarter 2 Report**		✓ **Quarter 3 Report**
Population Health and Wellbeing Strategy 2023 / 2024 Mid-Year Review	**Director of Finance & Strategy**				✓		
Strategic Planning and Resource Allocation 2023 / 2024	**Director of Finance and Strategy**	**No longer required**					
Mental Health Estates Initial Agreement	**Medical Director**	**Deferred to 11/7/23**	**Deferred to 14/9/23**	**No longer required**			

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NHS Fife Projects / Programmes								
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Primary Care Improvement Plan 2023/2024	**Director of Health & Social Care Partnership**	Deferred to 14/9/23		Deferred to 9/11/23	✓		
Quality / Performance								
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Workforce Information Overview	**Deputy Director of Workforce**	✓ (Presentation)	✓ (Quarter 4)	**Progressing to on-line reporting**			
Tender Process for Board Managed 2C General Practices	**Director of Health and Social Care Partnership**	✓ (Private)					
Staff Governance & Staff Governance Standard								
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Staff Governance Standards Overview • Appropriately Trained - Medical Appraisal & Revalidation Annual Report 2022 / 2023	**Medical Director**				Deferred to 11/1/24	✓	
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023	**Director of Nursing**				✓		
- Training Compliance Report 2022 / 2023	**Head of Workforce Development & Engagement**		✓		✓		✓
• Improved and Safe Working Environment	**Director of Property & Asset Management**	✓			Update provided at Development Session on 9/10/23		

Staff Governance Annual Workplan 2023-2024
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*Items on the agenda and their timing continue to be reviewed and may be subject to change

Staff Governance & Staff Governance Standard (Continued)							
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
• Well Informed – Communication & Feedback	**TBC**						
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions - iMatter Report	**Head of Workforce Development & Engagement**					✓	

Annual Reports / Other Reports							
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Internal Audit Annual Report 2022 / 2023	**Director of Finance & Strategy**		✓				
Staff Governance Annual Monitoring Return 2022 / 2023	**Head of Workforce Resourcing & Relations**		✓ **2021/2022 Feedback and 2022/2023 Template**		✓ **Final 2022/2023 Return**		
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			**Deferred to 9/11/23**	✓		
Whistleblowing Annual Report 2022 / 2023	**Head of Workforce Resourcing and Relations**			**Deferred to 9/11/23**	✓		
Volunteering Annual Report 2022 / 2023	**Director of Nursing**				✓		
Occupational Health and Wellbeing Service Annual Report 2022 / 2023	**Head of Workforce Planning & Staff Wellbeing**			✓			

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

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Originator: Workforce Directorate

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Linked Committee Minutes								
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Area Partnership Forum	**Head of Workforce Resourcing & Relations**	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	**Director of Acute Services**	Meeting Cancelled	✓	✓	Meeting Re-arranged to 9/11/23	✓	✓
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	✓	Meeting Cancelled	✓	✓
Strategic Workforce Planning Group	**Head of Workforce Planning & Staff Wellbeing**		Meeting Cancelled	Meeting Cancelled		✓	
Health and Safety Sub Committee	**Director of Property & Asset Management**	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	**Director of Nursing**		Meeting Cancelled	Meeting Cancelled		✓	

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Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**11/5/23**	**20/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Attendance Management Update	**Director of Workforce**	✓ (verbal)	✓				
Equal Pay Audit 2023	**Director of Workforce**	✓					
Whistleblowing Audit Report B18/23	**Head of Workforce Resourcing & Relations**		✓				
Primary Care Strategy 2023-2026	**Head of Primary and Preventative Care Services**		✓				
Workforce Planning Update	**Head of Workforce Planning and Staff Wellbeing**			✓		✓	
iMatter Update	**Deputy Director of Workforce**			✓			
Bank and Agency Staffing Update	**Director of Workforce**				✓		

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Briefing Sessions	
Session 1: Friday 6 October 2023 at 10.30 am to 12.00 noon	**Lead(s)**
• Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – HSE Stress Management Talking Toolkit within the Learning Disability Service.	Neil McCormick, Director or Property & Asset Management Wendy McConville, Senior Charge Nurse, Community Nursing
• iMatter	Kevin Reith, Deputy Director of Workforce Jackie Millen, Workforce Development & Engagement Officer
Session 2: Wednesday 14 February 2024 at 3.00 pm to 4.30 pm	**Lead(s)**
• Staff Governance Standard: Employee Director	Lynne Parsons, Employee Director
• eRostering Demonstration	Marie Richmond, Head of Digital Strategic Delivery Sarah Callaghan, Programme Manager, Digital & Information
• Preparation for Implementation of the Health Care (Staffing) (Scotland) Act 2019	Tracy Hunter, Workforce Lead, Nursing & Midwifery

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Annual Delivery Plan Quarter 2 Performance Report 2023/2024**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1.   Purpose

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

This report relates to:
- Annual Delivery Plan 2023/24 Q2 Progress

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

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

2.   Report Summary

2.1   Situation

The Annual Delivery Plan (ADP) 2023/2024 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June 2023.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the Staff Governance Committee on the progress against deliverables within the ADP as of September 2023. This update is to be submitted to the Scottish Government by 27 October 2023.

2.2 Background

The guidance for the Annual Delivery Plan (ADP) 2023/2024 and Medium-Term Plan (MTP) 2023/2026 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of June 2023 (Q1) and September 2023 (Q2) submitted to the Scottish Government on 27 October 2023. Detailed reports for each Directorate/Division up to September 2023 (Q2) have also been circulated to Executive Directors.

The status of deliverables is based on categories below:

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

The status reported against each deliverable is the progress against actions rather than outcomes. For example, improvement actions for staff absence could be **'completed'** or **'on track'** but the intended outcome of decreasing rate of sickness absence may not be achieved. Work will commence in Q3 to quantify the impact on outcomes aligned to each deliverable.

ADP for Fife contains 200 deliverables with 69% (138) **'on track'** as of September 2023 (Q2).
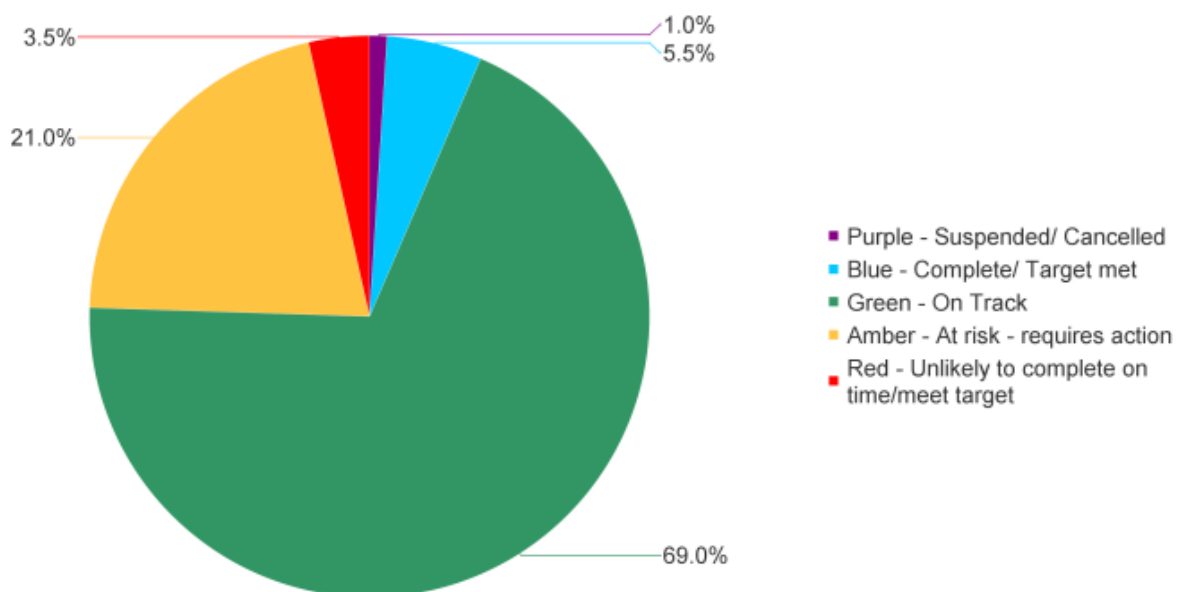
Deliverables **completed (11)** by end of September 2023 (Q2):

- Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services
- Continued roll out of RCDSs
- Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways
- To secure recurring baseline funding to cover the current operating Non-Pay costs associated with NHS Fife's application support and maintenance funding
- To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance
- Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG
- Ensuring a robust Primary Care Premises Strategy is in place
- Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training
- Reviewing the use of taxi contracts across the organisation
- Continue to deliver the Medical Certification of the Cause of Death (MCCD) service
- Implement IPC Interim Strategy 2023-25

Deliverables **suspended/cancelled (2)** by end of September 2023 (Q2):

- Hospital Pharmacy Redesign - introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores
- Kincardine and Lochgelly Health Centres

Deliverables that are **unlikely to complete on time (7)**:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach
- Roll out of Digital Pathology
- Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time
- Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC
- Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings

Deliverables currently **at risk (42)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Develop, Enhance and re-invigorate Regional Networks
- Operationalise NTC
- Expanding Endoscopy capacity and workforce
- Implement robust ACRT processes
- Implement robust PIR processes
- Embedding potential alternatives for treatment

- Ensuring the most effective and appropriate use of Medical Devices
- Digital medicines management programme
- Implementation of the Pharmacotherapy Service
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance
- Pandemic Preparedness: Critical to major incident levels
- Bank Governance – Enhanced Management & Staff Bank Consolidation

- Improved Fife-wide ADHD pathways for Children & Young people
- To achieve additional capacity to meet 6-week target for access to 3 key Radiology diagnostic tests
- Best Start
- To meet the recommendations of the WHP by end Dec 2024

- Delivery of New Laboratory Information system (LIMS)
- To ensure routine adherence to optimal diagnostic pathways

- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- National - eRostering

- National - LIMS Implementation

- Delivery of year one of the QI Network

- Support delivery of SPRA (Strategic Planning and Resource Allocation)
- IPQR Digitisation

- Post successful implementation of the SE Payroll Consortium arrangement

- Delivering Anchor Institution workforce aims - Promoting employability priorities
- Create and Nurture a Culture of Person-Centred Care

- Implement IPC Workforce Strategy 2022-24
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits and meet & maintain the 18-week RTT standard
- Improve compliance with CAPTND dataset

- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time

- Improve sustainability of Primary Care

- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern
- Implement new referral management and electronic patient records system (TrakCare/Morse) within P&PC Physiotherapy service.
- Local Enhanced Services Review

- Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models
- Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award

Summary status as of September 2023 (Q2) is detailed by Recovery Driver in table below:

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		30
2. Urgent and Unscheduled Care			9	1	4	14
3. Mental Health			10	3		13
4. Planned Care			4	6		10
5. Cancer Care		3	8	3	1	15
6. Health Inequalities			13	3		16
7. Innovation Adoption			4			4
8. Workforce			15	3		18
9. Digital	1	3	12	5		21
10. Climate			9			9
Other		5	35	8	2	50
TOTAL	2	11	138	42	7	200

Relevant deliverables have also been mapped to NHS Fife Corporate Objectives for 2023/2024. Further detail on these can be found in Appendix 1.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The ADP Q2 update was presented at EDG on 19 October and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

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

- Discussion – the ADP 2023/2024 Q2 update submitted to the Scottish Government.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Annual Delivery Plan 2023/2024 Quarter 2 Update (QE Sep-23)

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Annual Delivery Plan 2023/24 Progress - Summary

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		30
2. Urgent and Unscheduled Care			9	1	4	14
3. Mental Health			10	3		13
4. Planned Care			4	6		10
5. Cancer Care		3	8	3	1	15
6. Health Inequalities			13	3		16
7. Innovation Adoption			4			4
8. Workforce			15	3		18
9. Digital	1	3	12	5		21
10. Climate			9			9
Other		5	35	8	2	50
TOTAL	2	11	138	42	7	200

- 1.0%
- 5.5%
- 3.5%
- 21.0%
- 69.0%

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

Annual Delivery Plan 2023/24 Progress - Corporate Objectives

SP1.1 Progress BC for the mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Refreshed Mental Health Strategy for Fife for 2023 - 2027	Complex & Critical Care	Green - On Track
Mental Health strategy (Medical Director)	Property & Asset Management	Green - On Track

SP1.2 Delivery of MAT standards

Deliverable	Dir/Div	Deliverable Q2 RAG Status
More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low A visible one stop shops/approach in Cowdenbeath and Kirkcaldy	Business Enabling	Green - On Track
A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services	Business Enabling	Green - On Track
The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained	Business Enabling	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	Public Health	Green - On Track

SP1.3 Develop a prevention and early intervention strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	Primary & Preventative Care	Green - On Track

SP1.4 Develop a primary care strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop Strategic vision across all of Primary Care	Primary & Preventative Care	Green - On Track

SP1.5 Develop and deliver system wide medicines safety prog

Deliverable	Dir/Div	Deliverable Q2 RAG Status
High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife	Pharmacy & Medicines	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines	Public Health	Green - On Track

SP2.1 Implement redesign and quality improvement mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	Complex & Critical Care	**Green - On Track**
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	Complex & Critical Care	**Green - On Track**
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	Complex & Critical Care	**Green - On Track**
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	Complex & Critical Care	**Green - On Track**
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	Complex & Critical Care	**Green - On Track**
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic.	Complex & Critical Care	**Green - On Track**

SP2.2 Review and redesign Front Door model of care

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	Emergency Care	**Red - Unlikely to complete on time/ meet target**
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time.	Urgent & Unscheduled Care	**Red - Unlikely to complete on time/ meet target**
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.	Urgent & Unscheduled Care	**Red - Unlikely to complete on time/ meet target**

SP2.3 Deliver ambulatory care model supporting admission avoidance and early appropriate discharge

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention	Emergency Care	**Amber - At risk - requires action**
Improve Same Day Emergency Care and rapid assessment pathways	Emergency Care	**Green - On Track**

SP2.4 Develop QMH ambulatory care and day surgery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Enhance Theatre efficiency	Planned Care	**Green - On Track**
Review and redesign Outpatient capacity to maximise capacity and timely access	Planned Care	**Green - On Track**
Maximising Scheduled Care capacity	Planned Care	**Green - On Track**
Expanding Endoscopy capacity and workforce	Planned Care	**Amber - At risk - requires action**

SP2.5 improve patient experience response process

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets	Nursing Directorate	**Red - Unlikely to complete on time/ meet target**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences	Nursing Directorate	**Green - On Track**
Digital Solution for reporting Live Patient Experience (Complaint) data	Nursing Directorate	**Green - On Track**

SP3.1 Collaborate with University of St Andrews to develop the ScotCOM medical school

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of Medical Education Strategic Framework	Quality & Care Governance	**Green - On Track**

SP3.2 Develop and deliver action plan to support safe staffing legislation

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024	Nursing Directorate	**Green - On Track**

SP3.3 Develop and deliver a sustainability plan for the nursing and midwifery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model	Nursing Directorate	**Green - On Track**

SP3.4 Deliver actions from workforce strategy to support patient care and staff wellbeing

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	Workforce	**Green - On Track**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	**Amber - At risk - requires action**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service	Workforce	**Green - On Track**
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	Workforce	**Green - On Track**
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes	Workforce	**Green - On Track**
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	Workforce	**Green - On Track**
Development of improved digital processes i.e. online pre-employment and management referrals programmes	Workforce	**Green - On Track**
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.	Workforce	**Green - On Track**

SP3.5 Develop and deliver leadership framework to increase team performance

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Create and Nurture a Culture of Person Centred Care	Workforce	**Amber - At risk - requires action**

SP4.1 Deliver year one actions of the financial improvement and sustainability programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability	Finance	**Green - On Track**

SP4.2 Implement actions to support climate emergency

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Set out a plan to reduce medical gas emissions through implementation of national guidance	Pharmacy & Medicines	Green - On Track
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	Pharmacy & Medicines	Green - On Track
Decarbonisation of Fleet in line with Targets	Property & Asset Management	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	Property & Asset Management	Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance	Property & Asset Management	Green - On Track
Action plan for the National Green Theatres Programme	Property & Asset Management	Green - On Track
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Property & Asset Management	Green - On Track
Outline plans to implement an approved Environmental Management System.	Property & Asset Management	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population	Public Health	Green - On Track

SP4.3 Develop the digital medicines programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)	Digital & Information	Amber - At risk - requires action
Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)	Digital & Information	Green - On Track
Digital medicines management programme Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution	Pharmacy & Medicines	Amber - At risk - requires action
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I	Pharmacy & Medicines	Purple - Suspended/ Cancelled

CC1.1 Develop a corporate communication and engagement plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and Implement the Corporate Communication Strategy	Comms	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy	Comms	Green - On Track

CC1.2 Develop the strategic plan to secure teaching health board status

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews	Quality & Care Governance	Green - On Track

CC1.3 Deliver Anchors ambitions working collaboratively with partners

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	Public Health	**Green - On Track**
Delivering Anchor Institution workforce aims - Promoting employability priorities	Workforce	**Amber - At risk - requires action**

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Primary Care Implementation Plan – Progress Update**
Responsible Executive:	**Nicky Connor, Director of Health and Social Care Partnership**
Report Author:	**Lisa Cooper, Head of Primary and Preventative Care Services & Fiona Duff, Primary Care Transformation Programme Manager**

1.   Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe, Effective & Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

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

2.   Report Summary

2.1   Situation

This report is being brought to the Staff Governance Committee to provide a progress update on the Primary Care Improvement Plan (PCIP) which underpins the General Medical Services component of the Primary Care Strategy. This report is in alignment with the national Memorandum of Understanding 2 (MoU2), together with local key priorities and next steps for delivery of the PCIP, as agreed with stakeholders in January 2023 at a review and refresh workshop event.

NHS Fife Staff Governance Committee is being asked to take assurance from the information provided within the PCIP in the commitment to progress new service delivery through the continued development of the primary care workforce as robust multidisciplinary teams.

2.2 Background

The PCIP was created as a derivative of the 2018 General Medical Services (GMS) Contract Offer. The PCIP sets out the direction of travel locally, whilst the Contract and subsequent MoU2 provide the overarching framework for primary care reform nationally.

2.3 Assessment

Overall RAG Status Report

A high-level Primary Care Improvement Plan RAG status report is in place which outlines current progress against MoU2 deliverables.

The overall status being:

COST	TIME	QUALITY	RESOURCE	SCOPE	RISK	BENEFIT

The Vaccination Transformation Programme transferred in March 2022, meeting the required timeframe without penalties.

The following deliverables were not achieved by 1 April 2023 and remain outstanding, measuring as a combined high risk:

- **Pharmacotherapy Service**
- **Community Treatment and Care (CTAC)**

In line with the direction of MOU2, delivery of complete CTAC and Pharmacotherapy Services remains the focus for the PCIP.

Whilst full delivery cost of all MoU2 services exposes a fundamental gap in the funding allocation, the widespread workforce availability issues, is also impacting on roll out of service delivery equitably across Fife. Current mitigation includes review of non-priority MoU2 service delivery models to explore utilisation of the workforce in a different way that maintains quality but allows parity.

This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. Progress of the PCIP 2023-2024 will be reviewed by April 2024.

National Position Update

On 31 March 2023, the Scottish Government issued a letter to NHS Board Chief Executives and Integration Authority Chief Officers, stating no further directions for the implementation of CTAC and Pharmacotherapy would be made until further work was managed to understand and ensure the equitable and sustainable financial and legal framework surrounding these services.

Contrary to national transitionary payments for the period 2022-23, Boards were guided to manage any requirement for interim transitionary payments locally from within their current Primary Care Improvement Fund envelope.

Furthermore, continued implementation of PCIPs was directed at ensuring all general practices, as a minimum, should receive support in the priority areas of Pharmacotherapy and CTAC, with other MoU services maintained.

Maintaining the non-priority services, however, may be affected by the implication of the recent Scottish Government letter. With the requirement to recalibrate PCIPs towards ensuring an equitable spread of Pharmacotherapy and CTAC delivery across all practices, funding resource is therefore unlikely to be available to expand the non-priority services to reach a position of constant stability.

The lack of both funding resource and staffing resource to backfill the available workforce, has been identified as a key concern in maintaining service delivery. Local key objectives therefore include consolidation of service delivery to provide continuity across the practice hours already in place and accomplish a stable 52-week service. Synergy of service models, and other effective solutions, are being explored with the intent to meet this objective, wherever possible, within the allocated funding.

The PCIP Update and Delivery Intentions 2023-24 (Appendix 1) aims to provide assurance that the focus is firmly on progressing the remaining two priority areas towards a position of equity across all Fife general practices, whilst also effectively delivering on the additional local key objectives.

2.3.1 Quality / Patient Care Value-Based Health & Care

The programme team in collaboration with Fife GP Clusters and Fife LMC/GP Sub Committee are working closely with the aim of ensuring equity of service provision in the deployment of GMS Contract resources. The review and refresh workshop allowed for recognition of implementation to date and the positive impact in progressing the vision of the 2018 GMS Contract this has already delivered across Fife, whilst recognising areas of further improvement and focus, and the challenges in moving the services to maturity.

The refreshed priority setting based on GP Practice, GP Cluster and PCIP Services, feedback and expressed need, will ensure continuous drive to co-deliver the intentions of the MoU2 and the local PCIP to provide improved access to care for Fife residents with a strong commitment and focus on reducing health inequalities.

Furthermore, ensuring a continuous quality and values-based healthcare approach to implementation is key to driving forward our models of delivery. Pharmacotherapy already have a strong role in supporting Realistic Medicine, enabling shared decision making with patients and service users, regarding their care and treatment, which will ensure they feel more empowered to manage their health. This in turn will optimise the use of resources, reduce risks of harm from medicines and avoid unnecessary waste of resources.

This personalised approach is also reflected across other workstream areas and should provide assurance of the commitment towards fundamental person-centred care.

2.3.2 Workforce

The purpose of the National Workforce Plan for Health and Social Care is to enable better local and national workforce planning to support improvements in service delivery and improvement design. This includes plans for recruitment, training and development of specific professional groups and roles.

Some areas of the PCIP workforce are established and are beginning to reach maturity, whilst others require more time to grow and develop into the new roles of the multidisciplinary team.

Nevertheless, inconsistency in delivery remains a concern for the general practice workforce, who are required to continue the patient care in the absence of the full service compliment, with the PCIP services themselves advising that this is challenging and can result in poor role satisfaction and retention issues.

Considering the widespread workforce challenges, work has commenced to explore and identify both short and long-term objectives for delivery of the PCIP. Key to short-term progress is stabilising the workforce already in place through the provision of uplift funding; the workstreams are currently reviewing this requirement with the understanding that even with funding, recruitment difficulties remain in finding available staff with the appropriate skills and competencies able to fill positions. Therefore, as part of this review, workstream leads have been asked to consider priority requirements together with innovative approaches to providing stability.

It is proposed that a focus on growth and development with opportunities for career progression will support with recruitment and retention and translate into sustainable delivery in the long-term. Projects are underway to support a pipeline of qualified skilled non-registered healthcare staff into the workforce, with Pharmacotherapy leading the way with development of Medicine Management Support Workers, whilst CTAC develops the role of the Health Care Support Worker.

Furthermore, work is ongoing to increase the number of multidisciplinary community hubs ensuring consolidated use of the workforce resource, mitigating the loss of accessible appointment time travelling between sites.

This work is being led by the newly convened GMS Leads Group (consisting of subject matter experts across all implementation fields, including Workforce Planning). The Group's remit is to provide collaborative review and preparedness across all workstream plans, as a precursor to approval from the GMS Implementation Group.

2.3.3 Financial

The cost to fully implement the GMS Contract in Fife remains at estimated projected £23m. Recurring funding for Fife HSCP at present is circa £11.6m. Additional funding of £1m from within the HSCP has been allocated to support progress of the PCIP.

Based on costs to fully implement the GMS Contract, there continues to be a recurring gap of circa £11.5m.

The directive of Scottish Government to Boards to manage any requirement for interim transitionary payments locally from within their current Primary Care Improvement Fund envelope, will also impact on the current funding allocation meaning innovation will be key to continued delivery in line with the ambition of PCIP 2023/2024.

2.3.4 Risk Assessment / Management

There is a joint clinical and reputational risk between NHS Fife and Fife HSCP due to CTAC, and Pharmacotherapy services not transferring in full by April 2023.

Without endpoint direction from Scottish Government the challenge remains as to the vision of the full transfer of these services. The ability to transfer fully is further exacerbated due to insufficient funding and the lack of readily available workforce.

This is a high-level risk which is being mitigated through close working with the workstreams to stabilise the resource already in place whilst senior leaders work with general practices via the Local Medical Committee in the negotiation of transitionary arrangements to support continuity of services until full implementation requirements are defined and rolled out.

A 'deep dive' risk review across all primary care services including PCIP implementation, was recently conducted. This demonstrated assurance against mitigations in place to monitor, manage and wherever possible, reduce risk. Crucial in reassuring robust overarching risk management is the Primary Care Strategy, one of nine key enabling strategies supporting delivery of the HSCP Strategic Plan. An underpinning 3-year plan for delivery of the Strategy together with the annually reviewed PCIP, will ensure responsibility and governance in the implementation of appropriate mitigation measurements.

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

A full Equalities Impact Assessment across the entirety of the PCIP will be undertaken with relevant professional and public representation within this fiscal year.

An impact assessment has not been completed at this time because of the redirection of the programme during the pandemic and the resultant re-establishing of priorities post pandemic.

2.3.6 Climate Emergency & Sustainability Impact

Critical to the ethos of the PCIP is to realise improved efficiencies in service delivery. Some of this will occur through the positioning of services as 'community hubs' reducing the number of places either the workforce or the patient is required to travel to, to provide or receive care. An improving digital environment across all services is also decreasing the use of paper-based records.

2.3.7 Communication, involvement, engagement, and consultation

The first review and refresh workshop was held with general practice leads, service leads and senior professional leads in January 2023, the next workshop is being planned with a broader audience, to include representation from operational leads and service users as requested by those in attendance in January.

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.

- SLT Business 21 August 2023: the group provided feedback and comment for amendments to be applied prior to resubmission; the document has been updated per the recommendations with the Co-Chairs of the GMS Implementation Group providing approval prior to being reissued to the full GMS Implementation Group.

- General Medical Services Implementation Group (GMS IG) 19 September 2023: Key members of the group supported the amendments and updates of this paper and approved submission to SLT.

- SLT Assurance 4 October 2023: the group reviewed and approved the paper for its onward governance journey.

- EDG 19 October 2023: the group reviewed and discussed the paper, recommending closer focus on the risks to delivery and improved understanding of the impact to the patient group. The paper has been edited to inform of a recent extensive risk review across primary care. A progress update flash report has been provided which includes an example of patient/service user feedback; capturing feedback has been added to the bi-monthly reporting requirement to the GMS Implementation Group.

This report is scheduled for Quality and Communities on 2 November 2023; feedback will support continued review, but is unavailable at this time.

2.4   Recommendation

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

- **Inform** the commitment to continue to deliver the GMS contract via the PCIP 2023/2024.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 - Primary Care Improvement Plan Progress Update and Delivery Intentions 2023-2024
- Appendix 2: Flash Report – PCIP Progress

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Vaccination Transformation Programme

Community Link Workers

Pharmacotherapy

Primary Care Improvement Plan

Additional Roles
Mental Health Nursing
MSK Physiotherapy

Community Treatment and Care

Urgent Care

Fife Health & Social Care Partnership

PRIMARY CARE IMPROVEMENT PLAN
Progress Update and Delivery Intentions 2023-24

Contents

Foreword

I am delighted to bring forward the refreshed Primary Care Improvement plan (PCIP) for 2023 to 2024. Primary care is at the centre of a safe, person-centred high-quality health and social care system. Across Fife we need to continue our ambition to develop a thriving and sustainable Primary Medical Service. This must ensure people can access and receive high quality primary care services from the right person in the right place at the right time across the whole of Fife.

The Primary Care Strategy 2023-2026 was recently approved by the IJB, and implementation has begun. The strategic focus of this is recovery, quality, and sustainability of primary care services and the PCIP is a key enabler in delivery of the strategy. This will support the Health and Social Care Partnership (HSCP) in achieving the strategic vision for:

"A resilient and thriving Primary Care at the centre of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife".

The ambition requires us to continue working collectively and collaboratively. This is something which has been visible and is highly valued with all the stakeholders engaged and involved in planning for delivery of the Memorandums of Understanding (MoU) which underpin the PCIP. We are all fully aware of the ongoing impact of the pandemic as we continue our recovery and the pressures that this places directly on primary medical services and wider across the primary care system. We also have increasing resource challenges recognising our workforce resource and their wellbeing as our most important and valued asset. We also realise the current and emerging resource challenges from a finance, estates, and premises perspective.

These challenges have meant that implementation of the General Medical Services Contract is not where we collectively wish it to be. However, the PCIP 2023/24 advises that despite these challenges there are positives to be recognised e.g., we completed the Vaccination Transformation Programme at the end of March 2022, and we have established 64% of a thriving Community Treatment and Care workforce across Fife with work progressing to complete whole delivery of this service. We realise there is work that is still to be progressed within Pharmacotherapy in the absence of a national service specification. I hear frequently from colleagues, the value placed on services underpinned by the MoU including Mental Health Practitioners and the first contact Musculoskeletal Physiotherapy Service, In-hours Urgent Care Advanced Nurse Practitioners, and the positive contribution from our Community Link Workers.

This plan is based on the feedback we heard directly at a PCIP workshop where the active dialogue and positive engagement has allowed us to shape and rethink the priorities. These are defined within the plan with a focus on consistency, communication, consolidation, and synergising. People must remain at the centre of the PCIP including the teams' delivering services and the people accessing high quality inclusive and equitable care. This will require a systems-based approach with clear leadership to enable progress to achieve the aims agreed.

I am committed to leading to deliver this plan in partnership, recognising the challenges ahead. I am confident given what we have learned and know already around the commitment of teams and services to deliver on this that we will see success despite the challenges as we work together to continue implementation of the PCIP for 2023/24.

Lisa Cooper
Head of Primary and Preventative Care Services
Fife Health and Social Care Partnership

Introduction

Across Scotland, commitment to implement change improvement within our health and social care services has been severely affected due to the 2019 global coronavirus pandemic and the resultant impact of redirecting our resources to manage the substantial health and socioeconomic fallout created.

The 2018 General Medical Services Contract, set out the vision of the modern general practice with the intention of implementing significant transformational change by April 2021. Within Fife a coordinated Primary Care Improvement Plan was produced to deliver on the intention of the Contract and was endorsed by NHS Fife, Fife Health and Social Care Partnership and Fife Local Medical Committee and GP Sub-committee. Recently as we gain a foothold on post pandemic recovery, we have taken time to review our position and although the desire to remain visionary is important, we have refreshed the actions required to focus on achieving realistic quality improvements across the services in place.

The purpose of this document is to provide an update on the progress of the implementation of our PCIP in Fife, to recognise the gaps created in the unanticipated divergence of our focus and resources, and to identify and explain the next steps in our intended delivery of this Plan over the year 2023 to 2024. Considering the critical part, the Primary Care Improvement Plan plays within the Primary Care Strategy 2023 to 2026, which in turn underpins the intentions for primary care within the Fife Health and Social Care Partnership Strategic Plan for Fife.

The Strategic Plan for Fife

The 2023 to 2026 Strategic Plan for Fife sets out the overarching actions required to improve health and social care outcomes for the people of Fife over the next three years. Woven throughout the Plan is the Partnership's approach for the local delivery of the nine National Health and Wellbeing Outcomes for Health and Social Care and the six Public Health Priorities for Scotland. Also included are five key priorities which provide a robust framework for the Partnership's transformational strategies with their related delivery plans, including the Primary Care Strategy and the associated PCIP delivery plan.

Figure 1: Strategic Plan for Fife 2023-26
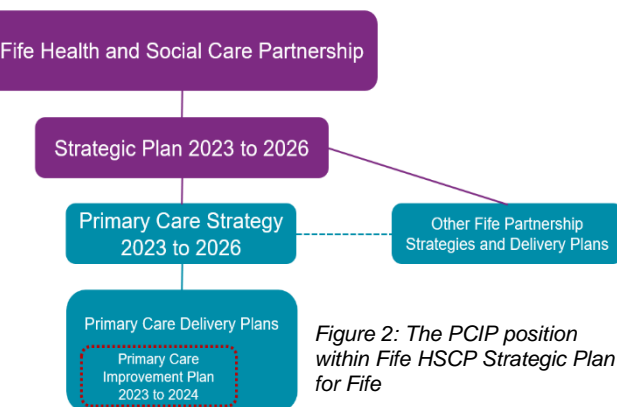
Figure 2: The PCIP position within Fife HSCP Strategic Plan for Fife

Acknowledging the negative impact of the pandemic not only within the health and wellbeing of our patient groups, but also the socioeconomic impact within and across our workforce and wider communities, the Strategic Plan gives assurance that the Partnership is strongly committed to the recovery of our health and social care services, including a return to thriving, resilient Primary Care Services.

The Primary Care Strategy

The Primary Care Strategy is one of the nine key enabling strategies supporting the implementation of the Health and Social Care Partnerships (HSCP) Strategic Plan for Fife. The Strategy's focus is on recovery, quality, and sustainability of primary care services. Primary care covers a wide range of services, including General Medical Services, its operational service delivery being overseen within the portfolio of integrated Primary and Preventative Care Services within the Health and Social Care Partnership.

Primary care services are recognised for their important role and influence on the health of our population. Primary care is the first and most frequent point of access for care within health and social care. The Primary Care Strategy recognises the need for highly effective primary care services and the significant role it plays as the cornerstone of healthcare while acknowledging the challenges in delivering high quality services in a post pandemic landscape.

Notwithstanding this, before the pandemic there were resource difficulties already being experienced including workforce and a lack of high-quality premises to support the changing needs of primary care. These have been exacerbated as we continue recovery of services. Coupled with increasing financial constraints through the current rise in cost of living and ongoing recovery, consequently the Primary Care Strategy aims to meet these challenges through a collaborative whole systems approach towards quality improvement and demonstrable sustainability.

The overarching aim of this approach is to provide safe, accessible high-quality services in response to population need and demand, this will not only improve health outcomes for individuals and local communities but also recognises, targets, and will ultimately reduce the overall impact of health inequalities. This approach also aligns closely with the vision within NHS Fife's Population Health and Wellbeing Strategy – 'Living well, working well and flourishing in Fife' – and supports the aim of the four strategic priorities within the four-year strategy 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. Furthermore, the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established 7 locality groups which are aligned to the 7 Fife Council local area committees, ensuring unified planning and decision making for our communities within our communities.

Additionally, the Primary Care Strategy aligns with the Plan for Fife which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which NHS Fife and Fife HSCP are members and in which joint working across our localities for better outcomes is firmly endorsed, stating:

"Community Led Services means putting communities and service users at the heart of how we design services and building on the strengths and assets we have in our workforce and in our communities in order to deliver valued services."

Figure 3: Local Outcome Improvement Plan - June 2019

The Primary Care Improvement Plan

The PCIP centres upon the commitment of the Primary Care Strategy to deliver a recognised whole systems approach across all practices, towards the realisation of robust General Medical Services for the population of Fife, ensuring joined up working and collaboration in delivering services "with a common focus to meet the health and care needs of the population."

The PCIP brings the delivery detail of how we aim to meet this intention whilst advancing the vision of the 2018 GMS Contract, in the expansion of the multidisciplinary team to manage specific areas of patient interactions safely and effectively. Reflecting the ambition of the National Health and Social Care Workforce Plan, Part Three, that to bring about stability within our primary care services, we need to focus on developing our workforce appropriately, provide opportunity for growing leadership and talent and extending roles that are attractive, meaningful, and rewarding whilst being fully integrated into the functioning of modern general practice.

Nevertheless, there is recognition within the Primary Care Strategy that the resources required to fully implement the PCIP is challenging, this is further acknowledged as a high-level corporate risk, and forms one of the key drivers in delivering the commitment of the Strategy to make the best use of resources in the redesign of services to ensure delivery of a sustainable and effective primary care.

The Contract for provision of General Medical Services (GMS) in Scotland commenced in April 2018. This was an ambitious and innovative approach by Scottish Government and Scottish Government Primary Care (SG and SGPC) to refocus the role of the General Practitioner (GP) to that of Expert Medical Generalist. The intention being to build on the core strengths and values of general practice expertise in holistic and person-centred care through the development of multi-disciplinary teams, employed via local Health and Social Care Partnerships (HSCPs), to work collaboratively with their general practice colleagues to modify the patient pathway, navigating patients towards other clinical professionals; with the ultimate aim of providing GPs more time to care for patients with the most complex needs.

A Memorandum of Understanding (MoU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government covered the initial three-year period 1 April 2018 to March 2021 and set out agreed principles of service redesign, establishing ring-fenced resources to enable the change to happen.

The scope of this programme was to deliver six key services defined in the GMS Contract (2018) and associated Memorandum of Understanding (MoU) – The Vaccination Transformation Programme; Pharmacotherapy; Community Treatment and Care; Urgent Care; Additional Professional Roles; and Community Link Workers.

In addition, three key enablers to change were identified at a national level to support the overall intention of collaborative services – Premises to support in the management, maintenance, and eventual transference of general practice premises away from the expected ownership of GP Partners; Information Sharing Arrangements to support improved joint patient care between GPs and other health care professionals; and. Workforce Plans to support recruitment, training, and development of specific professional groups and roles.

However, the pandemic impacted considerably on progress of the transformation and led to much of the work being paused or reduced whilst resources required to be refocussed. Furthermore, a joint letter from SG and SGPC pronounced an implementation of change order

for workstreams in December 2020, providing both an extended deadline of March 2022, and recognition of which services would be of most benefit to the GP workload of that time.

In July 2021, SG further cemented this position through an updated Memorandum of Understanding – known as MoU2 to Health Boards - recognising the achievements already realised but also reflecting on the impact of the pandemic and the resultant gaps in delivering the original MoU commitment by April 2021.

All six MoU areas would remain areas of focus for the MoU signatories. However, referring to the SG/SGPC letter of December 2020, the parties acknowledge that the priority for delivery 2021-2022 must be on three distinct services, The Vaccination Transformation Programme (VTP), Pharmacotherapy and Community Treatment and Care (CTAC).

Additionally, SG advised that implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU; principles which are also clearly unified throughout the Primary Care Strategy, and which are integral to the Primary Care Improvement Plan.
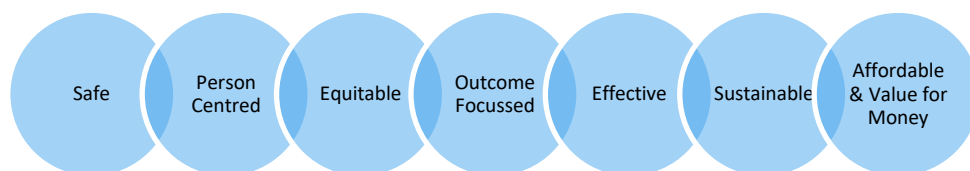
Figure 4: Seven key principles of the Memorandum of Understanding

That position has been further upheld with the most recent directive to NHS Boards and Integration Authorities from SG/SGPC in April 2023 recognising the completion of VTP whilst directing as a minimum all practices have support in the areas of Pharmacotherapy and CTAC, with other services maintained in line with existing local arrangements.

The Primary Care Improvement Plan (PCIP) focuses on the intention to transform the traditional point of primary care access through the development of the six key services, whilst prioritising the implementation of the three priority services over the others, with a clear aim to subsume specific aspects of traditional general practice work into that of a new professional multidisciplinary team.

The GMS contract also proposed significant new arrangements for GP premises, GP information technology and information sharing. All of which together with the overarching workforce objectives, are acknowledged within the key strategic themes identified. The effect of attaining these arrangements is expected to lead to a substantial reduction in risk for GP partners in Scotland, creating a dynamic and positive career choice for doctors and other members of the modern general practice multi-disciplinary team, and as such lead to a substantial improvement in practice sustainability.

Figure 5: The 6 transformational services of the 2018 GMS Contract

General Practice in Context

There are 53 general practices in Fife, serving a population of 386,273 patients and forming seven GP clusters; GP clusters are geographical professional groupings of general practices that enable collaborative, quality planning, and assurance in achieving better patient outcomes.

Figure 6: Map of Fife GP Clusters

Joint working across clusters and localities ensures focus and a coordinated approach in understanding the varied needs within communities, represented by professionals and the communities themselves, this allows people within the area to take an active role in decision making for where they live and work, allowing for delivery of health and social care services where they are expressly needed by the population.

Each practice is represented by a Practice Quality Lead (PQL) giving voice to their own practice and patient needs and providing leadership on their practice quality improvement agenda, whilst each cluster has a Cluster Quality Lead (CQL) representing the cluster to the Health Board, performing a coordinating role in supporting identification and management of the wider cluster quality improvement agenda, whilst voicing and progressing priorities through collaboration within locality and professional structures. All CQLs are essential collaborators in the direction of the PCIP and have identified leadership responsibilities across the workstream subgroups.

When the 2018 GMS Contract was first produced, CQLs worked closely with PQLs and practices to produce a priority setting matrix of the PCIP to fit the local context at that time. The table within appendix two provides detail of the top three priorities listed by the seven clusters, whilst appendix three provides an overview of the population demographics within each cluster.

Governance and Reporting

The Primary Care Transformation Programme and therefore the Primary Care Improvement Plan therein is accountable to NHS Fife and Fife Health and Social Care Partnership Clinical and Care Governance, Workforce, and Financial Governance arrangements into which the HSCP Senior Leadership Team (SLT) reports via relevant committees to the Integration Joint Board and NHS Fife Board. During the pandemic, the two GMS governance groups which had been formed at the outset of the programme were amalgamated, with the GMS Implementation Group subsuming the responsibilities of the GMS Quality Group.

The GMS Implementation Group reports directly to the HSCP Senior Leadership Team bi-monthly through the HSCP Project Management Office transformation dashboard and with a full programme update six monthly via written report. The six-monthly report is then presented to the Qualities and Communities Committee, whilst briefings are provided to the Primary Care Strategic Oversight Group through bi-monthly flash reports. Bi-annually Scottish Government provide a reporting template requesting in-depth information on the implementation of the

Primary Care Improvement Plan, including workstream capacity and activity data and the funding commitment and projection for the services in place at that point.

Each service has a workstream subgroup which is responsible for designing and implementing a model of service delivery for each of the transformation projects in alignment with the MoU seven key principles. As such, each workstream subgroup reports first through its own professional governance structures and then to the GMS Implementation Group (GMS IG); membership of the GMS IG group comprises associated workstream professional leads as well as senior leadership advisors, including general practice GPs and Practice Managers, and Local Medical Committee (LMC) representation; this membership allows for assurance across decisions and judgements and adherence to the principles of the Primary Care Strategy. The group is co-chaired by the Deputy Medical Director of the HSCP and the HSCP Head of Services for Integrated Primary and Preventative Care Services, further ensuring synchronicity with the Primary Care Strategy and the Strategic Plan for Fife.

Funding

Financial resource for delivering primary care transformation is allocated via the Primary Care Improvement Fund (PCIF) to HSCPs through their NHS Health Board partners in line with the Scottish Government's National Resource Allocation formula (NRAC). The formula takes cognisance of the projected geographical population and is adjusted for three factors that affect relative need for health care resources - the age/sex composition of the population; the relative health needs due to morbidity and multiple life circumstances; the unavoidable excess costs of delivering healthcare in remote areas.

There are 14 territorial boards across Scotland, Fife is in a similar position to all other 13 boards, in that the available funding does not match the projected requirement. The Scotland wide allocation is £170m, with Fife's NRAC share being 6.85%. The table at appendix four shows the PCIF spend for 2022 to 2023 and the forecast spend for 2023 to 2024 for PCIP services currently in place.

Parts of delivery currently in place are also subject to temporary funding either via non-recurring funding within the PCIF or via other HSCP/ Board funding streams that hold similar identified ambitions for the improvement of patient care.

Action 15 within the Mental Health Strategy is one such area where funding is supporting current PCIP delivery in conjunction with the strategic aim to increase access to mental health professionals in all GP practices (Scottish Government, 2017). Furthermore, Core HSCP funding is also being utilised where existing services, such as treatment room care, are being redesigned against the backdrop of the PCIP.

Transformational Benchmarking – what progress have we made?

Given the complex challenges of resource limitations, together with the design and integration of new processes, teams, and services, presented in delivering multi-faceted transformation within primary care and the recent impact of the global Coronavirus pandemic, understanding what has been implemented through the PCIP is important in our continued progress towards fulfilling our commitment to deliver thriving, resilient Primary Care Services.

Based on the Scottish Government tracker updates, appendix five provides a high-level performance matrix of the implementation to date, whilst the narrative below provides a

qualitative descriptive of the implementation across each of the six service workstreams and the intended influence they will have in supporting GPs to refocus their role to that of expert medical generalist.
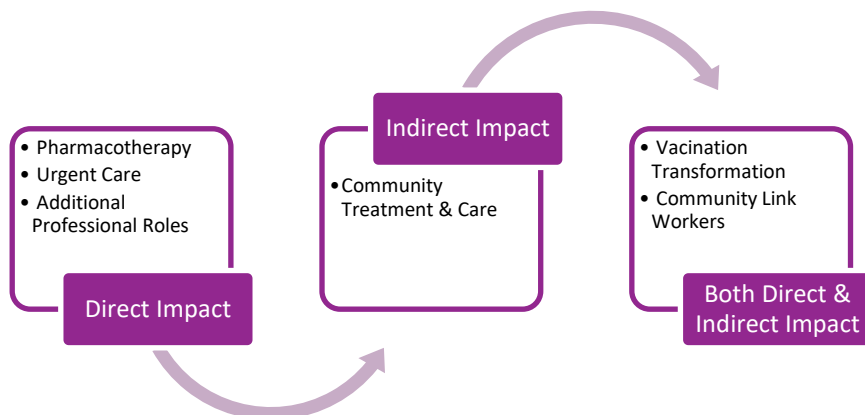

Figure 7: Impact influence of the 6 PCIP Services

It should however be noted that implementation activity levels may currently vary from practice to practice and although an allocation may be in place, accommodation challenges, vacancies or staff leave may affect activity levels; also of note is the risk of reliance on the temporary funding streams in bolstering the workforce delivering the service requirements of the PCIP. Nevertheless, each of the service workstreams have also provided detail of Specific, Measurable, Achievable, Relevant and Time-bound (SMART) objectives they have devised for 2023 to 2024 to ensure a quality outcome focused approach to delivery.

The Vaccination Transformation Programme

The Vaccination Transformation Programme (VTP) being one of the three priority areas for early implementation has fully transitioned operational delivery out of all 53 general practices across Fife, meeting the 1 April 2022 deadline and the directive of MoU2.

100% of operational service delivery in place

This transition has both directly and indirectly impacted on the release of GP time; although much of the vaccination administration activity was carried out by practice nursing staff, GPs were heavily relied upon in the management of complex immunisation schedules, in particular travel vaccine schedules and those for individuals with complex medical histories.

The Immunisation Strategic Framework 2021 to 2024 was ratified by Fife HSCP and NHS Fife, launching the modern Community Immunisation Service (CIS) which has successfully integrated the previous Flu Vaccine Covid Vaccine (FVCV) Programme together with the Children's Immunisation Service, incorporating the intentions of the VTP to remove vaccination activity from the remit of general practice. The CIS governance board provides ongoing assurance regarding service delivery and achievement of the aims of the immunisation strategic framework.

Transfer of travel vaccination as outlined in MoU2 was successfully launched on schedule with an agreed level 1 to 3 commitment with Community Pharmacy delivering via a Service Level Agreement. Following a hybrid delivery model for the over 80s age group with general practices in season 2021/22, the adult influenza programme has now become a fully transitioned service. Both Shingles and Pneumococcal vaccination programmes are now also fully delivered by the Community Immunisation Service.

Although the VTP is now delivering as business as usual, difficulties, remain in the recording of vaccinations into the GP IT system, leading to the risk of incomplete practice held records for individual child vaccination histories; work is ongoing to rectify this issue and remove the current administration responsibility from practices where manual recording of vaccination outcome is required to maintain full child records.

In line with the key strategic themes of the Primary Care Strategy, work also persists in the identification and implementation of continuous quality improvement and efficiencies across the service. Including joint locality consultation to explore engagement opinion with CIS in the improvement of vaccination uptake across each of the seven localities.

VTP Objective		
	S	The CIS Operational group will continue to work in conjunction with National colleagues to drive a solution to the recording of children's Immunisations on GP records
	M	All 53 general practices do have access to this data on Docman however this is not as user friendly as the more robust elements of EMIS
	A	Discussed with LMC who are content at this time to wait a more Nationally derived solution recognising whilst not ideal the drive should be for a national decision.
	R	Reflects the MoU2 directive to consider how Vaccination records are managed within GPIT systems. National digital plan will allow Vaccinations to be accessible via the Vaccination Management Tool. Aligns to the Primary Care Strategy priority - Embed and accelerate digital solutions to support recovery and underpin transformation of primary care
	T	Plan for March 2024

Community Treatment and Care

Community Treatment and Care (CTAC) services is one of the three priority areas for early implementation within the MoU2; although the redirection of activity from general practice to that of the CTAC service, does not necessarily have a direct impact on freeing up GP time, the direct impact in releasing Practice Nurse time will indirectly support GPs through the overall redistribution of workload within the practice.

64% of service delivery in place across 50 of 53 practices

CTAC services is principally led and delivered by a nursing workforce; duties include, phlebotomy, basic disease data collection and biometrics, such as blood pressure measurement, chronic disease monitoring, the management of minor injuries and wound dressings, suture removal, and other locally determined nurse led clinical responsibilities.

Scoping indicated the CTAC requirement for Fife would be 3.5 hours of phlebotomy per 1,000 patients and 6 hours of nursing per 1,000 patients. Comprising of both registered and non-registered staff, the CTAC workforce currently sits at 93.06 WTE.

CTAC is being delivered over two phases. Phase one is progressing well with ongoing recruitment and with services delivered across a combination of both Practice based and Hubs. Whilst room availability has been an issue in some practices, a large amount of work has taken place to create additional capacity, both within Practices and Health Board facilities. Phase one has seen approximately 64% of the originally scoped service now in place, including clinical responsibilities such as simple and complex wound dressing, doppler assessment, suture/clip removal, with current monthly performance activity being around 15,364 attended appointments. Phase two, is progressing the more locally determined responsibilities agreed following locality feedback, such as foot screening and leg ulcer assessment clinics. Joint working with individual general practices helped determine current CTAC requirements and supported understanding of how these have changed since the original scoping in 2018.

As part of Phase two delivery and in line with MoU2, synergies between CTAC and the vaccination service are being explored to ensure the most effective utilisation of the available workforce with a working group established to consider and progress this.

CTAC Objective	**S**	The CTAC workstream will ensure provision of a 52 week per year full allocation of CTAC cover with backfill to all general practices
	M	Qualitative: all 53 general practices will have access to appropriate practice population level CTAC services either in practice or via hub delivery; Quantitative: activity levels will provide clear measure
	A	As per MoU2: Synergising of the CIS workforce with CTAC with ongoing CTAC recruitment of band 3 and band 5 staff. Implementation of a local scheduling HUB to allow effective and efficient patient access in booking CTAC appointments in alignment to vaccination appointments
	R	Reflects the MoU2 directive to consider how CTAC and Vaccination services could be aligned to produce pace and efficiency in the transformation of services; Supports the intention of the national and local workforce plans to develop and extend roles in the pursuit of improved recruitment and retention. Aligns to the Primary Care Strategy priority - 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
	T	Aim of full synergy between CTAC and CIS with full CTAC services in place by March 2024.

Pharmacotherapy

Pharmacotherapy is the third of the three priority services for implementation within MoU2; redirection of prescribing related activity, such as polypharmacy reviews and serial prescribing to this service will directly impact on the release of GP time. Outcome measures to define process measures and patient outcomes for the Pharmacotherapy Service have now been agreed by the National Pharmacotherapy Strategic Implementation Group. Work is underway to enable national data collection and monitoring. Due to lack of nationally agreed directions, it is not currently possible to quantify the extent of implementation in place nor the endpoint service delivery expectation.

53 of 53 practices have aspects of Pharmacotherapy in place.

As outlined In MOU2, Pharmacotherapy delivery includes: managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing, which should be principally delivered by pharmacy technicians, pharmacy support workers, managerial and administrative staff. In tandem, pharmacists are required to focus on medication reviews for high-risk medicines and high-risk patients, to provide safe and effective patient-centred care.

Changes to operational delivery models and development of the pipeline for registered pharmacists and pharmacy technicians require several years' development time. There are concerns locally and nationally regarding availability of qualified staff, with a projected shortfall of 1000 pharmacists in Scotland by 2025.

The Fife team has moved to a more flexible recruitment model to maximise benefit, as well as realigning NHS primary care funded roles to funding under the primary care improvement fund, thus giving additional capacity, and mitigating the impact of current vacancies. There has been ambitious recruitment of trainee pharmacy technicians across the Pharmacy and Medicines Directorate, which will create a pipeline of pharmacy technicians from 2023 onwards.

The skill mix of the team is being optimised with the expansion of the Medicines Management Support Workers (MMSWs) team. In providing this additional resource it will ensure primary care pharmacy continue to provide a consistent and safe service delivery that prioritises population needs through a person-centred accessible pharmacy service.

Pharmacotherapy Objective	**S**	Optimisation of the skill mix, capability, capacity, and roles of pharmacy staff to enhance patient care and reduce risk at transitions of care for patients with complex health and medication needs.
	M	Qualitative: Improvement in staff recruitment and retention through development of varied roles and use of skill mix. Quantitative: 52-week access to service for all GP practices; pharmacists' clinical sessions to deliver high risk medicine reviews
	A	Develop, plan, and evaluate a Medicines Management Support Worker model to undertake medicines reconciliation
	R	Aligns with national and local workforce plans whilst continuing to improve recruitment and retention and optimisation of skill mix. Reflects the Primary Care Strategy priority - 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
	T	Pilot of Phase 1 enhanced support worker role evaluated by December 2023 to inform wider rollout

Urgent Care

The focus of the Primary Care Improvement Plan locally is on In-Hours Urgent Care (IHUC) needs; the original model for this service in Fife was to provide Advanced Nurse Practitioners (ANPs) to support on-the-day work within care homes, and to support in home visiting consultations on behalf of the GP; these activities were viewed as causing the most disruption to care planning in

42 of 53 practices have allocated ANP hours.

GP practice and would result to directly impact a substantial release of the GPs time. The initial stage of implementing the GMS contract was the introduction of 18 ANPs across Fife. While Care Home appointed ANPs were to take over both ward rounds and acute care in the homes, the GP ANPs were to provide a home visit service for all the practices in their cluster. GPs felt strongly that this would be the most equitable way to share the ANP resource.

Most ANPs recruited are trainees, and so require between 18 months and two years to complete their university modules and gain their post-graduate diplomas (PG Dip). This long lead-in time, coupled with a younger proactive population with reduced need of home visit support across certain practices, has resulted in some of the clusters reconsidering the model they wish to use, with most ANPs now working directly in GP practices, seeing urgent on-the-day cases. Due to the need for equity across all practices, ANPs are required to share their time across three or four GP practices.

The overall PCIP IHUC workforce initially scoped is fully recruited to at 18.8 WTE, including trainee ANPs and administrative support, however there is no backfill in place to ensure the desired continuous 52-week service delivery. To provide clusters with a more resilient and consistent urgent care service, the fully scoped model requires 40 WTE Urgent Care Practitioners (ANPs) and 7 WTE Advanced Paramedic Practitioners (APPs). Presently, an additional 10 WTE ANPs are being funded separately to the PCIP to support Care Home delivery and practices where there is identified sustainability pressure.

Further guidance is expected from the National GMS Oversight Group on the expectations of delivery of this commitment, with consideration to the wider system redesign of urgent care work.

S	Provide an allocation of In-Hours Urgent Care ANP hours to every GP practice in Fife	
M	All 53 practices will have a minimum of two sessions of ANP time per week	
A	With the imminent arrival of new trainees (all of whom are at least part-qualified) the team will increase in numbers, and consist of staff who can all contribute to providing a service to the practices immediately	
R	With the challenges around GP recruitment, the In-Hours Urgent Care ANPs are vital to the provision of safe and effective healthcare and in supporting direct release of GP time to focus on complex patient healthcare needs. Aligns with the Primary Care Strategy priority - 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	
T	Job offers are being made, and with relevant university modules running year-round, the new trainees will be in a position to contribute fully to the service within the year	

Urgent Care Objective

Additional Professional Roles

Additional professional roles provide first contact services to patients without the need to be seen by or referred by the GP, with a direct causal effect in releasing GP time, these additions to the practice multidisciplinary team (MDT) include Musculoskeletal Physiotherapists and Community Mental Health Nurse.

Musculoskeletal (MSK Physiotherapists)

The endpoint MSK delivery model of 19WTE General practice MSK Advanced Practice Physiotherapists (GP APPs) was based on national benchmarking, which estimated one GP APP to 20,000 practice population over 42 weeks per year. National evidence demonstrates the value of GP APPs in facilitating

27 of 53 GP Practices have allocated GP APP hours.

reallocation of GP time towards more complex non-MSK cases. The GP APP can independently assess, diagnose, request and follow-up investigations, provide first line management, optimise self-care, and refer patients to secondary care where appropriate.

1WTE MSK Physio: 20,000 Patients		
Full Access	**Partial Access**	**No Access**
Dunfermline Cluster: 1:35,150	Cowdenbeath Cluster: 1: 41,473	Kirkcaldy Cluster
Levenmouth Cluster: 1: 18,328	South West Fife Cluster: 1: 29,250	
	Glenrothes Cluster: 1: 55,243	
	North East Fife Cluster: 0.25: 80,90	

Table 1: Current allocation of MSK Physiotherapy across the 7 clusters as of August 2023

The GP APP Service has been received positively within general practice; within the first six months of implementation, 98% of patients rated their experience with the service as 'very good' or 'excellent'. This experience has been maintained in subsequent data collections, with the most recent data capture via the Care Measure being rated at 95% for 'very good' or excellent across all clusters with an allocated resource in place. 99% of patients are appointed to face-to-face consultations for their first point of contact with the GP APP, which can be suggested underpins the high user satisfaction rating through early engagement, sinister pathology screening and preventative/self-management approaches. Owing to the limited national pool of physiotherapists, a staged approach to achieving the 1:20,000 model was agreed to avoid destabilising the wider Physiotherapy Service within Fife.

MSK Physio Objective	**S**	Provide 42-week access to progress/widen reach to MSK Physiotherapy assessment at first contact in General Practice as an alternative to GP ANP in all practices within 5 existing clusters, a step towards equity across Fife; It is important to advise this will not allow for any backfill at this time
	M	32 Practices will have access to MSK GP APP via practice; KPI analysis and data collection will provide measure, this is an increase in 7 practices, from previously 25 practices with access across these clusters.
	A	Recent appointment of 1.7 wte additional workforce recruited, will enable an additional 14 sessions within existing clusters to provide full cluster access, however this will be below the level of 1:20,000 set within original model
	R	Reflects steps towards original model and aligns with the Primary Care Strategy priority to transform services with a new focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system
	T	Implementation by December 2023

Mental Health Nurses

Within Fife the model of delivery approved was to establish a Mental Health Triage Service delivered by Mental Health Nurses within general practice, releasing GP time directly through the redirection of patients at point of contact towards the Service. The resultant Mental Health Triage Nurse (MHTN) Service would provide first point assessment of patients presenting with a mental health problem, provide patient-centred exploration of the problem to engage self-care and decision making at an early point and to support next steps and follow-on care as appropriate.

53 of 53 practices have allocated MHTN hours.

The initial model was to provide 14WTE MHTN posts, based on delivery of 10 hours per week per 7,500 practice population with the addition of 1WTE Team Leader post.

Following the recent impact of the global pandemic, as documented across the country, increased need for mental health therapeutic interventions is also being experienced within the adult population of Fife. This is resulting in a widening gap between primary and secondary care provision, as a result the MHTN service has been required to re-evaluate and prioritise patient need, with pressure on the current MHTN delivery model to provide increasing numbers of appointments and more therapeutic interventions to individual patients. There is also an increased reliance on the MHTN to provide support, education, and liaison between primary and secondary care.

Six GP clusters have been funded with 12.3WTE MHTNs and 1WTE Team Leader through the PCIF, though not to a full 52-week service delivery level; the remaining cluster was funded by 2 WTE MHTNs through the allocation of Action 15 funding, further additional funding to support practices experiencing sustainability issues, has resulted in a total of 18.07 WTE MHTN in place. However, although the service has embedded well into practice and has been received positively by both the MDT and patient group, patient demand continues to challenge service capacity.

<table>
<tr><td rowspan="5" style="writing-mode: vertical-lr">Mental Health Nursing Objective</td><td>**S**</td><td>To provide a direct referral pathway from Primary Care Mental Health Mental Health Nurse (PCMHN) to the Decider Skills Platform.</td></tr>
<tr><td>**M**</td><td>Quantitative: Evaluate impact on accessibility of early intervention and the reduction in referrals/rejected referrals completed by GPs to secondary care allowing GPs to see patients with more complex needs.
Qualitative: measurable outcomes of the benefits for patients through evidence-based screening tools</td></tr>
<tr><td>**A**</td><td>Engage with The Decider Skills stakeholders to allow access to the online Deciders Skills Platform and provide necessary decider skills training to the PCMHNs</td></tr>
<tr><td>**R**</td><td>With redesign and alignment with the Community Mental Health Teams and the increased acuity of trauma informed care needs, accessing appropriate and timely therapeutic care within primary care would allow those who otherwise would not meet the secondary care criteria to participate in an evidence-based therapy. This resource is vital for early intervention, improving care navigation and supporting the direct release of GP time to focus on complex patient healthcare needs. Aligns to the Primary Care Strategy priority - 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</td></tr>
<tr><td>**T**</td><td>The delivery of a psychological therapy in primary care will meet a known gap in care delivery, this aim is this new pathway will be in place by February 2024</td></tr>
</table>

Community Link Workers

Community Link Workers are now one of the core services available through GP practices in Fife. They help reduce demand on primary care and divert people to the right sources of support within the community; their impact can be both direct and indirect in the release of GP time.

53 of 53 practices with access

They also work to address health inequalities created by deprivation, protected characteristics, geography, and demographics.

There are 7 Health and Social Care Partnership Link Workers funded through Action 15 monies "Link Life Fife" (LLF). The service is for anyone 18 and over in Fife who is reaching out to their GP or other health professional within Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being. With initial contact following referral set at a target of 3 days and the first face to face meeting at 10 days, at present there is 72% attendance following referral from general practice.

In addition, there are currently 4 Fife Forum Local Area Coordinators (LACs) posts funded via the PCIF. The LAC resource works like other early intervention and preventative mental health local initiatives, consolidating what is already in place, making connections within and across primary care, health, community, and the social care system, joining up good practice whilst building trust and working in an enabling manner for the benefit of the patient.

LACs and Link Workers can support people to access housing, benefits, and financial assistance, as well as supporting access to training and employment routes, and supporting connections to community groups and community mental health supports.

CLW Objective	**S**	Improve communication with primary care colleagues to increase awareness of Link Life Fife and therefore increase the number of referrals
	M	Qualitative: Evaluate impact of quarterly SWAY, sent to all Primary Care referrers; Quantitative: A 10% increase in referrals from Primary Care
	A	Engage with stakeholders to promote and increase referrals
	R	Aligns with Fife's Population Health and Wellbeing Strategy and the Local Health Improvement Plan, in the aim for improved collaboration and joined up working. Aligns with the Primary Care Strategy priority - Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities
	T	Aim to increase referral rates by December 2023

The 3 Key Enablers – Progress and Priority Outcomes

Premises

The Scottish Government and SGPC recognised the impact of managing and maintaining general practice buildings and supported a long-term shift that would gradually move towards a model which does not presume GPs own their practice premises. Measures include interest-free secured loans, known as GP Sustainability Loans, to be resourced through the GP Premises Sustainability Fund. These loans are available to all GP owned premises and are <u>not</u> an indication of any difficulties in sustaining delivery. Following approval in July 2021, NHS Fife has since taken on the lease for one health centre and made significant progress towards agreeing the terms for another. An additional four practices have been registered as requesting to transfer. Current progress includes the addition of 41 new consultation rooms, with a further 23 in the pipeline for 2023/24: 13 refurbished consultation rooms and 62 additional admin spaces, with a further 4 in the pipeline for 2023/24. A priority outcome of The Primary Care Strategy supports a commitment towards ongoing improvement of premises through:

"Development of a sustainable primary care asset base to support the effective provision of primary care services" whilst also stressing*: "Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale."*

Information Sharing

The new GMS contractual provisions in Scotland supported reducing the risk to GPs of being sole data controllers of the GP patient record by clarifying respective responsibilities along with their contracting NHS Board. This allowed for increased lawful, proactive, and appropriate sharing of information amongst professionals working within the health and social care system for the purposes of patient care. Locally, increased remote access to GP IT systems has supported further development of workstream models, increasing capacity and activity without the need to be based within the GP Practice, also allowing opportunities to establish centralised hub delivery models for more efficient use of resource. A priority outcome of The Primary Care Strategy supports a commitment to further embed and improve systems and methods for robust information sharing, stating:

"Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support."

Workforce

The purpose of the National Workforce Plan for Health and Social Care is to enable better local and national workforce planning to support improvements in service delivery and improvement design. This includes plans for recruitment, training and development of specific professional groups and roles. The Fife Workforce Strategy lays out the local intention and key priorities for delivering on this plan, with one key theme that resonates throughout primary care, and the overarching strategic direction for Fife:

"We will develop pathways that set out career progression, succession planning and retention to support our workforce that is representative of the communities we serve and continue to develop integrated services in the hearts of our communities."

A priority outcome of The Primary Care Strategy further commits to continuous workforce development with the aim of ensuring:

"The right people are employed to support the needs of the local population" whilst also aiming for*: "Increased control over workload due to increased efficiency, skill mix, education and resourcing."*

Refreshing the Objective

Considering the pause in progress of the Primary Care Improvement Plan experienced during the pandemic and the impact of the pandemic on the health and therefore needs of the population, the GMS Implementation Group commenced a period of exploration to understand the current position and identify key steps in the recovery and progression of the MoU2 priorities towards implementation to full completion, whilst also stepping up activity around the wider service delivery.

The journey to review, re-establish and refresh the objectives of the GMS Implementation Group pivoted on a collaborative multi-disciplinary led workshop event held in late January 2023; the outcome of this supporting direction setting of priorities for the Primary Care Improvement Plan throughout 2023 to 2024.

Figure 8: Pictures captured at the PCIP workshop event - Jan 2023

Recognising the Gaps

In recognising the progress that has occurred, there is also recognition that gaps do remain in the implementation of the Primary Care Improvement Plan, with four predominant but multi-faceted challenges impacting each of the six workstreams:

- The projected resource required versus available including funding and workforce to fully implement the plan.
- Readiness of staff at the point of recruitment with the appropriate skills and competencies.
- Fair distribution of available workforce across individual practices.
- Transitioning aspects of service delivery into business as usual whilst continuing to develop the endpoint delivery model.

Resetting the Local Priorities

There was acknowledgement across the workshop group that although there was marked progress in the transformation of services to support implementation of the GMS Contract objectives, the programme was off track in meeting the desired end point. With an altered landscape from that which we set out with in 2018/2019, it was recognised that the local cluster priority setting and service ranking against the PCIP of that time no longer fully reflects the current health requirements across the clusters.

Recognising external factors impacting on delivery of the PCIP, such as the national allocation of funding, increased health needs and reduced workforce availability, A position was agreed on the key priorities for focus and delivery for 2023 to 2024.

The primary MoU2 deliverable to progress the three main services to full implementation whilst continuing to develop and maintain the other MoU services, would remain the core priority of the GMS Implementation Group. However, underpinning this would be a commitment to three further priorities that were acknowledged as being key in moving forward together in a transparent, collaborative approach.
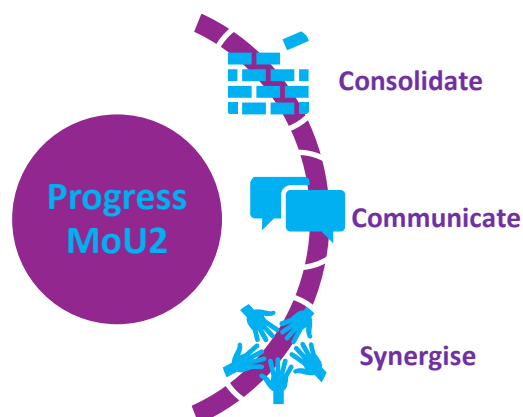
Figure 9: Key priorities identified from the PCIP workshop event - Jan 2023

Key Priority #1 – Consolidate Considerable workshop discussion centred on the challenges of most matured services being unable to provide a 52-week service delivery model; concern lay in the inconsistency and unpredictability of delivery due to the absence of backfill within the workforce.

Key Priority #2 – Communicate the group recognised the need to enhance and improve communications with wider stakeholders, to openly share decisions, progress, and challenges in the implementation of the Primary Care Improvement Plan.

Key Priority #3 – Synergise In recognition of the resource challenges described throughout the PCIP 23/24, the group agreed the need to explore synergies in and across the workstreams to identify efficiencies that might release resource and capacity and to focus on what can be achieved within the existing resource.

The Primary Care Strategy acknowledges the obligation of NHS Fife and Fife HSCP to support implementation of the MoU and MoU2 priorities and values the additional identified local priorities. The Strategy fully recognises the need and value of workforce redesign in primary care and the importance of developing a strong multi-disciplinary team within general practice, yet also recognises the challenges of the available financial and workforce resources in meeting this ambition and is transparent in its advocacy for:

 "Careful optimisation of all resources to maximise distribution and spread of services to meet local needs."

The PCIP accounts for this position through a value-based measured approach within the 2023 to 2024 delivery plan, to first stabilise service already in place in the provision of appropriate person-centred care, then establish incremental improvements to achieve the best possible outcomes within the current available resource, distributing services equitably to support fulfilment of a thriving and resilient primary care.

MISSION	To deliver the priorities of MoU2 by achieving the transformational goal of completion of implementation of VTP, Pharmacotherapy and CTAC services in line with local projections and objectives agreed in partnership		
VISION	To provide effective, equitable, consistent high quality person-centered primary care services to the people of Fife		
	Consolidate	**Communicate**	**Synergise**
Objectives	Stabilise the workforce for services already in place to provide consistency in service delivery together with better integration and improved coordination ensuring the patient experience is one of quality. Work towards completion of the MoU2 priorities with services fully embedded, resilient, and sustainable within primary care. Deliver a workforce model in alignment with the HSCP workforce strategic priorities	Improve frequency, quality, and channels of communication with all stakeholders. Share decisions, progress, and challenges in the implementation of the PCIP and encourage active constructive dialogue. Connect and communicate with patient groups/ service users to support understanding of the modernisation of general practice and what to expect when accessing primary care. Understand the impact of the changes for both the workforce and the patient group being solution focused to any areas of unintended negative impact.	Enhance the effectiveness and realise efficiencies of the workstreams by recognising commonalities for co-delivery together with optimisation of the skill mix, capability, capacity, and roles of the PCIP workforce.
Actions	• Confirm the level of services in place across each practice/ cluster; • Establish root cause of inconsistencies in service delivery ensuring solutions to manage these; • Explore and implement solutions to provide backfill; • Maximise recruitment & training opportunities; • Review original benchmarking and agree projections for the future in partnership; • Review service delivery models to maximise effectiveness and efficiencies; • Maintain focus on high-quality, safe, and effective person-centered delivery;	• Develop a robust Fife wide communication and engagement plan; • Communicate targeted and more effective messages; • Incorporate mechanisms for routine updates to general practice and support a reciprocal information flow between key stakeholders; • Create communication tools to reach a wider audience; • Identify key messaging and appropriate media delivery platforms to share information; • Conduct a full EQIA across the entirety of the implementation of the PCIP; • Link with localities to ensure regular updates on progress and encourage active dialogue	• Deliver against CTAC and CIS synergies to support CTAC to full transformation (March 2024); • Explore shared resource and co-location opportunities; • Optimise pathways in and between services for improved transitions of care; • Build and nurture partnerships to maximise reach; • Deliver efficiencies where coproduction opportunities exist; • Produce effective methods of reporting;
Period	April 2024	January 2024	April 2024
Alignment with the Primary Care Strategy	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	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	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

Monitoring and Review

The Primary Care Improvement Plan, Delivery Plan provides details of specific actions against the timeframe of the current year 2023-24, which support the implementation of the key priorities established.

The delivery of the individual actions will be monitored by the GMS Implementation Group. Progress will be reported together with any potential issues or risks in meeting the objectives as set, with appropriate escalation where mitigation cannot be identified to meet the appointed timeframe.

The GMS Contract Implementation Group will report directly to the HSCP Senior Leadership (SLT) Team bi-monthly through the already established HSCP Project Management Office Transformation dashboard. A full written report will be presented to SLT in November 2023 to coordinate with the Scottish Government tracker report. This will then be presented to the Qualities and Communities Committee, whilst updates will be provided to the Primary Care Strategic Oversight Group through the current bi-monthly flash reports.

A full review of the planned implementation will be conducted in advance of setting the priorities for 2024-25.

Revision History

Document Title:	**Primary Care Improvement Plan 2023-2024**		
Document Owners:	Lisa Cooper Head of Primary and Preventative Services	Document Author:	Fiona Duff Primary Care Transformation Programme Manager
	Dr Helen Hellewell Deputy Medical Director	Version Control	V.2.1
Date Approved:		Review Date:	

Appendix 1: Strategic Alignment

PRIMARY CARE PRIORITIES 2023-26

The changes we need to make	What will success look like?	Where do we want to be in 2026
We will recover and transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system.	Individual wellbeing and outcomes are optimised through building enabling relationships with people and focusing on continuity of care, supported self-managements and asset-based approaches	More seamless pathways between primary care, secondary care, third and independent sectors, underpinned by a system and place-based approach with the person engaged and involved in their care when possible.
We will embed and accelerate digital solutions to support recovery and underpin transformation of primary care.	An environment that is more supportive of digital health innovation to improve and enhance care delivery	Digital solutions will be embedded and underpin the care delivery models
We will contribute to improving population health and wellbeing and reducing health inequalities	Primary Care Services recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health, and actively support a reduction in the inequalities of access to care.	A localities-based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers
We will work in partnership to develop an integrated Workforce Plan to support the capacity and capabilities required across all Primary Care Services	Our primary care workforce is extended, more integrated, and better co-ordinated with community and secondary care.	A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.
We will improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality Primary Care Services	Investment in premises and management support that enables expansion of the multidisciplinary teams within primary care to better manage demand, create capacity, and support localities to operate at scale	Services are developed and delivered at scale, with improved planning, infrastructure, delivery, and person-centred practice that supports individuals and communities

Table 2: Extract of the Strategic Plan for Fife 2023-26 showing the Primary Care Priorities across the 3-year period.

NHWO3
People who use health and social care services have positive experiences of those services, and have their dignity respected

NHWO5
Health and social care services contribute to reducing health inequalities

NHWO8
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide

NHWO9
Resources are used effectively and efficiently in the provision of health and social care services

PHP3
A Scotland where we have good mental health

PHP5
A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Table 3: National Wellbeing Outcomes & Public Health Priorities to which the PCIP is specifically aligned.

Appendix 2: Top three cluster priorities extracted from Fife HSCP Primary Care Improvement Plan 2019

CLUSTER	PRACTICES	PATIENTS	PRIORITY 1	PRIORITY 2	PRIORITY 3
South West Fife	5	39,911	Mental Health Nursing	MSK Physio	Urgent Care (ANP)
Dunfermline Area	7	69,701	Pharmacotherapy	Mental Health Nursing	MSK Physio
Cowdenbeath/ Lochgelly Area	5	41,473	Mental Health Nursing	Urgent Care (ANP)	MSK Physio
Kirkcaldy Area	11	65.650	Pharmacotherapy	Mental Health Nursing	CTAC
Glenrothes Area	7	55,010	Mental Health Nursing	MSK Physio	Urgent Care
Levenmouth Area	5	39,000	Urgent Care (ANP)	MSK Physio	Mental Health Nursing
North East Fife	13	75,528	Mental Health Nursing	Urgent Care (ANP)	Pharmacotherapy

Table 4 Top 3 cluster priorities; list size & population extract (www.opendata.nhs.scot, n.d.) Cluster priorities extract from Fife HSCP PCIP 2019

Appendix 3: Population Demographic and *SIMD within the 7 Fife Clusters

South West Fife Cluster

13.6% of the Fife population reside in this area

21.2% are aged 65 years or above

24.1% live within SIMD 1&2

6% population decrease is predicted by 2036

50% increase is expected in the older adult population by 2036

Cowdenbeath/Lochgelly Area Cluster

11% of the Fife population reside in this area

18.8% are aged 65 years or above

68.8% live within SIMD 1&2

5% population increase is predicted by 2036

45% increase is expected in the older adult population

Dunfermline Area Cluster

15% of the Fife population reside in this area

17.7% are aged 65 years or above

27.5% live within SIMD 1&2

29% population increase is predicted by 2036

69% increase is expected in the older adult population by 2036

Kirkcaldy Area Cluster

16% of the Fife population reside in this area

20.5% are aged 65 years or above

46.9% live within SIMD 1&2

18% population increase is predicted by 2036

38% increase is expected in the older adult population by 2036

Glenrothes Area Cluster

14% of the Fife population reside in this area

20.1% are aged 65 years or above

54% live in SIMD 1&2

4% population increase is predicted by 2036

46% increase is expected in the older adult population by 2036

Levenmouth Area Cluster

10.2% of the Fife population reside in this area

21.7% are aged 65 years or above

71.8% live in SIMD 1&2

2% population decrease is predicted by 2036

39% increase is expected in the older adult population by 2036

North East Fife Cluster

20% of the Fife population resides in this area

22.5% are aged 65 years or above

5.6% live in SIMD 1&2

9% population increase is predicted by 2036

27% increase is expected in the older adult population by 2036

*SIMD – Scottish Index of Multiple Deprivation looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime, and housing. It is made up of several data zones, expressed as SIMD 1,2,3,4, and 5; the lower the data zone number the higher levels of deprivation are in existence. The number of people living within SIMD 1&2 are good indicators of deprivation levels within an area.

Appendix 4: PCIP Spend 2022 – 2023 and Forecast 2023 – 2024

All figures in £000s		2022-23 Spend	2023-24 Forecast
Primary Care Improvement Plan Services	**Category**	**Total**	**Total**
Vaccination Transformation Programme	Staff Costs	1,588	1,537
	Non-Staff Costs	174	124
Community Treatment and Care	Staff Costs	1,852	2,231
	Non-Staff Costs	352	197
Pharmacotherapy	Staff Costs	3,261	4,200
	Non-Staff Costs	22	70
Urgent Care	Staff Costs	1,045	1,596
	Non-Staff Costs	69	49
Additional Professional Roles (MSK Physio & Mental Health Nursing)	Staff Costs	1,510	1,813
	Non-Staff Costs	50	63
Community Link Workers	Staff Costs	120	120
	Non-Staff Costs	0	0
Other (back scanning etc)	Staff Costs	0	0
	Non-Staff Costs	1,621	950
Total Expenditure		11,664	12,950

Appendix 5: Primary Care Improvement Plan Implementation Tracker

Primary Care Improvement Plan Implementation Tracker	Model Type	Number of Practices with access	Percentage of Practices with access
Vaccination Transformation Programme			
Pre-School – Practices covered by service	Hub	53	100
School age – Practices covered by service	In-school/Hub	53	100
Out of Schedule – Practices covered by service	Hub	53	100
Adult immunisations – Practices covered by service	Hub	53	100
Adult Flu – Practices covered by services	Hub	53	100
Pregnancy – Practices covered by service	Via Maternity Services	53	100
Travel – Practices covered by service	Pharmacy	53	100
Community Treatment and Care			
General Practice Phlebotomy	In-Practice	53	100
Chronic Disease Monitoring	In-Practice	50	94
CTAC treatment services, suture removal etc	In-Practice/Hub	50	94
Pharmacotherapy			
Level 1: Authorise/action acute prescribing requests	In-Practice/Remote	53	100
Level 1: Authorise/action repeat prescribing requests	In-Practice/Remote	53	100
Level 1: Authorise/action hospital discharge letters/outpatient letters	In-Practice/Remote	53	100
Level 2: Medication review (more than 5 medicines)	In-Practice/Remote	TBC	
Level 3: Poly Pharmacy reviews and specialist clinics	In-Practice/Hub	TBC	
Urgent Care			
Practice based urgent care appointments		42	79
External appointments, e.g., home visits		42	79
Musculoskeletal Physiotherapy			
Practices with MSK Physiotherapy services in practice		27	50.9
Mental Health Nursing			
Practices with Mental Health Nursing support services in practice		53	100
Community Link Workers			
Practices with access to CLW via referral		53	100
Note: Although 100 percent of practices may have access to a service the level of this access can vary considerably			

Appendix 6: Glossary of Terms

Term	Definition
ANP	Advanced Nurse Practitioners
APP	Advanced Paramedic Practitioner
CIS	Community Immunisation Service
CTAC	Community Treatment and Care
CQL	Cluster Quality Lead
Docman	Document Management
EMIS	Electronic Management Information System
EQIA	Equality Impact Assessment
FVCV	Flu Vaccine Covid Vaccine
GMS	General Medical Services
GMS IG	General Medical Services Implementation Group
GP	General Practitioner
GP ANP	General Practice Advanced Nurse Practitioners
GP APP	General practice Advanced Practice Physiotherapist
GP IT	General Practice Information Technology
HSCP	Health and Social Care Partnership
IHUC	In Hours Urgent Care
IJB	Integrated Joint Board
LAC	Local Area Coordinators
LLF	Link Life Fife
LMC	Local Medical Committee
MDT	Multidisciplinary Team
MHN	Mental Health Nursing
MHTN	Mental Health Triage Nurse
MMSW	Medicines Management Support Workers
MoU	Memorandum of Understanding
MSK	Musculoskeletal
NHWO	National Health and Wellbeing Outcomes
NRAC	National Resource Allocation formula
PCIP	Primary Care Improvement Plan
PCIF	Primary Care Improvement Fund
PCMHN	Primary Care Mental Health Nurse
PG Dip	Post Graduate Diploma
PHP	Public Health Priorities
PQL	Practice Quality Lead
NHS	National Health Service
SG	Scottish Government
SGPC	Scottish Government Primary Care
SIMD	Scottish Index of Multiple Deprivation
SLT	Senior Leadership Team
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound
UC	Urgent Care
VMT	Vaccination Management Tool
VTP	Vaccination Transformation Programme
WTE	Whole Time Equivalent

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Governance Journey

The **Primary Care Improvement Plan (PCIP)** for 2023-2024 has been moving through a comprehensive governance journey. Following review at each committee or group, feedback is being collated to support continuous quality improvement in the delivery intentions of this plan and to provide guidance in review and future development of the 2024-2025 PCIP.

Governance Feedback

Quality Improvement	Status
Identify person-centred outcome impact	Routine patient/service user feedback is being sought via workstream reporting
Identify value-based care impact	A deep dive review will be completed across the delivery models to provide assurance of a person-centred approach

Implementation Progress

Communication Plan – In Progress

- Regular Flash Reports from workstreams where feedback from service users, general practice and delivery staff is captured.
- Development of a public webpage explaining the purpose of the PCIP and focusing on the changing delivery of local services.
- Dovetailing messaging with ongoing and overlapping issues and campaigns, including local and national campaigns such as - Right Care, Right Place, Winter Ready, Redesign of Urgent Care.
- Quarterly newsletters to general practices and other key stakeholders, sharing progress updates, focusing a spotlight on services, and encouraging readers to provide feedback to inform the implementation moving forward.

Consolidation – In Progress

- Work commenced to understand the backfill requirements across all services.

Synergise – In Progress

- From January 2024, Band 3 Health Care Support Worker Vaccinators will transfer to Community Treatment and Care for 8/9 months of the year to undertake Chronic Disease Management support, returning to Vaccinations to support the annual winter programme.
- A plan to support effective deployment of administration and staff registrants is also being scoped.

Other Feedback

"It was the first time someone was showing me that they were helping and that I can trust. Your help has been invaluable." "It might just be the most life changing thing to have happened" Community Link Worker Service User

"Great to see my Practice is providing a service which can support early intervention and prevention. I feel more in control as I have more knowledge and exercises to assist me going forward. Thank you for such a positive experience" MSK Physiotherapy Patient

"I have nothing but the highest praise for her. She explains everything clearly and also listens to my opinions. We then discuss together the way forward. She has very good people skills, and because of this, I always feel at ease and comfortable…. for these reasons, this service has been good for me." Care Opinion feedback from Community Treatment and Care Service User

NHS Fife

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 9 November 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 report 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
- Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:
- 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 August, although there are some measures with a significant time lag and a few which are available up to the end of September.

2.2   Background

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

We have now transitioned to the Annual Delivery Plan for 2023/2024. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events 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 2023/2024 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets are being devised for 2023/2024.

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 (6.91% in August)
PDPR	Monthly	55%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1   Quality, Patient and Value-Based Health & 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 September IPQR will be available for discussion at the meeting on 9 November 2023.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 October 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

None

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Position (where applicable) at September 2023
Produced in October 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. **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals.

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

e. **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

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

Prepared by:

MARGO MCGURK
Director of Finance & Strategy
16 October 2023

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**		

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

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.

b. Indicator Summary

Section	Indicator	Target 2023/24 (2023/24 TBC)	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Aug-23	31	Within	▲	▲	grey	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Aug-23	48.4% (amber)	No SPC	▼	▼	grey
	HSMR	N/A	Year Ending	Mar-23	0.96	No SPC	—	—	grey
	Inpatient Falls	6.95	Month	Aug-23	6.70 (green)	Within	▲	▼	grey
	Inpatient Falls with Harm	1.44	Month	Aug-23	1.36 (green)	Within	▲	▲	grey
	Pressure Ulcers	0.89	Month	Aug-23	0.77 (green)	Within	▲	▲	grey
	SAB - HAI/HCAI	18.8	Month	Aug-23	14.0 (green)	Within	▼	▼	amber — QE Jun-23
	C Diff - HAI/HCAI	6.5	Month	Aug-23	3.5 (green)	Within	▼	▲	red — QE Jun-23
	ECB - HAI/HCAI	33.0	Month	Aug-23	38.4 (red)	Within	▲	▼	green — QE Jun-23
	S1 Complaints Closed in Month on Time	80%	Month	Aug-23	42.6% (red)	No SPC	▼	▼	amber — 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Aug-23	11.1% (red)	Within	▼	▲	amber — 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Aug-23	10.9%	No SPC	▼	▲	grey
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0% (green)	No SPC	◄►	◄►	grey
	4-Hour Emergency Access (A&E)	95%	Month	Sep-23	73.3% (red)	Within	▼	▲	amber — Aug-23
	4-Hour Emergency Access (ED)	82.5%	Month	Sep-23	65.0% (red)	Within	▼	▲	amber — Aug-23
	Patient TTG % <= 12 Weeks	100%	Month	Aug-23	41.0% (red)	No SPC	▼	▼	amber — Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Aug-23	44.7% (red)	No SPC	▲	▼	amber — Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Aug-23	47.2% (red)	No SPC	▲	▲	amber — Jun-23
	Cancer 31-Day DTT	95%	Month	Aug-23	90.6% (amber)	Within	▼	▼	amber — QE Jun-23
	Cancer 62-Day RTT	95%	Month	Aug-23	77.1% (red)	Within	▼	▼	amber — QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6% (amber)	No SPC	▼	▲	red — 2020, 2021
	Freedom of Information Requests	85%	Month	Sep-23	86.5% (green)	No SPC	▲	▲	grey
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Sep-23	10.7%	No SPC	▼	▲	amber — QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Sep-23	6.7% (red)	Within	▼	▲	green — QE Dec-22
	Antenatal Access	80%	Month	Aug-23	81.8% (green)	No SPC	▼	▼	amber — CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	Month	Sep-23	(£15.868m)	No SPC	—	—	grey
	Capital Resource Limit Performance	£11.551m	Month	Sep-23	£2.278m	No SPC	—	—	grey
Staff Governance	Sickness Absence	4.00%	Month	Aug-23	6.91% (red)	Within	▼	▼	amber — YE Jun-23
	Personal Development Plan & Review (PDPR)	55%	Month	Sep-23	41.3% (red)	No SPC	▲	▲	grey
	Vacancies - Medical & Dental	N/A	Quarter	Jun-23	9.6%	No SPC	▲	▼	grey
	Vacancies - Nursing & Midwifery	N/A	Quarter	Jun-23	11.4%	No SPC	▲	▲	grey
	Vacancies - AHPs	N/A	Quarter	Jun-23	8.3%	No SPC	▲	▲	grey
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	YTD	May-23	44 (red)	No SPC	—	—	green — YT Dec-22
	CAMHS Waiting Times	90%	Month	Aug-23	69.4% (red)	Within	▼	▼	amber — QE Jun-23
	Psychological Therapies Waiting Times	90%	Month	Aug-23	64.8% (red)	Special cause (red)	▼	▼	amber — QE Jun-23
	Drugs & Alcohol Waiting Times	90%	Month	Jun-23	82.8% (red)	No SPC	▼	▼	amber — QE Jun-23
	COVID Vaccination (Winter, Age 65+)	85%	Month	Sep-23	6.1%	No SPC	—	—	grey
	Flu Vaccination (Winter, Age 65+)	85%	Month	Sep-23	8.9%	No SPC	—	—	grey
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-23	93.8% (amber)	Within	▲	▼	amber — QE Jun-23
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-23	89.8% (amber)	Within	▲	▼	red — QE Jun-23

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

SPC Key
- ○ Within control limits
- ● (red outline) Special cause variation, out with control limits
- ● (grey) No SPC applied

Change Key
- ▲ "Better" than comparator period
- ◄► No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key
- ● (green) Upper Quartile
- ● (amber) Mid Range
- ● (red) Lower Quartile
- ● (grey) Not Available

c. Projected and Actual Activity

		Month End			Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Jul-23	Aug-23	Sep-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%		71.8%	73.1%	74.6%			
	Actual	64.7%	66.5%	71.3%		69.0%	72.2%	65.0%			
	Variance	-3.2%	-2.6%	0.7%		-2.8%	-0.9%	-9.6%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363	15,363
	Actual	4,640	4,985	4,768	14,393	5,048	5,422				
	Variance	-481	-136	-353	-970	-73	301				
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	7,565	7,340	7,432	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225	6,414	7,942				
	Variance	-1,481	211	186	-1,084	-1,151	602				
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	1,144	1,144	1,145	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403	918	1,294				
	Variance	-181	65	103	-13	-226	150				
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	94	79	63	63	10	0
	Actual	164	171	171	171	152	165				
	Variance	24	49	62	62	58	86				
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	0	0	74	74	212	352
	Actual	0	0	1	1	1	2				
	Variance	0	0	1	1	1	2				
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	213	276	339	339	849	1358
	Actual	73	92	85	85	117	186				
	Variance	-4	5	-65	-65	-96	-90				
Long Waits TTG > 104 weeks	Projected	17	15	16	16	21	43	67	67	173	351
	Actual	14	15	20	20	20	20				
	Variance	-3	0	4	4	-1	-23				
Long Waits TTG > 78 weeks	Projected	99	128	159	159	203	258	305	305	547	893
	Actual	79	88	84	84	99	127				
	Variance	-20	-40	-75	-75	-104	-131				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%	17.0%	14.0%				
	Variance				-15.0%						
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%	1.9%
	Actual	0.0%									
	Variance				-1.9%						
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%	4.3%
	Actual	15.2%									
	Variance				-4.3%						
Cancer Waiting Times 31-Day	Projected				93.8%				94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%	94.7%	90.6%				
	Variance				2.7%						
Cancer Waiting Times 62-Day	Projected				81.9%				82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%	77.9%	77.1%				
	Variance				-4.4%						
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%		85.0%	85.0%	70.0%			
	Actual	85.3%	84.8%	76.2%		71.0%	66.5%				
	Variance	0.3%	-0.2%	-8.8%		-14.0%	-18.5%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	230	218	228	228	235	200
	Actual	249	268	224	224	201	179				
	Variance	36	59	8	8	-29	-39				
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	113	133	98	98	42	0
	Actual	43	48	70	70	82	90				
	Variance	-28	-41	-46	-46	-31	-43				
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%		65.2%	65.1%	73.5%			
	Actual	56.2%	58.5%	55.5%		53.4%	54.3%				
	Variance	-11.3%	-10.9%	-10.6%		-11.8%	-10.8%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	1408	1497				
	Variance	560	714	572	572	520	609				
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1625	1591	1569	1569	1680	1604
	Actual	1128	1136	1173	1173	1227	1260				
	Variance	-266	-439	-487	-487	-398	-331				
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	201	183	165	165	111	57
	Actual	248	286	273	273	262	262				
	Variance	-7	49	54	54	61	79				

d. Assessment

STAFF GOVERNANCE

To improve staff experience and wellbeing — 2 — | 2 | - | - | - | ◀▶ Moderate

			Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*		**4.00%**	**6.91%**

Sickness absence has increased from 6.63% in July to 6.91% in August 2023, just above the average of 6.48% for the displayed 24-month period. Short-term absence has increased from 2.8% in July to 2.91% in August 2023. There has been an increase in long term absence from 3.83% In July to 3.99% in August 2023. Most sickness absence episodes and hours lost related to mental health reasons for absence. (33.8%)

One Directorate; Community Care, has a sickness absence rate above 8% for the fourth successive month of 2023.

The Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. The uptake of training has been high which has led to additional sessions being offered and bespoke sessions arranged. Responding to the analysis of our absence trends, this refreshed programme incorporates a range of support packages available to help support staff's mental health, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. Further training initiatives continue to be considered, including rolling out 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. An updated Promoting Attendance Panel process has been implemented across NHS Fife and the HSCP. A multifactorial review in relation to attendance continues within HSCP.

Following a successful pilot, a stress management programme will be rolled out to other areas. The programme utilises the HSE Talking Stress Toolkit and Stress Management Standards to initiate dialogue, leading to the development of action plans to address stress in the workplace. The Occupational Health & Wellbeing Service continue to monitor management referrals, which enables targeted support particularly in relation to Mental Health and Musculo-skeletal absence. There has also been a rise in neurodiversity-type conditions and additional supports for managers in this area is being explored.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*		**55%**	**41.3%**

Compliance has increased to 41.3% in September, the highest reported since inclusion in IPQR, an increase of 0.1% from month prior.

Compliance was highest in HSCP, Complex and Critical) at 55.6% whilst in Acute Services, WCCS was at 51.6%.

Two areas showed compliance of <30% - Corporate (29.7%), Emergency Care (24.4%)

The number of reviews held in September remained at 353, the third highest count in the 18 months available data displayed.

Performance remains at approximately half of the national standard of 80%

The level of engagement during September remains the same as that of August (353) which means that the trajectory to achieve the 80% target will not be achieved within this performance year. To support sustainable improvement and reflect service activity patterns it is proposed that we re-set our aim to look to achieve the full 80% by end of 24/25. An interim target of 55% is proposed by end March 2024 with 80% to be achieved by March 2025.

All PDPR reports have now been issued to managers and work will now begin to identify areas where high levels of engagement can be celebrated or where additional support may be required. Due to a new system development introduced by NES associating O365 email with Turas accounts, the launch of the Appraisal eLearning module has been delayed. This pause was to allow implementation of the development and to ensure learning materials are updated to reflect this change. The launch of the eLearning is now planned for late October 2023.

	Target	Current
Vacancies	*Reduce the number of vacancies in the following professions:*	
	Medical & Dental (M&D)	**9.6%**
	Nursing & Midwifery (N&M)	**11.4%**
	Allied Health Professionals (AHPs)	**8.3%**

Medical & Dental WTE vacancies decreased from 35 in March 2023 to 30.2 in June 2023 (11.1% to 9.6%). The largest % of vacancies is within General Psychiatry.

WTE vacancies within **Nursing & Midwifery** has decreased for the last 3 quarters, 622.5 in December 2022 to 507.7 in June 2023 (12.9% to 11.4%). 72% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022. The largest number of vacancies is within Physiotherapy and Occupational Therapy.

Bank & Agency Programme established and initial aims including revised escalation process have been delivered with the main challenge being funding for the Staff Bank Consolidation. This has delayed the implementation plan of the Staff Bank with all other workstreams are in place. A paper will go to EDG late October and then the Bank and Agency Programme Board thereafter for approval of the business case to allow progression of the project. Refinements to Workforce Dashboard to support Programme are in train.

Modern Apprenticeship numbers for HCSW in Nursing & Midwifery identified with expansion of the programme built into the next financial year. Resource gap is being addressed to support national work representation and anchor strategy commitments. Further work has been completed to identify plans in relation to Employability work associated with our Anchor Strategy. Finalisation of Employability Officer role has been completed with recruitment to commence in Q3.

Internal recruitment reporting established both internally and externally. We await to hear of any further Scottish Government funding for 2024/25 and have appointed the 17 postholders we had funding for to date.

Business as usual proposals for eRostering Programme have been developed and are to be considered by EDG.

Successful pilot and subsequent roll out of pre-employment module across NHS Fife with last business area going live 1st November 2023. Formal evaluation not yet completed, but feedback to date positive, noting ease of use and demonstrating improved efficiency and transparency in the process.

e. Performance Exception Reports

Sickness Absence *To achieve a sickness absence rate of 4% or less*	Performance 6.91%

Local Performance (sourced from East Region Workforce Dashboard)

National Benchmarking (sourced from SWISS)

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	5.19%	6.26%	7.43%	7.98%	7.26%	6.85%	6.97%	5.84%	7.00%	5.86%	6.03%	5.35%
Scotland	5.54%	5.73%	6.17%	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%	5.87%

Key Deliverable	End Date
Off track / At risk / On track / Complete / Suspended	Proposed

Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025		Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Area Partnership Forum	Nov-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Staff Governance Committee	Nov-23
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities	Mar-24
	Review of Action Plan to inform development of 24/25 aims	Mar-24
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.		Jan-24
Key Milestones	Review and retention of bank and admin fixed term contracts	Jan-24
	Review of OH provision as part of Directorate service change proposals completed	Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources	Mar-24

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

Performance 41.3%

Local Performance
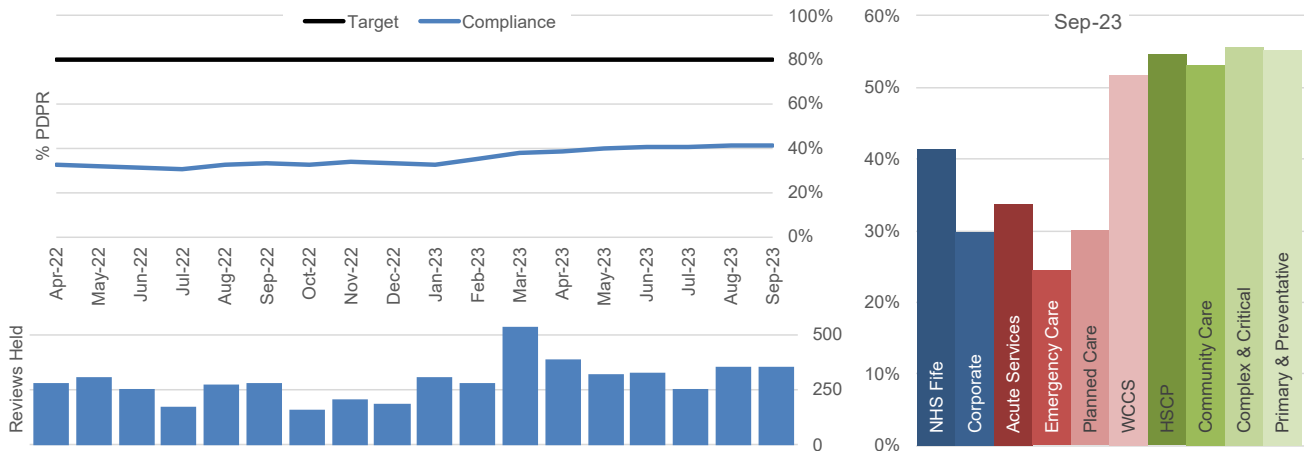
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%
Corp.	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%
Acute	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%
HSCP	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed
Create and Nurture a Culture of Person-Centred Care						**Mar-26**
Key Milestones	Development of Leadership Development framework completed					Mar-24
	Review of OD function delivery as part of Directorate service change proposals completed					Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed					Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered					Mar-24

STAFF GOVERNANCE

Vacancies

Medical & Dental
Reduce the number of Medical & Dental vacancies

Performance 9.6%

Local Performance

Jun-23
- Others (10 specialties) 10
- General psychiatry 9.9
- Emergency medicine 4
- Paediatrics 4

Nursing & Midwifery
Reduce the number of Nursing & Midwifery vacancies

Performance 11.4%

Local Performance

Jun-23
- B87+ 22.2
- Bd 2 to B4 137.3
- Bd 5 to B6 348.2

AHPs
Reduce the number of AHP vacancies

Performance 8.3%

Local Performance

Jun-23
- S&LT 3
- Radiology 6
- Dietetics 6
- Podiatry 7.8
- Physiotherapy 21.7
- Occupational Therapy 18.4

Key Deliverable	End Date
Off track	At risk	On track	Complete	Suspended	Proposed

Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Dec-24
Bank & Agency Programme Board established, and project plan developed	Apr-23
Plans delivered to exit off contract Agency use	Jun-23
Escalation Process revised to reflect Agency utilisation changes	Jun-23
Bank Consolidation proposals finalised, and implementation commenced	Mar-24
Bank Model changes fully in place and operating as Business as Usual	Mar-24

Key Milestones

Delivering Anchor Institution workforce aims - Promoting employability priorities		Mar-25
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24

Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		Mar-27
Key Milestones	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Jan-24

Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes		Mar-24
Key Milestones	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of online Workforce information overview accessible within NHS Fife	Oct-23
	Review of Workforce Analytics as part of Directorate service change proposals completed	Sep-23
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Oct-23
	Develop proposals for business-as-usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24

Development of improved digital processes i.e. online pre-employment and management referrals programmes		Dec-25
Key Milestones	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Staff Governance Annual Monitoring Return 2022/2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

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

2. Report Summary

2.1 Situation

As previously advised, NHS Fife submits annually a Staff Governance Annual Monitoring Return (the "Return") to the Scottish Government.

The 2022/2023 exercise followed the streamlined approach taken for 2021/2022. The Scottish Government have identified Board information, that supports compliance with the Staff Governance Standard, to minimise questions asked and avoid duplication.

2.2 Background

The Staff Governance Monitoring Return is submitted annually to evidence achievement against this strand and to show that systems are in place to identify areas of concern and that action plans are in place to show how improvements are being made to maintain NHS Fife as an exemplary employer.

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 Annual Monitoring Return 2022/2023 has been prepared incorporating feedback from the Area and Local Partnership Fora and other key stakeholders and the return has been produced with their involvement outwith the formal governance meetings and there has been continued engagement with staff side colleagues in the populating of the draft return.

The populated Return which will be signed by the Chair of the Staff Governance Committee and Employee Director will be finalised for submission to the Scottish Government by Monday 4 December 2023 is attached at Appendix 1 to this report.

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

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

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and 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

Completion of the Annual Staff Governance Monitoring Return 2022/2023 was undertaken through the Local Partnership Fora, 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 Executive Directors Group and the Staff Governance Annual Monitoring Return 2022/2023 has been developed, in partnership.

2.4 Recommendation

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

- **Consider** the content of the Staff Governance Annual Monitoring Return for 2022/2023, subject to making any further amendments, the Chair of Staff Governance Committee and the Employee Director will approve the final return prior to submission to the Scottish Government by 4 December 2023.

3. List of Appendices

Appendix 1 – Staff Governance Standard National Annual Monitoring Return 2022/2023

Report Contact:

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

STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2022-2023

Monitoring Strand	Questions	Response
Overarching – Staff Experience and Engagement	The Health and Social Care Staff Experience Report 2022 was published on the 16 November 2022. **Please confirm your 3 key areas identified in response to your Board Staff Experience Report and progress on actions to address these.**	**Please confirm your 3 key areas identified in response to your Board Staff Experience Report and progress on actions to address these.** NHS Fife has continued its work to build engagement in iMatter and we were pleased to see our response rate increase in 2022 after the work undertaken in partnership to promote the completion of the questionnaire stage. Through taking a more collaborative approach to iMatter between NHS Fife and Fife Health & Social Care Partnership (HSCP), including adapting resources and materials to include both logos and language used to be more inclusive. We developed our iMatter Action Plan in collaboration with the Local Partnership Fora. Our Area Partnership Forum continues to lead on the organisation wide assessment of our Board Staff Experience Report. We ran a dedicated workshop session in September 2022 to review the output of the iMatter exercise and the following 3 areas were identified as focus for action:

- **Involved in Decisions Related to My Organisation**

  The Area and Local Partnership Fora have been promoting their work both organisationally and through our Acute & Corporate and Health & Social Care Partnership areas to ensure that staff are aware of work being undertaken on their behalf and have the chance to raise key issues to ensure actions are taken. The Health & Wellbeing of our Staff has continued to be a key theme and work in partnership through our Wellbeing Group has supported piloting of the Health & Safety Executive Management of Stress at Work Risk Assessment and Talking Toolkit. The findings of this work have been very encouraging and have been endorsed by the Area Partnership Forum for further roll out across the organisation.

- **Trust In and Visibility of Board Members**

  We have continued to develop our proactive Board engagement activity with a programme of visits to work locations across Fife arranged to allow Board Members and Executive Directors to be visual. Our new Chair has also been keen to promote the work of the Board and provide regular updates of its work to staff. To support this aim we introduced a new Bitesize Briefing to give staff more information on the Board meeting discussions.

- **Confidence in Management of Performance**

  The Executive Director Group and Area Partnership Forum have been promoting the theme of performance management as part of our remobilisation efforts. Initial focus has involved a commitment to improving our core

		training activity levels and this has been monitored with actions to achieve a positive trajectory to achieve our target levels in 2023/2024. The next phase of improvement is to promote our Personal Development Planning & Review (PDP&R) completion, looking at actions to ensure we build and sustain this activity across the organisation. Monitoring of PDP&R has been introduced within our overall organisational performance monitoring as part of our regular governance cycle.
Overarching – Culture and Values	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. **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**. Developing meaningful iMatter action plans enable continuous improvement.	**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**. During the initial 8-week period of the Action Planning stage we delivered on-line Manager Team Action Planning information sessions. These sessions provided an overview of how to effectively manage team action planning meetings and promote compassion, collaboration and inclusion within the team. We continued to deliver communication messages via our internal Stafflink platform and via direct e-mail messages, promoting the value of meaningful iMatter Action Plans and the benefits they offer to individual teams, services and NHS Fife. Some actions taken include a workshop held on compassionate leadership to all reports to the Senior Leadership Team within the partnership. Within each session, time was taken to focus on interpersonal working and collaboration, recognising the need to demonstrate values within the HSCP Strategic Plan, which includes kindness. We are delivering our first Systems Leadership Programme, which features interpersonal behavioural coaching for the

| | | senior leaders from across the HSCP, Third, Independent, Acute, Pharmacy and Public Health agencies. The programme also features an interactive session on compassionate and trauma-informed leadership.

From a professional wellbeing perspective, training has been offered to managers on compassionate leadership by colleagues in NHS Fife to complete Trauma Informed Level 1 training.

Acute Services Senior Leadership team have pop up briefings which are advertised on StaffLink to engage regularly with the workforce on topical matters.

Throughout the year, our Local Partnership Forum Co-chairs and extended Senior Leadership Team members visit services and teams across the Board, to listen to the voice of our workforce, demonstrate a compassionate and systems leadership approach. These visits, and a host of other articles, photographs, and insights, are shared through our weekly updates, Monthly Team Update, Director Briefs which always includes a message of compassion and kindness to connect with our workforce. |
|---|---|---|
| | **2. Please give an example of how the Board has supported managers to encourage team engagement in this process.**

iMatter offers an opportunity for staff to help influence and shape initiatives to enhance staff experience.

3. What engagement and practical assistance have you undertaken as a Board, to encourage | **2. Please give an example of how the Board has supported managers to encourage team engagement in this process.**

Prior to the Manager Team Confirmation stage, communication messages were distributed via our internal StaffLink platform and via direct e-mail messages. As well as informative and supportive information, this also included the provision of a Manager Pack containing guidance and promotional materials to support a manager throughout the |

	and assist all staff to complete the iMatter questionnaire.	entire survey period and to offer guidance in supporting their team members. We increased support to managers to improve engagement, which included a joint communication strategy, targeted iMatter roadshows and attendance at team meetings.

Named contacts were available to support managers throughout the iMatter process.

During the Manager Team Confirmation stage, we provided on-line Q&A sessions where managers could drop in and ask any questions they had, resolve any issues they were experiencing when confirming their teams and request additional support, as required.

Regular communications were issued throughout the Questionnaire period encouraging managers to monitor their team response rate and promote the value of engaging in the questionnaire within their teams.

3. What engagement and practical assistance have you undertaken as a Board, to encourage and assist all staff to complete the iMatter questionnaire.

Prior to and during the questionnaire period, regular communication messages were distributed via our internal StaffLink platform. These messages were encouraging and positive and provided key information to staff about iMatter. We also delivered daily iMatter roadshow events over the 3-week questionnaire period in locations throughout NHS Fife and the HSCP, which provided the opportunity for members of staff to spend time with the iMatter team to ask questions, resolve any problems they may have had (incorrect e-mail |

		address, change of survey response method etc.) or receive assistance in accessing and completing their questionnaires in a confidential and supportive environment. Leaflets were created at the request of our staff side colleagues within the HSCP and distributed, explaining what iMatter was and why it was important for staff to complete, and targeted at staff classed as 'hard to reach' e.g. home carers, care home staff. Regular e-mails and communication through internal systems were used to encourage engagement, including videos from Directors. Teams with low uptake from the previous year were identified and support was targeted at those teams to encourage uptake.
Well Informed	The 2021-22 returns offered a wealth of evidence about communication improvements and good practice that could be shared between Boards. **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**.	**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.** Ensuring staff are well informed is a priority for the Board. This is provided through the weekly briefs throughout 2022/2023. Based on feedback from staff to ensure that content remains fit for purpose and meets staff members' needs, we have: • A monthly briefing, which includes the third and independent sector and demonstrates the continuing work of teams and services across the whole partnership. Each month has a guest editor where members of the

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		Senior Leadership Team highlight their services and support a shared understanding beyond the portfolios people work in.
		• Pop Up Briefing sessions across Acute services.
		• Bite size briefings to provide staff with more information on the work of the Board.
		• Monthly Strategic Updates from the Chief Executive, all published on StaffLink and in an all staff briefing e-mail.
		• StaffLink user area now live where staff have access to a variety of super helpful user guides.
		• Quarterly Acute Directorate Performance reviews in different areas talking to staff first-hand about issues and challenges.
		The Local Partnership Fora are kept up-to-date with regular reports in relation to the financial position, attendance, and health and safety. The joint co-chairs update also provides the opportunity for any co-chair to raise matters with the Forum on issues that have arisen since agenda setting or papers being issued.
		StaffLink remains the core internal communications channel – providing the latest organisational and #TeamNHSFife news, alongside access to documents and guidance. Over the last year, we have worked extensively to review and revise content. This work continues on an on-going basis. Alongside this, a wide range of developments have been undertaken to enhance and support the user experience including single sign-on, an improved search function, the introduction of a news carousel to increase visibility of key news items, and user reactions to support and encourage staff engagement with newsfeed content. In addition, a number of backend enhancements have provided further support to admins across

		the organisation, whilst improved analytics are assisting in the evaluation of campaigns etc. We continue to work closely with Blink to take forward a range of other development to support our users. The Weekly Update provides a useful summary of key news content and internal campaigns published on StaffLink over the previous week. Alongside this, the TEAM update provides a monthly strategic update from the Chief Executive and also focuses on key staff information and internal campaigns. Both updates are published on StaffLink and are also sent as an all-staff e-mail. The StaffLink User Area is now live. Staff will have access to a variety of super helpful user guides that cover topics, such as: • Accessing StaffLink and Turning on Single-Sign-On • Overviews on Key StaffLink Features • StaffLink Contact Information • Advice for StaffLink Admins • Helpful StaffLink User Hints and Tips

| 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 | **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.**

NHS Fife explored alternative ways to raise the awareness of career opportunities, recruit new talent, and promote NHS Fife as an employer of choice during 2022/2023. Initiatives included:

• Engaged with schools and careers fairs through in-person and virtual platforms.
• Strengthened relationships and scoped opportunities with a variety of key partners, charities, and educational establishments, as well as other partners, such as the MCR Pathways mentoring scheme which we plan to support.
• We have been working closely with local education providers and internal colleagues to establish internship and apprenticeship programmes in support of staff development and progression, as well as recruitment to new posts including Graduate Apprenticeships.
• Our collaborative efforts with Fife Council's employability team resulted in the establishment of employability pathways, such as the Kickstart Scheme; where we recruited and developing 12 young people in a variety of entry-level roles. 7 of these individuals remain employed within NHS Fife.
• By outlining our current support provision and planned opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee, we are further demonstrating NHS Fife's commitment as an Anchor Institution and employer of choice. |

		• We recruited a Graduate Information Analyst through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES. **2. Please confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2023** 37.9% of staff had signed off appraisals on TURAS as at 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.	**1. Please provide an example of how your Board is ensuring that partnership reflects new ways of working and ensures staff involvement.** NHS Fife has undergone significant changes in relation to HCSW roles. Joint working between staff side and management has supported the introduction of a Band 4 Assistant Practitioner role within nursing across the Board, as well the progression of Band 2 staff to Band 3 through a national wide review of job descriptions and roles and responsibilities, changing the skills mix across the workforce. To engage with the workforce both the introduction of the new Band 4 Assistant Practitioner role and the national review of Band 2 / Band 3 we held roadshows, developed Q&A's and drop-in sessions for the workforce. The Board would not have been able to achieve as much as it has in the past year without the active involvement of all of our staff. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible

	• 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.**	without the support of those staff and their Trade Unions and Professional Organisations. There is commitment to ensure close trade union and staff side engagement in the transformation work being progressed, meaning our staff's voice is core to how this work is developed and delivered. There are examples of strong partnership working where the voice of staff has shaped developments and decisions within services such as the palliative care service redesign and the National Treatment Centre – Fife Orthopaedics. The Local Partnership Fora are engaged in all strategy developments that have implications for the workforce. This means the voice of the Local Partnership Forum (LPF) is actively sought ahead of the presentation of strategies and there is opportunity for the LPF Co-chairs to share views. Partnership working is inherent in everything that the LPFs do, the Co-chairs of the LPF are a key member of the Senior Leadership Teams. This means that Partnership is always present at the first suggestion of organisational change and development. This approach supports early engagement and joined-up working to ensure that staff are always supported and well informed. The LPF works hard to ensure that staff are involved in decisions. This is supported through a very deliberate communications approach which includes newsletters, visible walkabouts and visits by the Co-chairs of the LPFs as well the cascade of an annual report which highlights the work of the LPFs. Partnership working can be evidenced through various examples, such as winter flow workshops to ease hospital pressures. The staff side Co-chair of the LPF attended these workshops and heard first-hand how staff were feeling and

		also worked positively with staff on solutions and plans to improve the overall site position. **2. Please advise how this process has been communicated and implemented within the Board.** The Board communicated and implemented this through discussions at our Partnership meeting, Local Partnership Fora and Area Partnership Forum. Operational queries are managed through existing service structures channels, links with the HR Operational Teams, Agenda for Change Partnership Group and HR Policy Group. Any interpretation queries would be escalated from the AfC Partnership Group to the Area Partnership forum, as required.

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
		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
		
		<table><tr><td>Raised at Early resolution</td><td>Raised at Formal</td></tr><tr><td>Data is not held centrally as cases are progressed by local managers.</td><td>5</td></tr></table>

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	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.**	**2. What is your Board doing to encourage early intervention and ensuring that your managers are skilled in having these early conversations?** The Workforce Directorate delivers policy training, in partnership, where early resolution approaches are encouraged, where appropriate to the case, and the HR Operational team encourages early resolution approaches to managers via management team meetings and when providing guidance and support with these issues. For example, a communication, agreed in partnership, has been issued to the workforce to highlight the various early resolution approaches that can be taken to address Bullying & Harassment issues, encouraging managers and staff to utilise these when Bullying & Harassment issues arise. **3. Please provide an example of action taken to support diversity in development towards leadership roles.** NHS Fife has had two learning / sharing sessions on the development of their mentoring scheme with colleagues from the NHS Lanarkshire EMEN network, with a view to establishing a similar scheme within NHS Fife. Unfortunately, the Co-chair of NHS Fife's DEN network resigned to take up a post with NHS Lothian and we need to secure the engagement of another Chair, with a view to relaunching our network, which has been inactive over the past year. The NHS Fife Equality Lead has also been attending the National NHS Staff Networks Co-ordinators meetings, with the aim of learning from other Boards' experiences and adopt successful practises in Fife, for initiatives like supporting

development to leadership roles through utilising staff networks.

NHS Fife are also in early conversations exploring the possibilities for other staff networks for equality groups, such as Disabilities and LGBTQ+, which will aim to improve and explore development opportunities to leadership roles.

4. Please confirm that these policies are being applied consistently in your Board and describe how you seek this assurance.

The policies and TURAS Learn training modules are shared with managers with links to these within the internal communication site. These are regularly signposted within the Chief Executive regular update e-mails and newsletters. The Workforce Directorate, along with our staff side colleagues, offer regular training and support to the workforce in how to approach issues with regular signposting to the policy and supporting documents. There is discussion on these matters at Senior Leadership Team meetings, Local and Area Partnership Fora and Staff Governance Committee with regular reporting on these issues.

| 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 (spso.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 | **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.**

2. Please advise how many of these whistleblowing cases included a bullying and harassment element. |

Whistleblowing cases 1 Apr 2022-31 Mar 2023

	Number	Ongoing	Concluded	Feedback provided
Raised at Stage 1				
Resolved at Stage 1	1		1	Yes
Raised at Stage 1 and progressed to Stage 2				
Raised at Stage 2				
Resolved at Stage 2				
Cases raised anonymously	2 Anonymous and 1 Unnamed			
Total cases (at all stages)	4			

	develop a national system for recording violence and aggression incidents.	Total cases with a bullying or harassment element	1

4. Please describe the type of training and support offered that addresses different requirements in locations/teams/staff groupings/protected groups.

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.

There was only one case within the Anonymous and Unnamed concerns that featured bullying and harassment. The one Whistleblowing Concern that meets the criteria did not have that aspect within the concern.

3. Please provide evidence of steps your Board is taking to demonstrate a positive approach to responding to and addressing concerns that are raised.

Fife NHS Board have undertaken the following actions to improve awareness on how to raise a concern:

- How to speak up is a regular topic in the Chief Executive regular update e-mails and newsletters.

- We report to any lessons learned, themes identified and confirm actions are completed to the Area Partnership Forum, Staff Governance Committee and the Board to provide assurance when concerns are raised that appropriate action is taken.

- Services are also encouraged to ensure the Whistleblower is kept fully informed throughout their concern being dealt with and that they receive an outcome of actions the Board intend to take, where relevant.

	7. Please advise the number of staff who have been re-appointed to date since 1 April 2023 through Retire and Return	• Any stage 2 concerns lodged will afford the whistleblower and those involved in the complaint the opportunity to speak with the Whistleblowing Champion. • We continue to develop the page on StaffLink to encourage all different ways for staff to Speak Up and introducing new materials as developed. **4. Please describe the type of training and support offered that addresses different requirements in locations/teams/staff groupings/protected groups.** Datix reports are monitored and support offered to staff involved in incidents. Regular meetings are arranged with staff post incident to offer support and allow them to discuss the incident and any residual concerns that it may have caused. Listed below are the varying levels of training currently on offer. The training is both scheduled, to cover refresher training and planned training, but also delivered to areas who have seen a rise in incidents necessitating staff training: **1) De-Escalation Skills Workshop** This course is open to all members of staff at all levels within the organisation. **Course Aim**: to provide delegates with information designed to increase knowledge and understanding of the dynamics within situations of conflict and present practical strategies for participants to both prevent and de-escalate emotional arousal in themselves and others.

2) De-Escalation & Disengagement Techniques Training

A course for staff who come into close contact with members of the public presenting this type of risk or for staff who lone work in areas where support is not available. **Course Aim:** to provide staff with information designed to increase knowledge and understanding of the dynamics within situations of conflict and present practical strategies for participants to both prevent and de-escalate emotional arousal in themselves and others.

A range of biomechanical disengagement techniques that will allow staff to make appropriate and differing levels of response to situations where physical aggression and threat is displayed towards them.

3) Low Level Holding Techniques Training

A course for staff who come into regular, close contact with persons who present as aggressive or where it is necessary to control physical aggression as part of an overall treatment plan. **Course Aim:** to provide delegates with De-escalation skills as described above as well as the legal framework underpinning physical interventions, the medical risks of physical interventions, the actions to be taken in the event of a medical emergency and the actions to be taken following use of physical interventions. Disengagement techniques as described above.

A range of biomechanical escorting and holding techniques that will allow staff to make appropriate and differing levels of response to reduce and control risks in situations where physically aggressive behaviour is being displayed towards

staff or others in the clinical environment. (For example: medicine of the elderly)

4) Two-Day Restrictive Interventions Course

A course for staff who come into regular, close contact with persons who present as highly aggressive or resistant where it is necessary to control extreme physical aggression as part of an overall treatment plan. (For example: Mental Health or Security Service staff.) **Course Aim:** to provide delegates with De-escalation skills as described above as well as the legal framework underpinning physical interventions, the medical risks of physical interventions and excited delirium, the actions to be taken in the event of a medical emergency and the actions to be taken following use of physical interventions. Disengagement techniques as described above. Escorting and holding techniques as detailed above.

Additionally, this course covers management of a seated subject, a subject whose resistance has placed them upon the floor and a subject who is attempting to kick staff.

Level of course attended is agreed with the area manager / team leader in discussion with the Violence & Aggression Advisor.

5. Please provide an example of an action taken to encourage staff to report violence and aggression through local Datix, or equivalent, system.

All of the above courses encourage staff to report violence and aggression through the Datix system, as well as reminding

them that they can, if necessary, report any incident to Police Scotland.

Staff are also aware that through training events and interactions with staff that the Director of Property and Asset Management is available to offer support outwith the clinical management structure, to offer both support and advice, for example having recently been approached by a consultant who was regularly facing verbal abuse and hostility that was racially motivated and was unsure as to how to escalate their concerns regarding this behaviour.

6. Please describe how you have addressed these challenges to ensure that all staff have access to emergency period products in the workplace.

In March 2022, arrangements were made in partnership with Facilities, HR and Staff Side colleagues for the roll out of emergency period products within our workplace WCs and within all public WC facilities within NHS Fife. This was endorsed by EDG and our APF and supported by a communications campaign. Bespoke containers, approved by Infection Control, are in use throughout NHS Fife. Regular monitoring takes place to ensure that supplies are maintained.

7. Please advise the number of staff who have been re-appointed to date since 1 April 2023 through Retire and Return

96 individuals have utilised the Retire and Return provisions, commencing their new assignment between 1 April 2022 and 31 March 2023.

| 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. | **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.**

We have taken the opportunity with this question to provide an update on some on-going activity we are progressing over the current financial year and will provide updates in a future Annual Monitoring Return.

We have developed plans to recruit to a new Associate Director of Wellbeing, Culture and Leadership within the Workforce Directorate to accelerate our work around organisational leadership, culture, and learning. This new post holder will lead on the creation of a NHS Fife Leadership Framework, this will enable a greater focus on how we develop our leadership, organisational culture, and wellbeing.

We have created a Systems Leadership Group with the first meeting held in October 2023, which was extremely positive. The focus on this will be listening to views from the senior teams to explore how meaningfully we engage across the system to support the delivery of improvements in culture and how we are collectively plan for the future needs of the population.

The return from maternity leave of our Employability Manager in January 2024 will provide increased support towards current workforce employability initiatives through planning, promoting and supporting careers events and facilitating appropriate learning experiences to support young people on their career pathway to employment and beyond. This will be enhanced by the recruitment of a Band 5 Employability Officer in this financial year and will link into the areas of focus for our new Associate Director of Wellbeing, Culture and Leadership. |

| | | In the meantime, we have re-established our participation in the Fife Regional Developing the Young Workforce Board, with refreshed engagement with our two linked High Schools, Balwearie in Kirkcaldy and Bell Baxter in Cupar. We have offered 5 internship placements to University of Dundee students for work experience later this year and are exploring opportunities for Graduate Apprenticeships with Heriot Watt University.

In addition, we are exploring the potential for NHS Fife to participate in the Life Chances - Progressive Recruitment model being implemented by Fife Council.   This sets out a revised approach to employability and recruitment which aligns with a Community Wealth Building (CWB) model to deliver the tackling poverty, economic and social benefits set out in Plan for Fife and in the Fife Partnership CWB Anchor Charter.

Whilst our formal Whistleblowing Concerns are low in numbers, we do still receive Anonymous / Unnamed concerns and whilst we treat these in line with the standards, we aim to reduce the number of Anonymous / Unnamed Concerns, where we can.

We are in the process of reimplementing the standards to allow for a triangulation of information to ensure that any concerns lodged tell a more informed story. We are promoting a "Know Who To Talk To Campaign" and updating the Staff hub information held on Speaking Up.

We have just launched a questionnaire for all involved, a letter from the Whistleblowing Champion offering to speak to those involved, as well as further FAQ's and a Terms of Reference framework for Commissioning Whistleblowing Concerns. |

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Workforce Policies Update**
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
- Local policy

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

- Safe, Effective and Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

- Well informed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued

2.   Report Summary

2.1   Situation

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

2.2   Background

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

Once for Scotland Workforce policies are developed in partnership at a national level to promote NHSScotland as a modern, exemplar employer; showcasing our core values, and

promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention.

2.3 Assessment

The HR Policy Group has reviewed, updated and re-issued the following policies since November 2022 to date:

- HR15: NHS Fife Organisational Change Policy
- HR47: NHS Fife Recruitment Policy (Appendix 10 – Risk Scoring Assessment for Disclosure Purposes)
- HR18: NHS Fife Disruption to Staff Travel Policy incorporating DL(2022)35 NHS Scotland: Interim National Arrangements for Adverse Weather
- HR24: NHS Fife Parental Leave Policy
- HR48: NHS Fife Retirement Policy incorporating DL(2022)30 – NHS Scotland National Interim Arrangement on Retire and Return

Future work of the HR Policy Group is detailed within the Workforce Policies Workplan 2021-2024, attached at Appendix 1.

The group also considers any new policies required and has commissioned some work to develop new local policies; HR50 Grief in the Workplace Policy, HR52 Agile Working Policy; and HR53 An Exit Interview Policy.

The Scottish Workforce and Staff Governance Committee (SWAG) formally approved the following workforce policies refreshed under the Supporting Work Life Balance polices on 29 June 2023:

- Flexible Work Location
- Flexible Work Pattern
- Retirement
- Career Break
- Special Leave
- Maternity
- New Parent Support
- Shared Maternity and Shared Adoption
- Parental Leave
- Breastfeeding
- Adoption, Fostering and Kinship

An interim National Menopause and Menstrual Health Policy is also now in operation and was implemented on 31st October 2023. The development of the policy is in line with the Women's Health Plan commitment to Develop a menopause and menstrual health workplace policy and will be covered at future briefing sessions.

A number of briefing sessions were held across various sites and virtually over the month of October with more scheduled for November 2023. To date, 5 Workforce Policies Briefing Sessions have taken place and 102 participants have attended these sessions. A further 2 sessions have been arranged during November 2023 and 119 participants are scheduled to attend.

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

By ensuring both national and local HR policies are compliant with legislative requirements and promote NHS Fife as a modern, exemplar employer showing case our core values and consistent employment policy and practice, complies with the Treated Fairly and Consistently strand of the NHS Scotland Staff Governance Standard.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The work experience of staff is enhanced by the application of modern, value based HR policies. The content of the HR Policies Update meets the Treated Fairly and Consistently strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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 specific individuals or groups. Consequently an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The remaining HR policies that fall outwith the scope of the Once for Scotland Workforce Policies Programme are developed and reviewed by the HR Policy Group, which is a partnership subgroup of the Area Partnership Forum. All new and amended policies are agreed by the HR Policy Group and approved by the Area Partnership Forum.

2.3.8 Route to the Meeting

This paper has been considered by the HR Policy Group as part of its development and their feedback has informed the development of the content presented in this report.

2.4   Recommendation

The Workforce Policies Update report is provided to Staff Governance Committee for **Assurance** and confirms:

- The work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and an update on the Once for Scotland Workforce Policies Programme.

3.   List of Appendices

The following appendices are included with this report:

Appendix 1: Workforce Policies Workplan 2021-2024

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

WORKFORCE POLICIES WORKPLAN 2021 – 2024

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

- Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

- Managing Health at Work (new policy), Embracing Equality, Diversity & Human Rights and Gender-Based Violence Policies

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

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR39 – Secondment Policy	October 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Secondment PIN
HR16 – Redeployment Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Redeployment PIN
HR47 – Recruitment & Selection Policy	September 2022	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Safer Pre and Post Employment Checks PIN

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR28 – Policy On The Use Of Disclosures, Rehabilitation Of Offenders And Protection From Working With Vulnerable Groups	June 2023	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Safer Pre and Post Employment Checks PIN
HR31 – KSF & PDP Policy	June 2023	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Personal Development Planning & Review PIN
HR5 – Fixed Term Contracts Policy	March 2024	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Use of Fixed Term Contracts within NHSScotland PIN

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR33 – Facilities arrangements for Trade Union and Professional Organisations Policy	July 2024	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Facilities Arrangements for TUs and Professional Organisations PIN

POLICIES FOR REVIEW Managing Health at Work (new policy), Embracing Equality, Diversity & Human Rights and Gender-Based Violence Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR36 – Policy for Dealing with Drugs & Alcohol Misuse Policy	November 2021	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Managing Health at Work PIN
HR41 – Equality, Diversity & Human Rights Policy	Under review due to changes June 2023	Policy under review – January 2023 in relation to Importance of Reasonable Adjustments in the Workplace – A Briefing Note (NHS Fife)	N/A	N/A	N/A	N/A	Embracing Equality, Diversity &Human Rights in NHSScotland PIN
HR43 – Gender Based Violence Policy	September 2023	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Gender-based Violence PIN

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

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR53 – Exit Interview Procedure	New policy	New procedure under development	**January 2024**	HR Policy Group/ Partnership Group	In progress		NHS Fife Policy
HR50 – Grief in the Workplace Policy	New policy	New policy under development	**November 2023**	Staff Health & Wellbeing Group/ HR Policy Group	In progress		NHS Fife Policy
HR52 – Agile Working Policy	New Policy	New policy under development	**March 2024**	HR Policy Group / Accommodation and Planning Group	In progress		NHS Fife Policy
HR25 – Evaluation of New Posts Covered By AfC Agreement, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject to Significant Change	Under review due to changes	Policy approved November 2020 Policy undergoing review in relation to DL2021(19) – July 2021	**May 2023**	HR Policy Group	In progress	√	NHS Fife Policy
HR15 Organisational Change Policy	March 2024	Policy approved May 2021 Policy under review in relation to PCS(AFC)2022/1 – March 2022	**January 2024**	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR37 – Professional Registration Policy	June 2026	Policy approved June 2023.	**January 2023**	HR Policy Group	Complete	√	NHS Fife Policy
HR34 – Relocation Expenses Policy	March 2024	Policy approved March 2021 Under consideration: staff from Band 5 (currently Band 6 and up) are offered relocation expenses to encourage people to join NHS Fife.	**December 2023**	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR44 – Working Time Regulations Policy	May 2024	Policy approved May 2021	**February 2024**	Head of HR	Complete	√	NHS Fife Policy

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

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR18 – Disruption to Staff Travel Arrangements Policy	June 2026	Policy reviewed in relation to DL(2022)35 – November 2022 and approved June 2023	February 2026	Workforce Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR29 – Reserve Forces Training & Mobilisation Policy	November 2024	Policy reviewed and approved November 2021.	**July 2024**	Workforce Directorate / HR Policy Group	Complete	√	NHS Fife Policy

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

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

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

POLICIES REMOVED

Policy / Procedure	Reason For Removal
HR1 – Adoption & Fostering Policy	Superseded by Once for Scotland Adoption, Fostering and Kinship Policy
HR2 – Breastfeeding and Returning to Work Policy	Superseded by Once for Scotland Breastfeeding Policy
HR3 – Management of Employee Conduct Policy	Superseded by Once for Scotland Conduct Policy
HR4 – Dignity at Work Policy	Superseded by Once for Scotland Bullying & Harassment Policy
HR6 – Dealing with Employee Grievances Policy	Superseded by Once for Scotland Grievance Policy
HR7 – Management of Capability Policy	Superseded by Once for Scotland Capability Policy
HR8 – Equal Opportunities Policy	Policy replaced by HR41 – Equality, Diversity and Human Rights Policy
HR9 – Job Share Policy	Superseded by Once for Scotland Flexible Work Pattern Policy
HR10 – Carer Leave Policy	Policy replaced by HR12 – Special Leave
HR11 – Compassionate / Bereavement Leave Policy	Policy replaced by HR12 – Special Leave
HR12 – Special Leave Policy	Superseded by Once for Scotland Special Leave Policy
HR13 – Paternity Leave	Superseded by Once for Scotland New Parent Support Policy
HR14 – Unpaid Leave Policy	Policy replaced by HR12 – Special Leave
HR17 – Covert Surveillance Policy	Policy has been removed
HR19 – Violence & Aggression Policy	No longer an HR Policy
HR20 – Management of Ill Health Policy	Superseded by Once for Scotland Attendance Policy
HR21 – Working Beyond Age 65 Policy	Policy has been removed

Policy / Procedure	Reason For Removal
HR22 – Support for Employees Experiencing Domestic and / or Sexual Abuse Policy	Policy replaced by HR43 – Gender Based Violence
HR23 – Maternity Leave Policy	Superseded by Once for Scotland Maternity Leave Policy
HR24 – Parental Leave Policy	Superseded by Once for Scotland Parental Leave Policy
HR26 – Transgender Policy	Policy has been removed
HR27 – Pandemic Flu Policy	Now a General Policy – General Pandemic Policy
HR32 – Employment Break Policy	Now called Career Break Policy
HR32 – Career Break Policy	Superseded by Once for Scotland Career Break Policy
HR35 – Whistleblowing Policy	Superseded by Once for Scotland Whistleblowing Policy
HR40 – Flexible Working Policy	Superseded by Once for Scotland Flexible Work Pattern Policy
HR42 – Consultant Sabbatical Leave Policy	Now a Medical and Dental HR Policy – MED HR7 Consultant Sabbatical Leave Policy
HR45 – Shared Parental Leave Policy	Superseded by Once for Scotland Shared Maternity and Shared Adoption Leave Policy
HR46 – Promoting Attendance Policy	Superseded by Once for Scotland Attendance Policy
HR48 - Retiring & Returning to Work Policy and HR38 – Phased Retiral Policy	Policies combined and superseded by HR48 – NHS Fife Retirement Policy
HR48 – NHS Fife Retirement Policy	Superseded by Once for Scotland Retirement Policy
HR49 – Working from Home Policy	Superseded by Once for Scotland Flexible Work Location Policy
HR49 – Menopause Policy and Guidance for Staff and Managers	Superseded by the Interim National Menopause and Menstrual Health Policy for NHSScotland
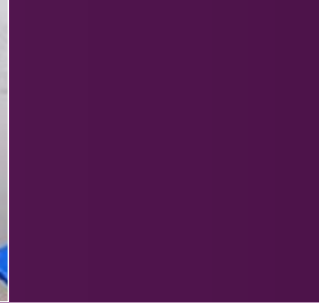
Fife Health & Social Care Partnership

Local Partnership Forum
The story of our year
Annual Report 2022-23
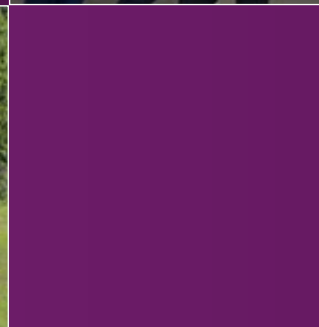
Supporting the people of Fife together

Contents

Part 1:
Our Purpose, Vision, and Values

Welcome from our Co-Chairs

Dear Colleagues,

It is a pleasure to introduce you to our third Annual Report reflecting the work of the Local Partnership Forum (LPF) in Fife Health and Social Care Partnership between April 2022-March 2023. We are privileged to work together to support all of the amazing people that work within Fife Health and Social Care Partnership and enable our commitment to a whole systems approach.

There is no doubt that this has continued to be a challenging year with ongoing unprecedented demand on services and whole system impact across the Health and Social Care Partnership, NHS Fife, Fife Council and colleagues in the Third and Independent Sectors. It is humbling to see the phenomenal care, compassion, commitment, and kindness that you, our workforce, continue to demonstrate in the most challenging of times. It is not only us that think that – it was evidenced in the Joint Inspection of Integration in Fife where your great work and values-based practice was recognised and celebrated.

This year we brought forward our Workforce Strategy which is dedicated to our people – the staff working across health and social care. The strategy recognises that we cannot achieve the Outcomes of Integration or the delivery of our Strategic Plan without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It's by working together that we will continue to progress integrating services and ensuring we care and support people in Fife.

Our strategy focuses on how we will Plan, Attract, Train, Employ and Nurture our Workforce in the coming years and this was supported by the Integration Joint Board.

We have also re-signed our Staff Partnership Agreement which governs how the LPF functions confirming our commitment to enable the Local Partnership Forum to discharge its responsibilities. In addition to inspection findings and workforce strategy we highlight the focus the Local Partnership Forum has placed on health and safety, attending, wellbeing, influencing strategy developments and areas of changing practice and transformation. We shine a light on you and the great work you do at the Integration Joint Board through the updates provided, including workforce in every report shared with the board, sharing the minutes of our meeting and including staff experience as part of the lived experience stories shared with the board. We also thank all members of the Local Partnership Forum who committed to the significant work undertaken through the forum.

A great deal has been achieved in the past year with much to be proud of and we will continue to listen to staff, champion integration and work together through the Local Partnership Forum to collectively support Fife Health and Social Care Partnership staff as we look to 2023-24.

Thank you for all you do.

Nicky Connor   **Simon Fevre**   **Eleanor Haggett**
Co-chair   Co-chair   Co-chair

Our Vision and Values

Over the past year the LPF has worked together on a range of challenging issues including recovery from Covid, service sustainability, a focus on budget and transformation, health and safety and developing our refreshed workforce strategy.

Throughout all of this work the LPF has maintained a clear focus to ensure our staff members voices are at the heart of the ongoing development of the Partnership, underpinned by our own 'vision and values':

The LPF is proactive in ensuring that work being undertaken within the Partnership recognises the individual and collective needs and best interests of our entire workforce, recognising the need for equality across the system through an inclusive mindset

The LPF help to shape any conversation by advocating for our staff in a way that improves the corporate or professional response to workforce challenges across the health and social care system

The LPF can assure the workforce that the challenges and issues they face are being addressed positively by the employers and senior leadership team within the Partnership

This report sets out the LPF's unwavering commitment to delivering on these values through our connection with the wealth of positive work being done in the Health & Social Care Partnership to celebrate the success of our workforce in delivering fantastic services day in, day out and to promote their wellbeing through a range of supports.

The Local Partnership Forum Partnership Agreement

The Local Partnership Forum Partnership Agreement document is signed on an annual basis by the LPF co-chairs. The agreement governs how the partnership functions discharging its responsibilities by:

- Advising on the delivery of staff governance and employee relations issues,
- Informing thinking around priorities on health and social care issues,
- Advising on workforce including planning and development and staff wellbeing
- Promoting equality and diversity,
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions and contributing to the wider strategic organisational objectives of the IJB.

Having reviewed the business of the LPF over 2022-23 the forum is assured that the agenda covered all of the above areas, which will be evidenced throughout this report. On this basis the LPF co-chairs re-signed the agreement.

Our Membership and Meetings

Membership

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources. There are also people who regularly attend the LPF to provide advice, reports and support the work the LPF.

Regular members and attendees to the Local Partnership Forum are:

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care - Chief Officer IJB
Simon Fevre (Co-Chair)	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Fyfe	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, H&SC
Wilma Brown	UNISON, Employee Director, NHS Fife
Lisa Cooper	Head of Primary and Preventative Care Services
Elizabeth Crighton	Project Manager – Wellbeing & Absence, H&SC
Kevin Egan	UNITE
Lynne Garvey	Head of Community Care Services, H&SC
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, H&SC
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife, British Dental Association
Rona Laskowski	Head of Complex & Critical Care Services, H&SC
Roy Lawrence	Principal Lead of OD & Culture, H&SC
Chuchin Lim	Consultant, NHS Fife (BMA)
Kenny McCallum	UNISON Fife Council
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance H&SC
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Billy Nixon	Health & Safety Manager, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Royal College of Podiatry, NHS Fife
Susan Robertson	UNITE
Morag Stenhouse	H&S Adviser, Fife Council
Audrey Valente	Chief Finance Officer, H&SC
Sharon Adamson	RCN, NHS Fife
Hazel Williamson	Communications Officer, H&SC
Susan Young	HR Team Leader, NHS Fife
Wendy Anderson	H&SC Co-ordinator (Minutes)

Meeting Dates

Meetings ordinarily take place on a 2 monthly basis to ensure there is a Local Partnership Forum within each cycle of the Integration Joint Board. The Forum increased the frequency of meetings during the pandemic and following a review in summer 2022 the Forum agreed to resume the 2 monthly cycle.

The LPF met on the following dates:
- 19 April 2022
- 11 May 2022
- 21 June 2022
- 20 July 2022
- 2 September 2022
- 16 November 2022
- 24 January 2023
- 29 March 2023

Reporting of Minutes

All minutes of the meetings are reported to the Integration Joint Board with the opportunity for the co-chairs to highlight any aspect of the meeting to the Public Board.

Local Partnership Forum: Agendas

The key issues discussed at every Forum include:
- Staff Wellbeing
- Attendance
- Service Pressures
- Health and Safety
- Finance
- Joint Chairs Update
- Items for Staff Briefing

The responsive agenda items include:
- Strategy Development e.g. workforce strategy
- Major Service Change e.g. Palliative Care Redesign
- Project Updates e.g. Near Me, Liquid Logic
- Seasonal Priorities e.g. Staff Immunisation
- iMatter
- Whistle blowing
- National Care Service

Part 2:
Our Story of the Year

The remainder of this report will tell the story of the Local Partnership Forum in 2022-23 and shine a light on the work undertaken by our amazing staff and teams and in Partnership with others.

The key areas that we will focus on are how the Local Partnership Forum has:

- Advised on staff governance and employee relation issues
- Informed thinking around priorities on health and social care issues
- Advised on workforce
- Promoted equality and diversity
- Informed approaches to strategies and the organisational objectives of the IJB

Throughout it all we will pay tribute to the great work being delivered and highlight photographs of our teams in action.

Advising on staff governance & employee relations matters

The forum now receives a regular report on Employee Relations cases and oversees actions being taken to improve timeliness of cases being concluded.

There have also been regular updates in 2022-23 on potential industrial action and involvement from staff side in any of the working groups preparing for potential industrial actions.

The Local Partnership Forum champions the voice of staff and trade union members supporting robust staff governance and employee relations in all of our work. This is further supported by a commitment from all members of the senior leadership team to engage and work with staff side and trade union colleagues in the work we progress.

Ensuring staff are well informed

Ensuring staff are well informed is a priority for the Local Partnership Forum. Part of this is through the weekly Director's Brief, which has continued throughout 2022-23.

Based on feedback from staff the following changes were made in the year to ensure that content remains fit for purpose and meets staff members' needs:

- A monthly briefing which includes the third and independent sector and demonstrates the continuing work of teams and services across the whole partnership
- Each month has a guest editor where members of the Senior Leadership Team highlight their services and support a shared understanding beyond the portfolios people work in
- The key meetings that are routinely summarised to share with staff are the Local Partnership Forum, Integration Joint Board and Extended Leadership Team.

As a standing item on the agenda, the Local Partnership Forum end every meeting agreeing any priorities to share with staff and these are included in the Director's Brief and Management Team meetings in the following weeks.

The Director's Brief also includes key information and changes that support our whole workforce being well informed. Examples in 2022-23 include changes in Covid legislation and changes in the use of face masks and physical distancing.

To support a large reach the Director's Brief is cascaded through managers and also published on "Blink" and Fife Council intranet.

Throughout the year there have also been regular joint messages from the co-chairs on key issues promoting a collaborative and joined up approach to supporting our workforce.

Part of ensuring staff are well informed is also promoting good practice and celebrating the work of our teams. This has included the Joint Inspection of Adult Services and the Inspection of Care at Home. Both of these recognised the values of our team and feedback from the people they care for about the kindness, care and compassion they experienced.

The Local Partnership Forum is kept up to date with regular reports in relation to the financial position, attendance, and health and safety. The joint chairs update also provides the opportunity for any co-chair to raise matters with the Forum on issues that have arisen since agenda setting or papers being issued.

Being involved in decisions

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations.

There is commitment to ensure close trade union and staff side engagement in the transformation work being progressed meaning our staff voice is core to how this work is developed and delivered. There are examples of strong partnership working where the voice of staff has shaped developments and decisions within services such as the palliative care service redesign, immunisation service redesign, and the implementation of 'Near Me' in social work.

The Local Partnership Forum are engaged in all strategy developments that have implications for the workforce. This means the voice of the LPF is actively sought ahead of the presentation of strategies and there is opportunity for the LPF co-chairs to share views at the Integration Joint Board meetings.

Staff are appropriately trained and developed

The Local Partnership Forum has introduced a regular report on mandatory training to ensure staff have completed the required training, which will support the safety of staff and the people we care for. This is being led through the Health and Safety Assurance Forum and covers all mandatory training. There has been an increase in mandatory training uptake over 2022-23 and this will continue to be monitored closely. There has also been a focus on leadership training for all levels of staff in the partnership.

Examples of making training more accessible includes the Mobile Skills Unit, which was out and about in Autumn last year to support our workforce by providing a safe learning environment and state of the art simulation equipment which allow a range of clinical skills education to be delivered.

Through the Local Partnership Forum we have raised feedback from staff on how training could be improved. Examples of this include training in liquid logic which is the new electronic care system being introduced.

Through the weekly Director's Brief training opportunities are promoted. This has included the range of mandatory and health and safety training, Near Me training, leadership development and change management, and a wealth of wellbeing development opportunities.

Supporting the development of current and future leaders is a priority and the Local Partnership Forum has been regularly consulted and updated on the development of leadership programmes.

The Partnership's first Systems Leadership Programme which was supported by the Local Partnership Forum was launched in March 2023. The programme creates a collaborative space for leaders to come together to learn and work together on the biggest challenges we face in the organisation. There is a focus on personal leadership through access to behavioural coaching and mentoring from the Senior Leadership Team, and collective leadership through a range of learning inputs, facilitated group work, and exercises to develop our individual and collective thinking. The first group includes representatives from all portfolios, our Third and Independent sectors, and partners in Acute, Pharmacy and Public Health – who work so closely with us in the partnership.

2022 also saw the introduction of the Partnership's new 'Coach Approach' training for managers and supervisors. A 'Coach Approach' encourages managers to listen more to their staff and support staff to reach their own conclusions and solutions rather than looking for direction. In addition to the 2-day training, those attending are also offered ongoing support through regular 'Keeping in Touch' sessions, and thematic sessions which focus on the use of a coach approach in specific situations. During 2022-23, we ran 4 courses with 51 managers across the Partnership, including Voluntary and Independent Sectors, completing the course.

The Coach Approach training was a real eye opener to the way we should be supporting others. I was able to network with other professionals and understand their way of working and challenges they face. I now feel more confident when coaching individuals and this has also helped with my own development... would definately recommend this training to everyone.

It (Coach Approach) has taught me how to ask open questions and explore things in depth with the person, allowing them to take accountability and feel they have the power to change that problem and solve it for themselves.

Workshops were designed with the aim of promoting compassionate and trauma informed services and workplaces. The workshop is open to managers and organisational leaders across NHS Fife, Fife Health and Social Care Partnership and Fife Council and Fife based third sector agencies.

Compassionate Connected and Effective teams
A training for managers and leaders

Fife Health & Social Care Partnership
Supporting the people of Fife together

A safe working environment

A standing item on the LPF agenda throughout 2022-23 has continued to be operational service pressures. At every Local Partnership Forum meeting Heads of Service provide an update on pressures relating to their area of responsibility. What was observed this year, like no other, was that the pressures did not reduce over the summer period creating impacts such as not being able to reduce the surge capacity that was created last winter and having to increase it further due to whole system pressures over this winter. The forum has valued the regular updates and opportunity to discuss and explore the implications of systems pressures for staff and have an overview of the key issues impacting on Preventative and Primary Care Services, Community Care Services and Complex and Critical Care Services.

Whilst the Covid command structure was stood down in 2022-23, the Health and Social Care Partnership has continued with daily whole system huddles using the OPEL tool to support consistent assessment and language to enable daily communication of the pressures to our staff. This ensured we were well placed to reintroduce the command structure in January and February 2023 due to the significant whole system pressures experienced in Fife as well as across Scotland. In March 2023 the focus returned to sustainability and recovery post winter. The LPF is represented at these meetings and is able to reflect the current pressures for staff.

Supporting staff with a continuously improving and safe working environment is a priority and this is supported by having Health and Safety as a standing item on every LPF agenda with representation from the advisors in Fife Council and NHS Fife as well as updates from the Health and Safety Assurance Forum. The Health and Social Care Partnership Health and Safety Assurance Forum continues to meet and reports updates to the Local Partnership Forum. The Health and Safety leads from NHS Fife and Fife Council have continued to participate in the LPF to provide contact and updates relating to both COVID and key health and safety issues like incident monitoring and RIDDOR reporting.

Feedback from health and safety colleagues has highlighted that the ability to participate directly in the LPF has been of real benefit in keeping colleagues up to date with developments and allows staff side representatives to raise any concerns from the service, enabling health and safety colleagues to hear of issues first hand.

Fife Council's HR Workforce Development Team continue to support Adult Social Work and Social Care services with learning and development opportunities to ensure all practice is underpinned by a robust knowledge, skill, and value base. Training and development provided is driven by the Services' learning needs analysis and links with the H&SCP Workforce Strategy 2022-2025, to ensure that new learning programmes align with service design and strategic priorities. Staff within Older People and Adults Assessment & Care Management Teams, Older People Residential & Day Services, Adult Services Resources, Care at Home, and Occupational Therapy Teams, continue to engage in the mandatory and optional training that is available through Oracle, which indicates mandatory and optional training.

As we emerged from Covid 19, staff have become more confident with engaging in online learning whilst also welcoming the return of 'in person' training opportunities.

In November 2022, social workers and social care staff had the opportunity to engage in the digital transformational and skills week which offered a number of bite-sized and accessible resources, e.g. presentations to help colleagues feel more confident in using technology in their work. The introduction of Digital Champions throughout various services will help enhance this learning.

This also relates to the work being progressed to support our resilience and ensure all services have up to date business continuity plans in place with updates from the resilience forum.

Promoting health and wellbeing of staff

A lot of conversations as we neared the end of Covid restrictions questioned 'what's our new normal?' However, we know that for a lot of our staff, we had worked on through the most difficult times in recent memory in the 'old normal' way – in person, face to face, health and social care delivered to those most in need when and where they needed it.

For others, we really started to emerge from the focus on coming together through online meetings to come face to face more often and reignite the human connection that only happens when we are together in a space.

The Local Partnership Forum was conscious of the need to support the differing feelings and needs our workforce had in response to these challenges by listening, thinking with staff about the best way to support them and advocating whenever we were in any forum as representatives of the LPF. Staff Health and Wellbeing is a standard item discussed at the Local Partnership Forum.

A Partnership Wellbeing Group was setup and is co-chaired the Principal Lead for Organisational Development & Culture and the Director, Fife Psychology Service. With representation across the whole Partnership including the LPF, it was established to review and analyse our current Partnership approach to the wellbeing of the workforce. The need for a forum to progress a whole system approach to staff wellbeing within Fife HSCP became more pressing given the evidence base around importance of supporting staff wellbeing.

The group will be taking forward the National Institute for Clinical Excellence (NICE) guidelines and recommendations on Mental Wellbeing at Work as an underpinning approach to developing a Partnership methodology. The Group are participants in the National Champions Network and other national groups for HSCP chaired by the Scottish Government under the Improving Wellbeing and Workforce Cultures Strategy for the Health, Social Care and Social Work Workforce, which is due to be launched soon and will be a driver to the design of Fife's Framework.

The collaboration work with Hull University described in our last report was introduced as part of our response to the issues being raised within the Local Partnership Forum and within services around our workforce's mental health and wellbeing. Our LPF co-chairs and members were involved in the decision to undertake this work with Hull University and joined the Steering Group, where they are still key members as we develop this work into 2023-24. We have also introduced 'Stress Champions' to support our workers and this project. The synergies between staff wellbeing, the stress assessment work with Hull University and developing trauma informed care across HSCP services are all being considered as key foundations of this work.
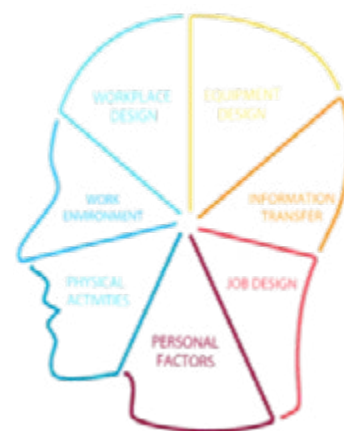
Another substantive agenda item to the Local Partnership Forum are regular reports on staff attendance and reasons for absence, with the Forum actively monitoring the real time position. Fife Council and NHS Fife HR and Project Management colleagues report to every LPF meeting to update the group on absence levels and trends. This allows in depth conversation about the issues facing our people and the work being done within the Partnership to support the workforce. This includes a focus on short and longer-term absence and the reasons for those, looking at the prevalent issues for our people, e.g. Covid, stress, musculoskeletal and how we best respond to those.

Over 2022-23 there has been a trend suggesting an improving picture in relation to long term absences. Absence still remains high in some areas and this is being regularly monitored with review and improvement panels in place.

Staff immunisation is also regularly discussed, promoted and uptake is monitored through the LPF as a supportive measure in protecting staff and the people they care for from flu and Covid.

The weekly Director's Brief includes a section on promoting staff wellbeing in every edition. These include links and access to support and online materials. A holistic approach to wellbeing is promoted and this has included a focus on financial wellbeing recognising the cost of living challenges being faced by many people in recent times. We have proactively promoted access to staff immunisation; mental health first aid, stress management and promotion of local events for the whole families, including Fife walking events and Fife Cycle Festival. Through the Director's Brief we also promote the positive impact our staff have on others and share examples of care opinion stories to help share the positive feedback that is received about our services as well as key learning.

Informing thinking around priorities on health and social care issues

Local Partnership Forum discussed the National Care Service at key points throughout the year including the publication of the Bill and presentations on progress being provided, whilst noting the pause to enable national co-production expected to last until late summer 2023.

Finance Reports are presented to each Local Partnership Forum meeting. There is also engagement with the LPF around the budget setting process and transformation priorities.

The Forum has discussed inspection outcomes including the Joint Inspection of Adult Services and the Care at Home Inspection. Within both of these inspections the excellent contribution of the workforce was acknowledged, including positive feedback on valued based practice supporting good outcomes for the people we care for.

The LPF informed discussion about the expansion of the Extended Leadership Team more widely across the Partnership to include the Third and Independent Sector and the work being progressed to support leadership development. Our LPF co-chairs are members of the Partnership's Extended Leadership Team (ELT) which meets regularly to work together on our whole system organisational design, strategy development and transformation. The ELT includes managers from every service across all portfolios. To continue the work to champion Systems Leadership within the Partnership, we have held 10 ELT Development Sessions covering a range of topics and priority areas.

In addition, we have established an ELT Teams Channel to share information before and after each development session. We have also created an 'Interactive Induction' for managers new to our ELT, which provides them with the background knowledge and information to prepare them as they become a member of this valuable, integrated team.

Welcome to our Extended Leadership Team | Review 360 (articulate.com)

In August 2022 the Extended Leadership Team for the Partnership, which includes our LPF co-chairs met for the first time face to face since the forum began during Covid. They met up in Kirkcaldy Town House and there was a real buzz around the room. We undertook our first co-design work on the refreshed Strategic Plan, which was due in 2023.

The last ELT of the year in December focused on our opportunity to influence the development of a national integrated practice model around Getting It Right For Everyone (GIRFE) where Fife is a Scottish Government Pathfinder. The outcome of this work will be reported next year as the work will complete in late 2023.

For February's session the meeting was held in Fife Renewables Innovation Centre in Methil. It was another great session and rich discussion on influencing our strategy development and priorities for unpaid carers, developing work in our localities and prevention and early intervention, all of which are priorities within our Strategic Plan.

The co-chairs of the Local Partnership Forum are also invited to all development sessions of the Integration Joint Board providing the opportunity to participate in discussion with Board Members.

Advising on workforce

This year the Local Partnership Forum was instrumental in supporting the development of the Health and Social Care Partnership Workforce Strategy and Delivery Plan. These documents outline priorities for the coming three years and were discussed and approved by the Integration Joint Board and Scottish Government and are now published on the Health and Social Care Partnership website. Unlike previous documents there is a strong focus in this strategy around Organisational Development and staff wellbeing. This supports the LPFs commitment to having a forward focus on how to Plan for, Attract, Train, Employ and Nurture our workforce. There is a workforce delivery group established which has representation from Staff Side and Trade Unions and offering advice and direction into this forum as well as at the LPF.

The Local Partnership Forum has also promoted and championed the annual iMatter survey celebrating a record 63% of health and social care staff participating in the survey and an increased number of action plans being completed. Regular updates were provided in the Director's Brief and a reflective session has helped inform learning and further actions to support the 2023-24 survey.

Our annual iMatter survey was sent to 6,359 staff across 542 teams within the Partnership. We achieved our highest response rate to date with a 63% return and retained our 'Overall Experience Score' of 6.9.

Huge thanks to all staff that completed this survey. We also received feedback on how we could make it more accessible next year. Therefore, although we are pleased with this return, we continue to work towards improving this, so that all staff value this opportunity to have their voice heard and feel listened to. One of the ways we are looking to improve on this is to demonstrate the time spent completing the survey is time well spent, as what you say really does matter and can make a difference. We are therefore looking to support managers more to increase the number of action plans completed with their staff teams.

The 29 iMatter statements are linked into 5 Staff Governance Standards.

We improved our scores from 2021 in 3 out of the 5 Staff Governance Standards:

- Well informed
- Appropriately trained and developed
- Treated fairly and consistently with dignity, respect and in an environment where diversity is valued

Whilst we maintained our 2021 score in the other 2:

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

This gave us an overall 'Employee Engagement Index' of 76, which sits within the 'Strive and Celebrate' bracket (67 - 100) and is the same as our overall score last year.

Staff Governance Standards - Strand Scores

Well informed

| 69 | 15 | 7 | 9 | **79** |

Appropriately trained & developed

| 60 | 20 | 9 | 11 | **78** |

Involved in decisions

| 51 | 23 | 11 | 15 | **71** |

Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued

| 67 | 17 | 8 | 8 | **79** |

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

| 64 | 20 | 7 | 9 | **77** |

Legend:
- Strive & celebrate (67-100)
- Monitor to further improve (51-64)
- Improve to monitor (34-50)
- Focus to improve (0-34)
- Weighted index value
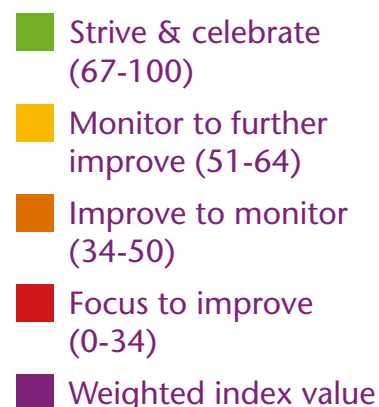
The LPF have been consulted and supported the shaping of our iMatter Action Plan for 2023-24 as we focus on continuing to improve our response rate and overall experience rating.

An example of how that is has been done is through the Children & Young People's Occupational Therapy Service who are happy to share with us what they are good at and where they can make improvements.

"A great place to work, where we feel valued and respected. We make a difference to the lives of the population we serve and have pride and satisfaction in our jobs"

In July 2022 the Partnership commissioned its first TV ad in conjunction with STV which shone a light on the job opportunities here in Fife as part of our commitment to attracting new staff. The first advert was shown on Friday 1 July at the end of Loose Women and again during a commercial break of the ITV Early Evening News; then daily there after 2-3 times a day, for 4 weeks. This run of advertising led to a significant amount of interest in a career in health and social care and 70% of people who were offered a post accepted.

During January 2023 we launched our 'Be a Winter Hero' campaign to continue to promote and encourage people to come and work in health and social care.

In September the Principal Lead for OD & Culture also employed our first Organisational Development & Culture Specialists to support our workforce in the future in all areas related to recruitment, retention, iMatter, leadership, locality working, transformation of services and supporting change, induction, diversity, and wellbeing. The team will also support our operational services as needed to develop new approaches to the challenges we face in health and social care – all of which are at the heart of the vision and values of the LPF.

We have championed 'What Matters To You' day – hearing what matters to staff and the people we serve. This promotes meaningful conversations to ask, listen, and do what matters.

Workforce Strategy 2022-25

> "This strategy is dedicated to our people – the staff working across health and social care. The last few years have been particularly demanding for staff working within Health and Social Care who have worked throughout the significant challenges faced during the COVID-19 pandemic. I am so proud of our teams and thank each and every member of staff working across health and social care, in all agencies, for their ongoing dedication, commitment and professionalism." (Introduction) Nicky Connor, Director

Our Workforce Strategy & Plan was co-produced by partners across the whole of Health & Social Care, including our Trade Unions and staff side, with our LPF co-chairs as key members of the oversight group alongside operational services, business enabling services, HR Business Partners, Third & Independent Sector Leads, Fife College and OD & L&D Staff.

The Strategy received positive feedback from our LPF, IJB and Scottish Government and has been recognised as an excellent example of a genuinely integrated workforce planning approach. It is based on the five pillars of workforce planning set out in the National Workforce Strategy which was published in 2022:

- Plan
- Attract
- Train
- Employ
- Nurture
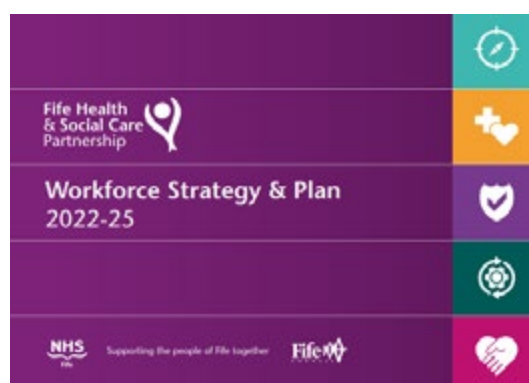
Some innovations have been presented to the LPF through the year to highlight the great work being done to support our workforce as part of our Year 1 Workforce Action Plan including:

- The development of our first HSC Care Academy in collaboration with Fife College. This provides around 1000 learning credits with Fife College to support new and existing staff to achieve qualifications in health and social care as well as providing placements, mentoring and other supports
- Our Mission25 social media recruitment work where we have supported our own staff (across the whole Partnership) to tell their stories about why the Partnership is a great place to work to attract new people into health and social care

- Developing our locality working as a key method to improve integration and support staff to connect with localities. All localities now have an SLT lead and all of our ELT are aligned to one of our seven localities as part of the Locality Core Groups who are designing the Locality Action Plans for 2023-24

- Developing clear career pathways across the Partnership and supporting our workforce to access these, including a 'grow your own' scheme in social work which has provided 10 advanced entries into the Social Work Degree and the Diploma in Higher Education for Social Care for existing staff

- Throughout February 2023 we worked with the Princes Trust on a four-week programme to support six young people from the Levenmouth locality to work on placements with Homecare and Abbotsford Care – this was the first time the Partnership had developed a programme like this, and more are planned for 2023-24 as we continue to find new ways of bringing young people into our organisation.

During 2023-24 the LPF will continue to be part of the co-design of the Year 2 Workforce Action Plan to ensure the voice of our workforce is at the heart of our Plans.

The forum has been discussing the national whistleblowing standards and the implications for health and social care services. A short life working group has been initiated and will report back to the LPF in 2023-24.

The Workforce Strategy and Delivery Plan also includes priorities for equality and diversity and the LPF contributed to the Equality Outcomes Report and EQIA's as part of major change. The forum is committed to doing to more to support equality and diversity within the workforce and this will be a priority for the coming year.

Informing strategic plans and contributing to the organisational objectives of the IJB

The forum has discussed and contributed to a range of strategic developments and priority topics within the Health and Social Care Partnership ahead of being approved at the Integration Joint Board. This has included:

- The Health and Social Care Strategic Plan 2023-2006
- The Workforce Strategy and Action Plan 2022-2025
- Medium Term Financial Strategy 2023-2026
- Home First Strategy (Still in development)
- The inspection of adult services
- Annual Performance Report 2022-23

In October we also reached out to our workforce for their views to help us shape the refreshed Strategic Plan for the Partnership, to ensure the voice of our workforce is at the heart of our design principles and that the new Plan reflects our staff who deliver the services every day.

We know that many of our staff are also carers at home and in October we launched a review of our Carers Strategy for the Partnership to ensure our workforce had a chance to influence the priorities and support the Partnership to develop a meaningful approach to this crucial area for thousands of people in Fife.

Our **Strategic Plan 2023-26** was signed off by the IJB in January 2023 after full support from the LPF. We had lots of input and many voices from both staff and the people of Fife in shaping this plan which outlines our priorities in the coming three years. We also took time to reflect on our values and based on feedback we have added 'Kindness' as one of our core values that we are proud of.

Each and every day we see, and experience, kindness being delivered by our staff and it is a reminder to be kind to ourselves too. Our priorities will help us progress integration in Fife and - as always - supports our "Team Fife" approach across health and social care.

Summary of LPF Meetings

April: We also held our first LPF meeting of 2022-23, at which point we still had the Covid command structure in place. The forum expressed their thanks to staff for the exceptional work which has been done to sustain services in the last few months and also the integrated working across partners and members of the Forum for their support during these challenging times.

May: The Local Partnership Forum (LPF) met this month, the agenda including health and safety, finance, work pressures and staff morale. The Forum took the opportunity to discuss the up-and-coming iMatter survey. The Forum also discussed in detail staff morale; staff in general are tired and the last two years have taken their toll and although we could see things were returning to normal, it hadn't changed in the same way for staff in terms of the pressures and service demand.

June: The LPF met in June and members provided updates on the systems pressures which were still in place across the whole health and social care system. The group were also updated on staff who were deployed during the pandemic and how many of them were back in their substantive roles and working hard on reducing the impact on service delivery. The group also discussed the LPF Annual Report for the previous year which helped to shape the final document.

August: This month saw a full IJB meeting, which approved not only our LPF Annual Report but our integrated Workforce Strategy & Plan 2022–25, previously endorsed by the LPF. Our LPF co-chairs are members of Workforce Strategy Group and were central to the co-design of the Strategy & Plan. We also learned that we had a 63% response rate for iMatter – our highest ever and higher than the Scottish average!

September: The LPF met at the end of September to discuss iMatter, health and wellbeing, health and safety, system pressures, finance, and the Workforce Strategy Year 1 Action Plan. The Forum also wanted to do a shout out to all those working in care at home roles to support Homecare Day to raise awareness of the teams working across Fife and the difference they make to those living our communities.

January saw our first LPF of 2023 with another busy agenda including input from representatives from across the Partnership, partners and our staff-side and trade union representatives. Items on the agenda for discussion included health and wellbeing, health and safety, finance, Strategic Plan update, service pressures, leadership programmes for 2023 and the LPF annual report. The Forum also extended their thanks and appreciation to staff, who despite the challenging circumstances, were continually going above and beyond to deal with the increasing demand for services at this point.

In **March 2023** the LPF focused a session on the Budget for 2023 and the Medium-Term Financial Strategy prior to this being approved at the IJB meeting at the end of the month. Our LPF voice has been strong in ensuring that workforce voice is heard throughout the challenging decisions that need to be made to ensure the Partnership sustains and thrives into 2024 and beyond.

Celebrating & Valuing Our Staff

It's said that a picture can tell the story of a hundred words. That is so true. Looking back over 2022-23 these pictures tell a story about moving out of COVID restrictions from mostly 'Teams' calls, wearing face masks and physical distancing into reconnection - bringing teams and services together - and a programme of regular visits to front line teams across health and social care in Fife. It's not possible to have pictures from all teams but this gallery demonstrates some of the range of our services from across the service portfolios in Fife Health and Social Care Partnership and next years report will be opportunity to share more. These are shared alongside our sincere thanks to each and every member of staff working in Fife Health and Social Care Partnership and the colleagues we all work with every day across NHS Fife, Fife Council, Third and Independent Sector – as together we truly are Team Fife.

Major Trauma

The major trauma team support paediatrics to older adults across Fife working closely with acute services.
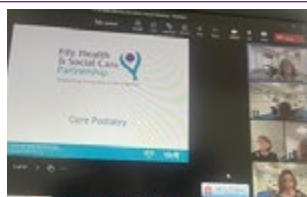
Team Podiatry

The podiatry service works in hospitals, communities, care homes and peoples own homes to support podiatry needs. Working closely with partners the service manages complex care needs and champions prevention.

Children's Services

Teams catch up with children's services learning about Health Visiting, School Nursing, Children's Services, Family Nurse Partnership and Children's Occupational Therapy.
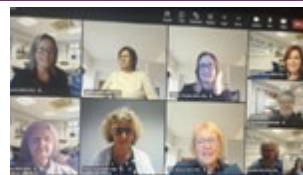
North Glen Community Nursing Team

A virtual joint visit to meet the Community Nursing Team at North Glen Practice where they heard about the changing needs of people within the community setting; teams caring for people of all ages and with much greater complexity and the advances in treatment, care and practice which this team are embracing as well as supporting early intervention and health promotion to help people maintain good health.

Evening Nursing service

A virtual visit with Fife Evening and Overnight Nursing Service. A significant transformation from five separate teams into a Fife-wide service. There are 40 people within this service many of whom work part time and in other parts of our organisation. This brings continuity from our day to evening and overnight services.
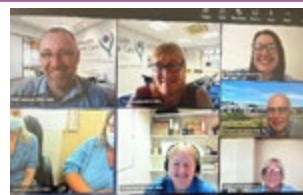
Care at Home

We have a large care at home service supporting people to live well at home.

Fife Nutrition and Dietetic Service

Fife Nutrition and Dietetic Service showcased the diverse range of services they support in hospital and communities including children and adult and a wide range of specialist services.

Immunisation

In December we delivered the millionth vaccination in Fife. The 1,000, 000 vaccination was delivered in Kirkcaldy by June Guild, almost 2 years to the date from the first vaccine.

Fife Urgent Care Service

Fife Urgent Care Services is a whole multi-disciplinary team effort interfacing with primary and secondary care and NHS 24 in hours and out of hours to support urgent care needs.

Perinatal Mental Health

Our Perinatal Mental Health team support women, families and babies mental health and wellbeing.

The Sir George Sharp Unit

The team at the Sir George Sharp Unit – supporting neuro-rehabilitation for adults in Fife.

Rheumatology Service

The Rheumatology Service showcasing how they are moving to a 'Paperlite' system, how the Physiotherapy Service are 'Aspiring to Excellence' and innovations around structured phone appointments, virtual clinics and phone apps the support self-management and the concept of people receiving the right services, in the right place, at the right time.

Start

Our assessment and review co-ordinators assess people who are medically fit for discharge and support enablement at home.

Palliative Care

Members of Fife Community Palliative Care team supporting people with palliative and end of life care needs at home.

St Andrews Wards

Multi-disciplinary team approaches to using data to support quality improvement.

CTAC and Minor Injuries

The Community Care and Treatment and Minor Injuries Team developing a new service for local care for people.

Addictions

Meeting the Addictions team and learning about the work they are leading to support treatment and recovery for addictions and using advanced technology to support and promote health and wellbeing through liver scanning.

Clinical and Care Governance

The clinical and care governance team supporting quality improvement and underpinning work that support our quality, clinical and care governance arrangements within the health and social care partnership

Contracts and Compliance teams

Meeting the teams that support contracts and compliance and performance within the Health and Social Care Partnership.

Broad Street

Meeting some of the team at Broad Street supporting respite and longer-term care for people.

Community Mental Health Teams

We highlighted fantastic work by our community mental health team who started a women's swimming club in Kirkcaldy. Run in partnership with Wheatley Care and Fife Leisure, the club opened to people who receive treatment under the Kirkcaldy mental health team or are users of the Wheatley Care Contact Centre.

Fife Sexual Health Service

Fife Sexual Health Service promoting and offering sexual health advice, support, screening and treatment, also supporting Care for Blood Borne Virus and contraception.

Meals on Wheels

The meals on wheels service is delivered from our Ostlers House in Kirkcaldy and supports people to have more than just a meal with regular contact from the team.

Health Promotion

The Health Promotion Service who deliver services such as smoking cessation, lead the promotion of health and well-being for people across all ages and communities in Fife.

Social Work

Visiting our Social Work Teams and learning about their role and how we are supporting students to develop future social workers.

Ostlers House Dementia Cafe

A visit to Ostlers House and a high tea at the Ostlers Community Café, hearing from the Dementia Friends Group, the Care Home Team.

Staff Hub Adamson

2022/23 saw staff hubs open throughout Fife though NHS Fife Health Charity. All health and social care staff are welcome to pop in. Lovely facilities to have a break or catch up with colleagues.

Touch

The Team at Touch – Supporting People to live well at home

Psychology

Our Psychology team delivery a wider service including trauma-informed practice, new clinical pathways, expanding psychology roles, educating the wider health & care workforce, participating in locality planning, shaping culture, digital developments, and continuous quality improvement.

Participation and Engagement

The Participation and Engagement Team are often out and about promoting the voices of the people of Fife. This photo is a morning out with the Occupational Therapy Team to promote Care Opinion to the public.

Localities

'Mission25' ambition. November saw our Wider Stakeholder Events across all seven localities in Fife, which were attended by staff from across a wide range of professions who worked together to determine the priorities for every local area, informing the Locality Action Plans. This photo is of the Cowdenbeath Stakeholder Event in Kelty Community Centre.

The great work of our teams is on Social Media too
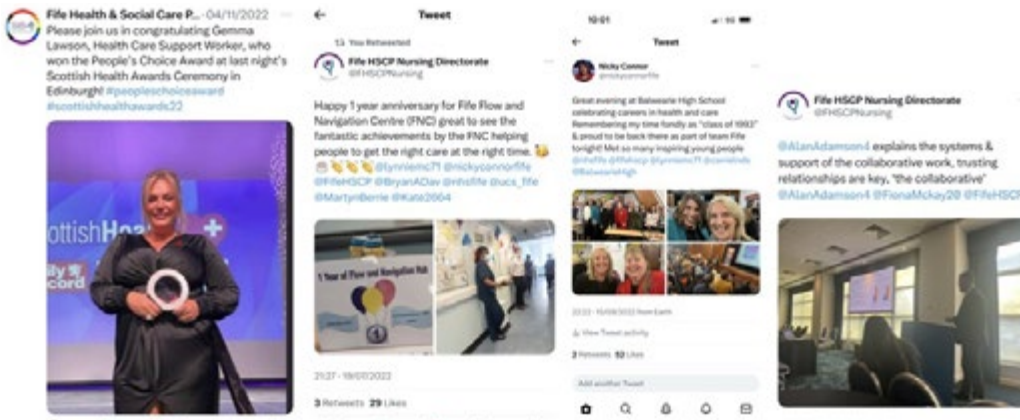
Christmas Kindness

At Christmas many of our teams demonstrated generosity by raising funds and supporting donations for the people of Fife.

Our Health Visiting Team, our Hospice Team and our Dental Team!

A visit to the 'Flourish' Centre supports horticulture and other therapies for both inpatients and outpatients at Stratheden Hospital. The place was completely transformed into a winter wonderland, with games, activities, Christmas carols, mulled juice and hot mince pies!

Part 3:
Our Impact and Priorities for the year ahead

This report has highlighted the extensive work being undertaken by, and on behalf of, the Local Partnership Forum under the terms of the Local Partnership Forum Partnership Agreement. This report also celebrates our amazing staff and the LPF plays a crucial role in promoting the voice of the workforce and advocating for our staff throughout the system in relation to being well informed, appropriately trained and developed, promoting a safe working environment, equality and diversity and the health and wellbeing of our staff, informing thinking around priorities on health and social care issues and advising on workforce issues as well as informing Strategic Plans and contributing to the organisational objectives of the IJB.

We want to pay tribute to our fantastic workforce because without you we would not be able to do any of this work. The LPF exists to ensure that your voice is heard throughout health and social care, and we would love to hear from you about what matters to you and how the LPF can continue to support you. We recognise that there are many challenges ahead, both inside work, including the challenges around recruitment and retention of staff and outside of work, including the cost-of-living crisis impact on our health and wellbeing. The LPF makes a promise to our staff that we will champion your voice in all areas to draw attention to the challenges you face and take a proactive approach to responding to those.

For 2023-24 the LPF will continue to ensure that our voice promotes the importance of our workforce by:

- Championing our staff voice through; iMatter Action Plan promotion and celebrating our staff throughout the year
- Supporting partnership work to promote equality, diversity and inclusivity including membership of a proposed working group to raise the profile of these areas across the Partnership
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future
- Continued oversight of staff governance forums, and associated issues, e.g. employer relations issues, attendance, and locum spending
- Promoting the importance of and supporting our staff in relation to their health and wellbeing
- Ensuring effective engagement with the development of the Year 2 Workforce Action Plan
- Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership
- Continuing to shape the improvement of the LPF to sustain our positive impact on the Partnership by creating development spaces for the Forum and ensuring the voices of our LPF members co-design our future
- Working with the Health & Safety Forum to analyse the reporting in place and processes for improvement
- Supporting the implementation of the Partnership's Resilience Framework and the link to Business Continuity Plans and the safe staffing agenda.

Finally, a huge thanks to all of the staff working in Fife Health and Social Care Partnership for who you are, all you achieve and the difference you make for the people of Fife each and every day.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2022**
Title:	**Whistleblowing Annual Performance Report 2022/2023**
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 Members for:
- Assurance

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 following Strand/s of the Staff Governance Standard:
- Well Informed
- Appropriately trained & 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

All NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised both quarterly and produce an Annual Performance report.

2.2 Background

This is the second Whistleblowing Annual Performance Report provided to Staff Governance Committee members, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2022 to 31 March 2023.

Whilst Anonymous / Unnamed Concerns do not meet the definition of the standards, as best practice they are managed in line with the standards and are therefore part of the reporting data.

The report also provides information to Staff Governance Committee members on the on-going implementation of the Standards.

2.3 Assessment

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting. The issue of quarterly reporting being separate from or incorporated into annual reporting has been noted and the INWO has indicated the intention to seek feedback from across Boards.

NHS Fife decided to keep the quarterly reporting separate to allow greater flexibility in developing the format of the annual report.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2022/2023, which details the concerns raised since April 2022.

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The monitoring of whistleblowing or anonymous 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.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

In respect of the implementation of the standards, there is a risk that if the new standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. In order to mitigate this risk, there is ongoing communications and training. Work

continues in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

This paper has been shared with the Executive Directors Group and Workforce Senior Leadership Team and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2022/2023 is provided to Staff Governance Committee for **Assurance**.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2022/2023.

Report Contact:

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

Whistleblowing Annual Performance Report 2022/2023

Table of Contents

1. Introduction

NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. The National Whistleblowing Policy for NHSScotland, which was introduced in April 2021, implements the National Whistleblowing Standards that apply to all providers of NHS services in Scotland. The Standards set out the process for raising concerns and are designed to ensure that:

- Concerns are raised and dealt with as early as possible.
- There is support and protection for staff when they raise concerns.
- People are supported to share information safely.

Following the successful introduction of the Standards, work has continued over the past two years to ensure the Standards are being embedded both within NHS Fife itself and across the other groups and sectors that are covered by the Standards, including the Health and Social Care Partnership, Primary Care, Students and Volunteers. Looking ahead to 2023/2024, NHS Fife will continue to focus on ensuring that all our staff, wherever they work across the system, know how to raise concerns and can be confident that they will be addressed.

2. Implementation During 2022/2023

2.1 We continue to raise awareness of how to raise concerns safely within the organisation and a systematised approach to shared learning has been developed.

2.2 INWO updates have encouraged the use of business-as-usual processes for handling concerns, making sure routes for speaking up are obvious and easy for staff to access. Updates are provided by our Chief Executive's monthly newsletter and on StaffLink to ensure that staff use internal routes, in the first instance, which will allow the most effective issue resolution.

2.3 We continue to gather information on any new barriers to raising Whistleblowing Concerns and look at ways in which these can be addressed.

2.4 A Whistleblowing Champion Follow-up Letter has been developed to allow individuals who have been involved in Whistleblowing Concerns raised to understand how the process felt for them, learn from their feedback and how NHS Fife might improve its processes and treatment of those raising concerns. This feedback will be used to ensure that we continue to have processes which are 'fit for purpose' and to assist with the creation of an open culture where staff feel that they can safely raise concerns.

2.5 Further national training has been developed and provided to managers to ensure that they have the appropriate skills to undertake a good investigation.

2.6 A questionnaire has been created to allow all parties involved in concerns, including Investigators and Executive Director colleagues commissioning investigations, to allow us to take learning from the process and share this across the organisation.

2.7 A review of the existing Confidential Contacts has taken place to gain their views on the implementation of the Standards; what support is required to assist them in their role going forward; and any further training they feel they require. The feedback received will be used to inform the Confidential Contact Campaign currently being undertaken, referred to at 2.8 below, and future training being provided, as well as the INWO training materials which are now available to support the training of Confidential Contacts.

2.8 A campaign to increase the existing pool of Confidential Contacts to assist staff to speak up on matters such as Whistleblowing is currently underway. The intention is to provide Confidential Contact training and launch the new Confidential Contacts as part of the National Speak Up Week on 2-6 October 2023.

2.9 To ensure that we are cognisant of what has been reported in local press coverage and how this informs our practice, quarterly reporting takes place and relevant feedback on actions taken provided, as appropriate.

2.10 The existing suite of Whistleblowing materials has been updated and additional materials incorporated.

2.11 A Whistleblowing Terms of Reference template has been prepared to aid the completion of Whistleblowing reviews in a standardised manner. The opportunity for the individual raising the concern to speak to the Whistleblowing Champion is being progressed.

2.12 A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation when finalised.

3. Key Performance Objectives

3.1 Improvements Identified from Concerns Investigated and Lessons Learned

During Quarter 3, a concern was raised regarding Patient Information (Records / Documentation / Tests / Results). Two key themes were identified regarding patient information leaflets and process for patient consent and a delay in managing the concern itself. Actions taken were to review locally produced leaflets and process and a review of the process of managing complex concerns.

Lessons identified and learned were to improve the patient information and consent process locally in Fife and to build lessons learnt in the handling of the concern into the newly developed Terms of Reference for Commissioning Officers.

3.2 Feedback from Staff Who Have Raised Concerns and Those Involved in the Whistleblowing Process

No formal feedback has been received from those members of staff who have raised concerns yet. However, the Whistleblowing Champion did receive feedback that the process was unclear and was challenging to be involved in. Actions from this feedback have been included in an Action Plan for 2023/2024.

The national iMatter Survey for 2023 included two questions on people's confidence to speak up within their organisation and results from this will be reported in Quarter 1 for 2023/2024.

3.3 Awareness and Training

To support the series of training modules which have been developed by the INWO, Investigation training has now been introduced for senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on Whistleblowing Concerns to the Board.
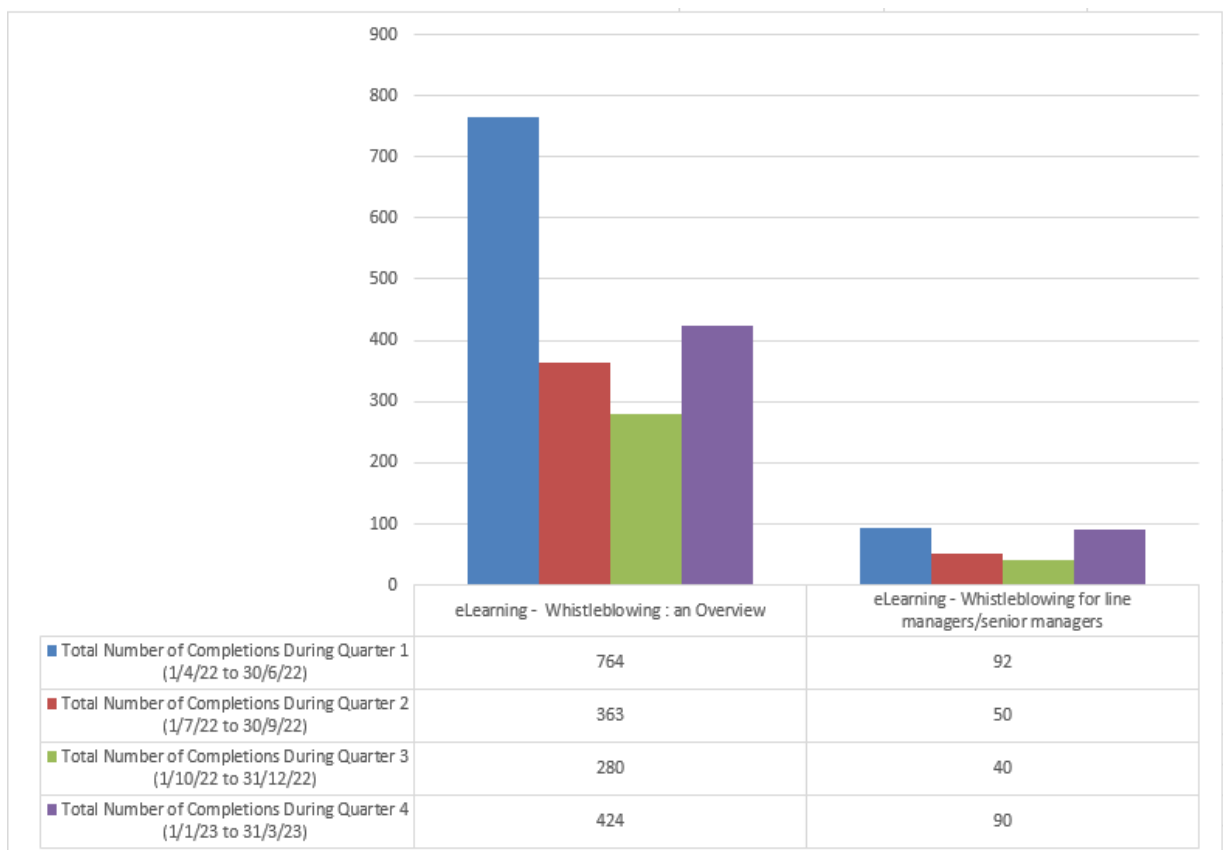
TURAS learning modules continue to be publicised on StaffLink and within the TURAS Learn platform, together with articles on how staff can raise Whistleblowing Concerns effectively within NHS Fife.

All members of staff are encouraged to complete the relevant TURAS learning programme required for their role and we continue to monitor uptake, effectiveness and appropriateness of training available and refine, as appropriate.

Awareness is also raised within appropriate training events within the organisation, where managers are encouraged to ensure that their teams meet compliance.

Overall, compliance for the mandatory Whistleblowing TURAS modules is 50.76%. The training undertaken per quarter between 1 April 2022 and 31 March 2023 is summarised below:

Whistleblowing Training Undertaken During 2022/2023

	eLearning - Whistleblowing : an Overview	eLearning - Whistleblowing for line managers/senior managers
Total Number of Completions During Quarter 1 (1/4/22 to 30/6/22)	764	92
Total Number of Completions During Quarter 2 (1/7/22 to 30/9/22)	363	50
Total Number of Completions During Quarter 3 (1/10/22 to 31/12/22)	280	40
Total Number of Completions During Quarter 4 (1/1/23 to 31/3/23)	424	90

Information outlining the Whistleblowing requirements for all new members of staff are included within NHS Fife's Corporate Induction materials.

The existing suite of Whistleblowing materials, including managers and staff guidance, has been updated and additional supporting materials have been incorporated to help support mangers and staff which can be accessed 24/7 via StaffLink.

4. Number of Concerns Received

4.1 Whistleblowing Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	**0**	**0**	**1**	**0**	**1**
Reviewed at Stage 1 (5 days)	0	0	1	0	1
Reviewed at Stage 2 (20 days)	0	0	0	0	0

Anonymous / Unnamed Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	0	0	2	0	**2**
Number of Unnamed Concerns Received	0	0	1	0	**1**

Whilst concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO, good practice is to follow the Whistleblowing principles and investigate Anonymous / Unnamed Concerns in line with the Standards, as far as practicable.

NHS Fife has agreed that Anonymous / Unnamed Concerns should be recorded for management information purposes. The definition of an Anonymous Concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information". Alternatively, someone may raise a concern with the organisation, but are not willing to have their name or personal details recorded. This is known as an 'Unnamed Concern' (someone is aware of their identity, so it is not completely anonymous).

NHS Fife received two Anonymous Concerns and one Unnamed Concern during Quarter 4 of the annual reporting period, with no Anonymous / Unnamed Concerns being reported from the primary care providers and contracted services.

The Anonymous Concerns were received within the Health and Social Care Partnership and Corporate Services and related to Inappropriate Behaviours and Culture and Values respectively. The Unnamed Concern was received within Corporate Services and related to Confidentiality.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and will form part of future reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee, and the Board.

Press Articles Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Press Articles Received and Responded To	1	1	0	1	**3**

Primary Care and Contractors Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	**0**

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In October 2023, the Primary Care Manager reminded all practices and community pharmacies that the new National Whistleblowing Standards for the NHS in Scotland came into force on 1 April 2021 and that this changed how Whistleblowing Concerns are addressed and they are required to have their own procedures in place that meets with the requirements of these Standards.

Each contractor group were also supplied with a dedicated contact within NHS Fife who would help with any concerns regarding the delivery of an NHS Service. Primary Care Contractors and Contractors are required to report in line with the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

A Microsoft Word version of the Datix form has been provided to the Service Providers (including Primary Care) to allow them to record Whistleblowing Concerns in the same manner, allowing the Service Provider data to be integrated into the Datix system output for analysis and recording purposes.

4.2 Concerns Closure and Extensions

Concerns Closed at Stage 1 and Stage 2

The one Whistleblowing Concern received during Quarter 3 of the annual reporting period was dealt with at Stage 1 of the Standards and has reached a conclusion and been subsequently closed in Datix.

Whistleblowing Concerns Closed by Stage as a Percentage of all Whistleblowing Concerns Closed

Stage 1 Concerns	
1	Total number of Stage 1 Concerns received
100%	Percentage of Stage 1 Concerns that were closed
0%	Percentage of Stage 1 Concerns closed within five working days target
Stage 2 Concerns	
0	Total number of Stage 2 Concerns received
N/A	Percentage of Stage 2 Concerns that were closed
N/A	Percentage of Stage 2 Concerns closed within twenty working days target

4.3 Concerns Upheld, Partially Upheld and Not Upheld

As previously referenced, the definition of a Stage 1 Concern: Early Resolution for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

The Whistleblowing Concern received during Quarter 3 of the 2022/2023 reporting cycle was Not Upheld at Stage 1 of the Whistleblowing procedure, as detailed below:

Outcome of all Whistleblowing Concerns Closed

	Not Upheld		Partially Upheld		Fully Upheld		Total
	No	%	No	%	No	%	
Stage 1	1	100%	-	-	-	-	1
Stage 2	-	-	-	-	-	-	0

4.4 The Average Time in Working Days for a Full Response

The average time, in working days, by Division to provide a full response to Whistleblowing Concerns raised at each stage of the Whistleblowing procedure, is detailed below:

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	-	49	-	49
Stage 2	-	-	-	-

4.5 Number of Concerns Closed in Full Within Set Timescales

The number (and percentage) of Whistleblowing Concerns at each stage which were closed in full within the set timescales of 5 and 20 working days are detailed below:

Total (and Percentage) of Whistleblowing Concerns Closed within the Set Timescale, by Quarter

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 1 (5 days)	Average time in working days for responses	-	-	16	-
	No of cases closed at Stage 1 within timescale	-	-	0	-
	Percentage of cases closed at Stage 1 within timescale	-	-	0%	-
	No of Stage 1 cases extended	-	-	1	-
Stage 2 (20 days)	Average time in working days for responses	-	-	-	-
	No of cases closed at Stage 1 within timescale	-	-	-	-
	Percentage of cases closed at Stage 1 within timescale	-	-	-	-
	No of Stage 1 cases extended	-	-	-	-

4.6 Concerns Where an Extension Was Authorised

Under the terms of the Standards for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

An extension was approved for the Stage 1 Whistleblowing Concern received during Quarter 3 of the reporting cycle to allow time for an investigation to take place over the festive period, considering associated annual leave of key staff / witnesses involved.

The Whistleblower was advised of the need to extend the timescales and was kept up to date with the progress of the investigation into their concerns throughout.

The number of Whistleblowing Concerns at Stage 1 and Stage 2 where an extension was authorised as a percentage of all concerns received is detailed below:

Whistleblowing Concerns Closed where an Extension was Authorised

	Number Received	Extension Authorised	As Percentage of All Concerns
Stage 1	1	1	100%
Stage 2	-	-	-

4.7 Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). During 2022/2023, there was one referral to the INWO, as detailed below which linked to the concern investigated at Stage 1 above:

▪ The concerns raised by the complainant was that NHS Fife decided that the concerns raised were not suitable for investigation at Stage 2 of the standards. The INWO concluded, given the context and taking into account the documentation provided by the complainant, that they believed NHS Fife's decision to decline to investigate at Stage 2 was reasonable.

▪ It follows from this that the INWO does not expect NHS Fife to further investigate the concern raised and that the INWO will not be investigating this complaint at this time. This is because the issues raised by the complainant have not completed the whistleblowing procedure of an NHS body with responsibility for these matters, however, INWO do have a role to promote good practice in the handling of whistleblowing concerns by NHS organisations.

▪ Therefore, based on the limited information available to the INWO, it appears there was a delay by NHS Fife in concluding the investigation and it would have been more beneficial if the complainant had been signposted more clearly to other organisations who may have had responsibilities for aspects of the complainant's concerns.

▪ It was recommended that the Board should reflect on the handling of this concern and consider if any steps can be taken to achieve learning and improvement. Following discussions with the Whistleblowing Champion, to address this feedback, a review of the handling of this case and any learning outcomes has taken place with the key individuals involved.

Whistleblowing 2022–2023
At a glance

Concerns received

1 whistleblowing concern raised resulting in one closed concern not being upheld.

3 anonymous and unnamed concerns.

3 press articles were responded to.

Whistleblowing Training

Whistleblowing training was provided to over **1,800** staff and **272** managers.

Whistleblowing Champion

A whistleblowing champion follow-up Letter has been developed to enhance the whistleblowing process and ensure fair treatment of those who raise concerns.

Confidential Contacts

A campaign to increase Confidential Contacts to assist with whistleblowing will launch in October 2023.

Whistleblowing materials

The guidance for managers and staff has been updated, with additional supporting materials now available 24/7 on StaffLink.

5. Learning, Changes or Improvements to Services or Procedures

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of Whistleblowing Concerns and to identify opportunities to make changes to improve NHS services or procedures as a result of consideration of Whistleblowing Concerns.

Managers must record all Whistleblowing Concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An update on the learning, changes and improvements to services in relation to the one Whistleblowing Concern received during Quarter 3 of 2022/2023 are detailed within Section 3 respectively.

For each Whistleblowing Concern that has been received, a documented action plan has been put in place to address any shortcomings or apply the identified learning acknowledged during the investigation. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the Standards, and they will have the opportunity to agree / advise how best this will be shared.

All recommendations identified from the investigations received to date have resulted in improvements being made within the respective areas of the Board. Any learning identified has also been considered when actioning improvements being made, as detailed within Section 3 of this report.

6. Experience of Individuals Raising Concerns

All those who raise concerns should be given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes, without compromising confidentiality.

In order to ensure that individuals are provided with this opportunity, a questionnaire is being finalised to gather this information voluntarily, along with the offer to speak to the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

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.

As part of NHS Fife's governance arrangements, Whistleblowing quarterly and annual reports are prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

7. Future Planning for 2023/2024

NHS Fife's Internal Auditors 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. 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.

Work that is on-going and will remain under development for 2023/2024 is as follows:

- Consideration is being given to the provision of recording Anonymous Concerns in Datix and any adjustments required to support this change.

- Contractor and Primary Care Contractor Leads will be prompted to ensure that NHS providers are reminded of their responsibilities to develop appropriate policies and systems to comply with standards.

- Contractors and Primary Care Contractors will be reminded of the requirement to provide the role of Confidential Contact within the standards, with support provided, as necessary.

- To assist with the recording of Whistleblowing Concerns by the Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed to enable the data to be integrated into the Datix system for analysis and recording purposes and they will be reminded of the need to encourage completion of this, as required.

- We will conclude the campaign that commenced in 2022/2023 to train and increase numbers of Confidential Contacts to ensure our workforce have the support to speak up, as required.

- We will conclude and launch the Terms of Reference for the Commissioning Officers to use to ensure investigations are fully supported.

- We will continue to raise awareness of how to raise concerns safely within the organisation and continue to provide regular updates by our Chief Executive's monthly newsletter and on StaffLink.

- A follow up letter will be issued from the Whistleblowing Champion, ensuring everyone who lodged a concern is contacted to understand how the process felt for them, learn from their feedback and how NHS Fife may improve its processes and treatment of those raising concerns.

- The questionnaire created to allow all parties involved in concerns, including Investigators and Executive Director colleagues, will be implemented to allow us to take learning from the process and share this across the organisation.

- A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation, when finalised.

- The existing suite of Whistleblowing materials will continue to be updated and additional materials introduced, as required.

8. Whistleblowing Champion Statement

Ms Kirstie MacDonald is the Whistleblowing Champion and is a Non-Executive Member of the NHS Fife Board. Ms MacDonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards (the Standards) during 2022/2023.

The Standards introduced in April 2021 provide a clear framework through which to raise serious concerns, with access to an ombudsman, for any person providing NHS services. The process should be used where other day-to-day routes have failed to provide resolution.

The Standards are part of the greater remit to ensure an open, responsive and learning culture and this is the responsibility of all Board members and senior managers. I am assured that at Board level there is an environment of listening and openness and this needs to trickle down into all NHS Fife services.

NHS Fife quickly implemented all recommendations relating to the new Standards and I would like to acknowledge the great efforts of the lead officer (Head of Workforce Resourcing and Relations) and the Confidential Contact team and thank them for their commitment in what have been very challenging times.

The emergent nature of the processes mean that it is difficult to ascertain how effective these have been, but such an assessment along with Internal Audit feedback will be addressed in future reports, along with lesson learnt in the implementation of the Standards and indeed from cases investigated.

Looking to the year 2023/2024 other important developments will include:

- *Supporting Confidential Contacts to ensure availability.*
- *Publication of a single source of information for staff on ALL routes for raising concerns.*
- *Sharing learning and describing improvement work from concerns raised.*
- *Developing a means by which we can analyse staff concerns alongside patient concerns to identify themes and improvement opportunities.*
- *Review of the schedule of reporting to improve timeliness.*

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Nursing and Midwifery Registration and Revalidation Annual Update**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Nicola Robertson, Director of Nursing – Corporate Services**

1. Purpose

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

This report relates to:
- Legal requirement
- Local policy

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

This report aligns to the following Staff Governance Standard(s):
- Well informed
- Appropriately trained & developed
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The Nursing and Midwifery Registration and Revalidation update is being brought to the Staff Governance Committee for assurance that all nurses and midwives across NHS Fife are supported to meet the Nursing and Midwifery Council's (NMC) registration and revalidation requirements.

2.2 Background

Any nurse or midwife wishing to practise their profession in the UK must be registered with the NMC. NMC registration must be updated annually to permit practise as a registrant and each nurse/midwife must also revalidate every 3 years. Revalidation assures patients, employers and other healthcare professionals that registered nurses

and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

A. The core role of the Nursing and Midwifery Council is to regulate:
1. The NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England.
2. The NMC maintains the register of professionals eligible to practise.
3. The NMC investigates concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year.

NHS Fife has responded well to the challenges of nursing and midwifery revalidation with few problems and is meeting the requirements of the NMC. Supervision, appraisal and PDP continue, utilising the TURAS platform.

All registrants are responsible for ensuring their professional registration is current, that revalidation is completed every 3 years in a timely manner, and that any payment or information submission (including revalidation) required by the NMC is provided to ensure their maintenance on the register (current fees are £120 per year).

Utilising the online revalidation programme, the process is streamlined. Assurance can be provided that any lapses were swiftly identified and dealt with appropriately via HR processes to ensure patient and public safety.

B. Internationally educated nurses have been welcomed into Fife since 2021. They are supported to undergo OSCEs and achieve registration with the NMC. This process can take 4 – 6 months. During this time the internationally educated nurses are employed as AfC band 4 staff. To date 80, nurses have joined Fife.

C. For **revalidation**, the registrant is required to demonstrate, with their confirmer, that they have met the requirements of revalidation in accordance with the NMC:

- **Practice hours**
  Via written evidence (e.g payslip) that satisfies the confirmer that the registrant practised the minimum number of hours (450hours) over a three-year period required for their registration. Where a registrant is on both parts of the nursing and midwifery register, the registrant must evidence the required 900 hours of practice.

- **Continuing Professional Development (CPD)**
  Via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.

- **Practice-related feedback**
  The confirmer must be satisfied that they have received evidence that the registrant has obtained five pieces of practice-related feedback.

- **Written reflective accounts**
  The confirmer must be provided with written evidence of five written reflective accounts on the registrant's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to The Code.

- **Reflective discussion**
  The reflective discussion must cover the registrant's five written reflective accounts. The reflective discussion partner must be a NMC registrant but does not require to be on the same part of the NMC register.

D. The nursing and midwifery registration and revalidation procedure V2.1 (FWP-N&MR-01) is implemented across NHS Fife.

E. Staff Governance Standard:

STRAND	LINKAGE
Well Informed	Support to complete revalidation process is offered. The NMC Regulation Advisor (Scotland) has delivered several sessions for registered nurses and midwives across Fife, including the Care Home sector on the role of the NMC, on accountability and delegation.
Appropriately Trained and Developed	The core role of the Nursing and Midwifery Council is to **regulate**: the NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Part of the revalidation process is via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.
Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community	Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3.1 Quality / Patient Care

Regular supervision, appraisal and PDP setting ensures that registered Nurses and Midwives are up-to-date and are practising to the appropriate regulatory and professional standards. The revalidation process also provides an opportunity to provide further evidence, by using the formal documentation to support the professional declaration.

2.3.2 Workforce

A new resource, 'Clinical Supervision: National framework for nursing in NHS Scotland (September 2023)' was published by NES. The Framework is still in draft format but is being taken forward by a SLWG to ensure implementation.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment / Management

Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3.5 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

NHS Fife has a NMAHP Professional Assurance Framework in place. Each Directorate and Division also reports on the compliance for staff with appraisal and PDP within the TURAS platform through performance reports.

The Executive Director of Nursing has quarterly meetings with the NMC Regulation Advisor (Scotland). Fitness to Practice cases are discussed; NMC updates are provided.

The Regulation Advisor delivered several sessions across Fife, discussing Accountability and Delegation and giving a general update on the work of the NMC. The sessions were recorded to allow staff to view them who were unable to attend the session (sessions were via Teams). Further sessions have been organised.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are asked to note the content.

3. List of Appendices

N/A

Report Contact:
Nicola Robertson
Director of Nursing – Corporate Services
Email Nicola.Robertson12@nhs.scot

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 9 November 2023**
Title:	**Allied Health Professionals Registration and Revalidation Annual Update**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Amanda Wong, Director of Allied Health Professions**

1.   Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- AHP Professional Assurance in relation to supervision, appraisal, PDP and re-registration

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

- Safe, Effective, Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

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

2.   Report Summary

2.1   Situation

The AHP supervision, appraisal, PDP and revalidation update is being brought to the Staff Governance Committee for their awareness. The report provides the committee with an assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

2.2   Background

For the purpose of this report Allied Health Professions is an umbrella term that covers 10 professions; Arts Therapists (Art, Music & Drama), Dietitians, Occupational Therapists,

Orthotists, Orthoptists, Physiotherapists, Podiatrists, Prosthetists, Radiographers (Diagnostic and Therapeutic) and Speech & Language Therapists.

Any AHP wishing to practise their profession in the UK must be registered with the Health & Care Professions Council (HCPC) and this registration allow them to practise and needs to be renewed every 2 years. This is to assure the public, patients, employers and other healthcare professionals that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

NHS Fife has responded well to the challenges of AHP Re-registration with few problems, and is managing to meet the requirements of the HCPC. Supervision, appraisal and PDP have continued over the course of this year utilising the TURAS platform.

Not all professions re-registration with the HCPC at the same time given the number of professions the regulator oversees. Within the period of January- December 2022 the professions who have completed revalidated are, Arts Therapists, Dietitians, Physiotherapists, Podiatrists and Radiographers. Due to the introduction of an online re-registration programme the process has not always run smoothly, but assurance can be provided that any lapses were swiftly identified and dealt with appropriately via our HR processes to ensure patient and public safety.

2.3.1 Quality, Patient and Value-Based Health & Care

Regular supervision, appraisal and PDP setting ensures that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. The re-registration process also provides an opportunity to provide further evidence, by using the formal appraisal and PDP structures and Continuing Professional Development Portfolio documentation to support the professional declaration.

2.3.2 Workforce

2022/2023 has continued to be challenging for all those working in the health and care services. However, supervision, appraisal and PDP activities were continued to ensure staff could provide adequate evidence to allow re-registration to take place.

The content of this AHP supervision, appraisal and re-registration update meets the appropriately trained and developed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

Not applicable

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

NHS Fife has an AHP Professional Assurance Framework in place, and alongside this we also have an AHP Supervision Framework and an audit tool has been developed to measure the efficacy of this. Each professional service also reports regularly on the compliance for the staff with appraisal and PDP within the TURAS platform through the operational management units.

2.3.8 Route to the Meeting

Not applicable

2.4 Recommendation

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

- **Note** the List of Re-registration Dates for AHP's provided by the HCPC.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1: List of Re-registration Dates for AHP's provided by the HCPC.

Report Contact:

Amanda Wong
Associate Director of Allied Health Professions
Email: amanda.wong@nhs.scot

Appendix 1: HCPC Revalidation Renewal Dates

Profession	Renewal Open	Renewal Deadline
Orthoptists	1 June 2023	31 August 2023
Prosthetists / Orthotists	1 July 2023	30 September 2023
Speech and language therapists	1 July 2023	30 September 2023
Occupational therapists	1 August 2023	31 October 2023
Radiographers	1 December 2023	28 February 2024
Physiotherapists	1 February 2024	30 April 2024
Arts therapists	1 March 2024	31 May 2024
Dietitians	1 April 2024	30 June 2024
Chiropodists / podiatrists	1 May 2024	31 July 2024

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Training Compliance Update 2022/2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Workforce Development & Engagement Officer / Kevin Reith, Deputy Director of Workforce**

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- Local policy

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

- Safe, Effective & Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

- Appropriately trained & developed

2. Report Summary

2.1 Situation

The purpose of this report is to provide an update on NHS Fife's Mandatory Core training compliance performance for the position as at 26 October 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 2021/2022, 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 October 2023 is 63% with engagement over the nine subject areas ranging between 56% and 80%. The overall performance figure shows an increase of 1% in October, continuing the upward trend in compliance throughout this year. Although there has been an increase in Manual Handing compliance in Acute Services, there has been a decrease in compliance in both HSCP and Corporate Directorates which has resulted in an overall decrease of 7% compared to the previous report provided in August. The remaining eight subject areas showed an increase in engagement ranging between 1% and 4% when compared to August compliance rates. Appendix 2 provides a breakdown of performance by subject area with Table 2 showing the increase in compliance rates between December 2022 and October 2023.

The Executive Director Group has made a commitment to NHS Fife Board, Staff Governance Committee and Area Partnership Forum 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 has increased across all areas with the exception of Manual Handling which shows a 7% decrease in engagement since August. Improvement is still required in each subject with required levels of increased engagement ranging from 7% - 24% in order to meet the 80% target by March 2024.

   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

   In August, Manual Handling compliance reached 80% but has since dropped to 73% over the last two months. This means an increased level of activity is required to return compliance for this topic to its previous target level.

   At present, although compliance in Fire Safety and Resuscitation areas continue to improve (59% and 60% respectively), the 80% target has not been met this month as intended. Training providers for these topics will be updated and a recovery plan will be requested to ensure completion rates reach the level required before the end of **December 2023**.

   Phase 2 – Ensuring target rate of 80% completion by **December 2023**:

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

   The Phase 2 topics continue to show an increase in compliance each month with Infection Control currently reflecting 57%, Health and Safety 63% and Violence and Aggression 57%.

   Although engagement in these subject areas continues to improve, there is a risk that the slippage experienced from Phase 1 will have a negative impact on the achievement of the 80% target by the December deadline.

   Although there has been an increase in engagement this month, it has been noted by the IPC team that attendance numbers at classroom-based training have declined despite many services requesting the face-to-face delivery method. It is suggested that this request may be more associated to ward-based training as releasing staff to attend training in other areas may be difficult and place additional pressure on the service. Delivering training in this way would be more difficult to support as resources in the team are not at a level to accommodate this.

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
- Equality and Diversity

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

Information Governance continues to be considered a higher priority in corporate and frontline service support functions and will be prioritised accordingly. Compliance has increased to 56% and it is anticipated that the 80% target can be achieved in this topic by the March deadline.

The work required to review the Protection for All development needs will begin before the end of this calendar year to support achievement of the target.

Equality & Diversity compliance has now reached 80% with work ongoing in this area to increase the range of learning materials for this topic.

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 training owners to establish delivery plans and improve levels of staff attendance/completion.**

Engagement with all training owners continues to ensure all actions are being taken to increase 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. Other Core Skills training providers have expressed a desire to further increase their provision of classroom-based training as the request for learning via this method is increasing. Trainer providers continue to face challenges when sourcing appropriate training rooms and this may continue to impact on the ability to meet the demands for this type of training delivery.

The upcoming launch of the NHS Fife weekly Training Bulletin will offer a new platform to inform learners of all training available with opportunities to spotlight individual topics each week. This resource will reduce the likelihood of learners missing key information currently added to the StaffLink News Feed that may not remain visible onscreen for a lengthy period of time due to the high volume of information on this platform.

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 is delivered in accordance with Resuscitation Council Guidance.
The expectation is that non-clinical staff have the resuscitation skills that would be expected from a layperson. If a layperson calls 999 in an emergency, they receive instructions from an ambulance call handler whilst awaiting trained help to arrive. These instructions include starting chest compressions. Telephone guidance does not happen in hospitals unless staff dial 999; hence the expectation that all staff in an acute setting should have some basic knowledge of resuscitation.

As a minimum, non-clinical staff should be trained to:

- Recognise cardiorespiratory arrest,
- Summon immediate emergency help in accordance with local protocols,
- Start CPR using chest compressions,
- Locate, apply and use an AED following the device voice prompts.

Every person should learn the basic skills to save a life and key points in resuscitation education for bystanders and first responders are:

- Enhance willingness to perform CPR.
- Reinforce the chain of survival.
- Teach resuscitation using feedback devices.
- Distribute resuscitation training over time (spaced education).
- Maintain resuscitation competencies by frequent retraining

It should also be noted that failing to ensure that every member of staff were compliant in Resuscitation training as outlined in the Resuscitation Council Guidance could have the potential to be reputationally damaging to the organisation should an emergency event occur outside of a specific a clinical area, and lifesaving treatment and care was delayed due to a lack of basic training.

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 is progressing in providing designated Directorate Leads training compliance reports for their team(s) or service.

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.
Additional improvements planned includes the implementation of the Turas Learn reporting tool for NHS Fife managers and training providers. This tool will be made

available when there is an acceptable level of training history to be considered valuable to teams and services. At this time, managers are still being directed to eESS for any training information.

This work will support the aim to continuously improve staff experience and ensure a well-informed and appropriately trained workforce.

3. **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 continues to inform 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 has been led by the Deputy Director of Workforce pending the appointment of the new Associate Director role.

Exploratory work is now underway to determine if implementation of a blended Corporate Induction package would be a viable approach to supporting the improvement of core skills compliance. Consideration is being given to providing training such as Manual Handling and Resuscitation within the first few days of a new employee commencing employment. This package would also be enhanced by the provision of Clinical Systems training and raising awareness of Workforce Systems such as Turas, iMatter and eESS.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

The introduction of Turas Learn as our new booking system for training in 2023/24 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

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report: Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for **Assurance** and members are asked to note the content.

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:

Jackie Millen
Workforce Development & Engagement Officer
Email: jacqueline.millen@nhs.scot

Core Skills Topics, Target Audience and Refresh dates

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

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

Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as of 26th October 2023

Subject area		Refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age
Manual Handling		1	all clinical staff (2 years for non-clinical staff)	73(↓7)	75(↑2)	79(↓6)	62(↓11)
Fire Safety		1	All staff	59(↑2)	57(↑3)	66(↑1)	52(↑2)
Resuscitation		1	All staff	60(↑4)	59(↑4)	72(↑2)	41(↑6)
Infection Prevention & Control		1	All staff	57(↑4)	54(↑3)	65(↑2)	47(↑7)
Information Governance		3	All staff	56(↑2)	57(↑3)	63(↑1)	45(↑3)
Health & Safety		3	All staff	63(↑3)	61(↑2)	67(↑1)	56(↑4)
Protection for All		3	all clinical + key non-clinical staff	61(↑1)	60(↑2)	74(↑1)	43(↑3)
Equality & Diversity		One time	All staff	80(↑2)	78(↑1)	81(→)	80(→)
Violence & Aggression		3	all clinical + key non-clinical staff in priority areas	57(↑1)	56(↑2)	67(↑1)	44(↑2)
TOTAL				63(↑1)	62(↑2)	71(↑1)	52(↑2)

Table 2: Rolling Compliance Performance
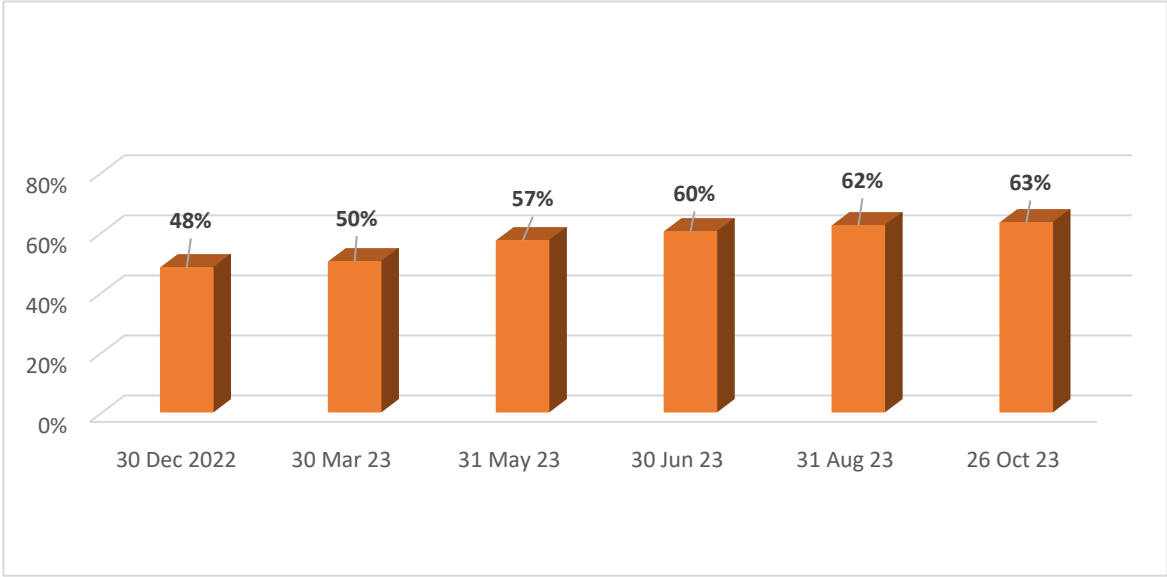
This table provides information on compliance performance over the last 10 months.

The October 2023 completion rate reflects that overall compliance has increased by 15% since the December 2022 report was produced.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 November 2023**
Title:	**Volunteering Annual Report 2022/2023**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Siobhan McIlroy, Head of Patient Experience**

1.   Purpose

The purpose of this paper is to introduce the NHS Fife Annual Volunteering Report to the Staff Governance Committee.

This is presented to the Committee for:
- Awareness
- Discussion

This report relates to a:
- Government policy/directive
- Local policy

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

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

2.   Report Summary

2.1   Situation

This report covers the period from 1 April 2022 to 31 March 2023 and provides a flavour of work undertaken during this time and describes plans as the service moves forward.

2.2   Background

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients and public alike, are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

NHS Fife volunteers come from various backgrounds and from across the whole of Fife.

Volunteering also offers the volunteer a new challenge, a new focus for those retired or who have an experience to share and offer others in similar situations.

2.3 Assessment

The Volunteering Service has continued to navigate the impact of COVID-19 pandemic, and associated infection control and prevention measures, whilst actively promoting, growing and developing the service. All acute and community volunteers who wished to return have now successfully remobilised, with the exception of those volunteering with Therapets.

2.3.1 Quality / Patient Care

Our volunteers want to make a difference to the recovery and care of everyone using health services and, as such, volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

2.3.2 Workforce

The team consists of two Volunteer Leads (1.8 WTE) supported by one full time administrative assistant (1.0 WTE). The service reports directly to the Head of Patient Experience (HoPE).

At the time of writing NHS Fife benefits from the support of over 80 active volunteers.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The COVID-19 pandemic had a significant impact on the levels of volunteering activity. The National Group for Volunteering in NHSScotland recommended NHS Boards should consider a safe and measured return of volunteering.

The NHS Fife Volunteering service has reviewed and updated all volunteering risk assessments, roles and activities accordingly to ensure a safe and effective remobilisation process.

2.3.5 Equality and Diversity, including health inequalities

Volunteers are welcomed from all walks of life and plans have been put in place to encourage young people to volunteer with NHS Fife through the Duke of Edinburgh Award Scheme. NHS Fife Volunteering Services are now a registered approved activity provider for volunteering with the Duke of Edinburgh Award. This allows young people working towards their award to undertake the volunteering element of this with NHS Fife and for our volunteering opportunities to be displayed and promoted via their website.

2.3.6 Other Impact

Positive community engagement.

2.3.7 Communication, involvement, engagement and consultation

NHS Fife Volunteer Leads continue to communicate regularly and offer support when required with volunteers.   As part of our volunteer improvement plan, we have identified a number of ways to ensure effective and meaningful engagement and consultation with our volunteers.

2.4   Recommendation

The Staff Governance Committee is asked to take **Assurance** from the report.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Volunteering Annual Report 2022-2023

Report Contact:

Siobhan McIlroy
Head of Patient Experience
E-mail: siobhan.mcilroy@nhs.scot

NHS Fife

Volunteering Annual Report

2022-2023

Foreword

Volunteering is invaluable to our NHS Fife services. It enhances not only the patient's journey and experience by offering support and helping to reduce loneliness and isolation but can also offer a new focus and challenge to those who want to make a difference, sharing their experiences and sacrificing their own time for others. Volunteering creates opportunities to gain new skills, and knowledge, helping to build confidence and resilience.

The last 12 months have continued to be challenging for our volunteering services. Our Volunteering Leads have been working hard to grow and remobilise our volunteers after the COVID-19 pandemic, redefining roles, and engaging with Services to explore new, exciting, meaningful opportunities for our volunteers and patients.

Our dedicated volunteers come from various backgrounds and locations across Fife and the Volunteer Leads worked alongside our Equality and Human Rights colleagues to launch a survey that would allow a better understanding of our volunteering demographics, and areas to focus on for future recruitment and retention.

The Volunteer Leads have been focusing on re-introducing volunteers back into the Hospice at Victoria Hospital and scoping the possibility of volunteers supporting our mental health teams. The Volunteer Leads have also been supporting the recruitment of the Community Listening Volunteers who continue to deliver a vitally important service to those experiencing difficulties in their lives. They are excited to continue working alongside Spiritual Care to support and to continue to widen this service across our Fife Communities.

We were delighted to re-launch the Volunteering Strategy Group, and we have had great support with this. The group aims to ensure policies, guidelines and best practices relating to volunteers are consistently followed and implemented across NHS Fife. We want to showcase and celebrate the tremendous contributions of the volunteers, recognising and sharing their stories, efforts, and successes. We also hope to focus on and encourage the number of volunteers engaging with NHS Fife and explore how best to do this.

Although it has again been a busy year, we are delighted to continue working with our teams and volunteers and are excited to grow and develop the Volunteering service. We cannot emphasise enough the value of their commitment and contribution to NHS Fife and patients' lives. A huge, continued, heartfelt thank you to all our volunteers and teams for their dedication, support, and hard work.

Siobhan McIlroy
Head of Patient Experience

Introduction & Summary

This Annual Report for NHS Fife Volunteering Service covers the financial period between 1 April 2022 to 31 March 2023, and details the volunteering activity throughout this period.

During this time the Volunteering Service has continued to navigate the impact of the COVID-19 pandemic, and associated infection control and prevention measures, whilst actively promoting, growing and developing the service.

National Guidance & Policy

Volunteering within NHSScotland is supported by Scottish Governments, Volunteering for All, Our National Framework, April 2019. The Framework sets the direction for Scotland's approach to volunteering over the next decade by focusing first and foremost on the volunteer, rooted in our national values of kindness, dignity and respect. It highlights and recognises the changes required to break down barriers to volunteering and to create more diverse and inclusive opportunities for everyone to engage in throughout their life.

Scottish Governments Scotland's Volunteering Action Plan, June 2022, seeks to build upon the Volunteering for All Framework, and to maximise the impact of volunteering. It aims to create an environment and a community of practice in which volunteering can adapt to changing priorities and continue to thrive. It seeks to establish accountability for ensuring that the needs of volunteers are at the centre of future decision-making.

NHS Fife's current policy was last reviewed in April 2021, with the next refresh due no later than April 2024. At the time of writing it is undergoing review. Associated policy; NHS Fife Volunteer Expenses Procedure will also be reviewed upon receipt of anticipated Healthcare Improvement Scotland Volunteer Programme guidance which will advocate for boards to increase the mileage rate for volunteers, as this has not been amended by Scottish Government for over 12 years and to move to best practice of 45p per mile in line with HMRC figures. Volunteer Leads are conscious of the impact of the increased cost of living on our volunteers, and apprehensive that this may become a barrier to entry for some.

Workforce & Support to Volunteering Services

The team consists of two Volunteer Leads (1.8 WTE) supported by one full time administrative assistant (1.0 WTE). The service reports directly to the Head of Patient Experience (HoPE).

The Volunteering in NHSScotland Programme, delivered by Healthcare Improvement Scotland (HIS), drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland. They have a

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range of publications providing information, guidance and good practice. The programme offers a package of support to volunteer managers with peer networking sessions, practice development sessions and access to their 'volunteering helpdesk' for support, alongside a virtual Volunteering Community of Practice.

Fife Voluntary Action (FVA) are our local Third Sector Interface (TSI) who provide good practise guidance, training and networking opportunities for the volunteering team and are a means of promoting volunteer opportunities and recruitment locally.

Remobilisation and Recruitment

Remobilisation from the COVID-19 pandemic has been slow, adapting to ongoing changes; to reflect shielding, immunisation status, lateral flow testing, mask wearing and social distancing. All acute and community volunteers who wished to return have now successfully remobilised, with the exception of those volunteering with Therapets. Volunteer Leads are in communication with Canine Concern, who are the registered body who train and regulate Therapets, infection control and health and safety colleagues to navigate their safe return to community settings. The service has received requests from both patients and their families, and staff for this valuable volunteering to resume.

Volunteering within the palliative care service is yet to resume as a result of the closure and refurbishment of the Victoria Hospital based hospice, and the change of service delivery, which has seen the dedicated hospice ward at Queen Margaret Hospital close and palliative care being delivered as an outreach model.

During this period recruitment has been open with a variety of roles being promoted via corporate website, corporate social media, attendance at school career fayres and via FVA.

Volunteer Demographic

NHS Fife Volunteering Services presently has 78 volunteers across 6 sites (Victoria Hospital, Queen Margaret Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and St Andrews Hospital) along with 9 public partner volunteers currently engaging with groups across NHS Fife.

We are unable to adequately monitor our equality and diversity characteristics due to the limitations of the national Volunteer Information System. As such with the current system constraints the optimum solution was to conduct an annual anonymous survey of all active volunteers, with the results representing a snapshot of the volunteers taking part at that moment in time. In March 2023 the NHS Fife Volunteer cohort (Acute services, Community hospitals and public partner volunteers) where asked to participate in an equality monitoring survey which yielded a 60% response rate. (see Appendix 1)

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An inclusive volunteer service should be reflective of the community it serves. Where national census information was available for the Fife Health Board these where used for comparative purposes.

The data tells us that we are unrepresented in our volunteer cohort with males, and those in the age brackets 26-35, 36-45 and 46-55.

The Volunteer Service are working with colleagues in FVA and our Equality and Human Rights Team to understand and address these gaps.

Service Activity and Development

2022-23 quarter 4 (Jan-Mar 2023) figures

Number of new enquiries received	100
Number of application forms Returned	31
Total number of interviews held	18
Total number of orientations conducted	26
Total number of new volunteer placements	17
Total hours of volunteering delivered	2529

As part of a National reporting exercise to the Scottish Government, in the period between April 2022 and March 2023 (inclusive), NHS Fife recorded an average of 50 volunteers delivering over 8500 hours of support across Acute and Community Hospitals.

Volunteer Leads took part in "Make your mark" inclusive volunteering workshops facilitated by Adopt an Intern (AAI) Employability, an inclusive recruitment enterprise advocating good ethics and assisting businesses how to recruit more diversity to their workplace and how to enhance their inclusion practices. Resulting action plans have been produced and the actions are in progress. The volunteer showcase, as appendix 2, was one such action. The showcase feature allows perspective volunteers to see a range of volunteers across demographics and promotes the ethos that volunteering is for all and should be representative of the community we serve.

NHS Fife is an anchor institution; a large organisation connected to our local area and community. Providing volunteering opportunities for the people of Fife enhances their own health and wellbeing, and supports access to education and employment. Employability can be increased by volunteers learning new skills and building their confidence to either enter or re-enter the workforce. It can also be the first step in the career pathway for those looking to pursue careers specifically within healthcare and the NHS. The volunteer service is actively building on this; linking with colleagues to attend high school career fayres and working with council partners engaging with employability clients.

The Volunteering Strategy Group has been re launched with the purpose to;

- ensure that volunteering national policies, guidelines and best practice are implemented across NHS Fife and followed consistently.
- influence policy and practice in order to ensure that the volunteering service is adequately resourced and supported. To identify and resolve any obstacles to this.
- champion the volunteering service at both an operational and board level, recognising and celebrating the contribution of volunteers throughout NHS Fife.
- maximise the number of volunteers engaged with NHS Fife; striving to have a volunteering cohort reflective of the communities we serve.

The current spread of the volunteering service is not Fife Wide, with a notable absence within Mental Health Services. Volunteer Leads are currently engaging in a scoping exercise to understand what meaningful volunteer support would like within mental health services.

Volunteers & NHS Fife Community Listening Service

Our Community Listening Volunteers continue to provide an important service to the population of Fife. In the last year they have provided a pivotal service that has allowed that active listening and therapeutic service to help many people who were experiencing difficulty in their lives. This is very much a community assets based type of approach. The result is that individuals are supported to make sense of their circumstances during periods of transition and change; helping them to recognise and use their own and communal assets with a view to proactively developing their wellbeing. The recently published Scottish Government framework on Spiritual Care recognises the significant contribution that the community listening service makes and recommends that it is widened across the community.

From the 1st Apr 2022 to the 31st Mar 2023, CCL received 318 new referrals and provided 1153 listening sessions.

We currently have 16 active listeners providing CCL in 15 GP Practices and to the Improving Cancer Journey Project. During 2023, a number of new volunteers undertook the National Formation Course which has resulted in an increase of 7 volunteers being identified for NHS Fife. It is our hope that these new volunteers will be appointed in the last quarter of 2023. As articulated within the new National Framework, the value of CCL has never been more recognised and is seen as being pivotal to the wellbeing of many patients across the Health and Social Care Partnership. There is a need for further growth and development, and this will be actively considered in the next year or so.

Celebrating Volunteering

Annually NHS Fife take part in recognising and celebrating our volunteers across National Volunteers Week, 1-7 June. Due to the pandemic we were unable to gather volunteers to mark the occasion, however this was acknowledged through thank you cards and a series of social media posts highlighting and thanking our volunteers.

Fortunately local policy permitted us to gather the volunteers for a Christmas celebration which was well attended and well received.

In November 2022 a memorial presentation of artwork took place in tribute to Helen Hagan. Helen volunteered as a play volunteer in the Children's Unit at the Victoria Hospital, Kirkcaldy, for over 30 years, with her volunteering beginning back in 1988. Helen provided vital support to the play staff by providing and supervising play opportunities within the play rooms.

The presentation was made to Helen's daughter, Mary Sparling, by NHS Fife Chief Executive Carol Potter and NHS Fife Chair Tricia Marwick. The painting was donated by the artist, John Gifford. The scene is of Dysart Harbor which was of personal significance to Helen.

"Sandra is an incredible volunteer; I can really see the impact she is trying to make with the patients in ward 7... I really appreciate her advice and guidance...I would love to shadow her again"

"It's been brilliant, first-hand experience"

(Volunteer reflection on volunteer experience in the ward, VHK)

"You made such a difference when you volunteered with us and the patients and staff adored you. You have been a pleasure to have in the ward"

(SCN reflection to volunteer at the end of their volunteering, Cameron Hospital)

"I attended the Queen Margaret Hospital in Dunfermline...at the front door I was met with professionalism... the friendly meeter and greeter at the door made me feel as though I was entering a top hotel"

(Patient Feedback via Care Opinion)

"I always consider it a privilege to be a member of your team"

(St.Andrews)

"All the staff welcomed me and helped me to get to know the place and helped me to get to know the patients.All the patients were super kind and I enjoyed talking to them all...overall an amazing first day and I can't wait to go back"

(volunteer reflection, Glenrothes)

"Today was a really good volunteering day. A very nice elderly woman was deposited in a wheelchair near the hospital entrance after her clinic appointment. She asked me if I could help her on her phone to get a taxi. I did, there was to be a 20 minute wait and she decided she'd like a cup of tea while waiting. I wheeled her to Costa, returned her to wait on the taxi making sure she was ok and not in a draught, etc. She kept saying how helpful I'd been... how nice everyone was in the clinic too and how happy she'd been with all the people she'd met. A very happy customer!   "

(meet & greet volunteer, VHK)

Strategy – A strategy and associated action plan is required to mobilise and realise our Volunteer Policy and reflect the aims of Volunteering for All, Our National Framework.

Developing roles – Working with colleagues and volunteer candidates to develop volunteer roles that are meaningful and purposeful, and allow people to get involved and stay involved. Increasing volunteering participation for all and to addressing inequalities is vital to continuing to expand opportunities for more people to volunteer. Without taking action to engage and support people of all ages and backgrounds to volunteer, communities will lose out on their talents.

Associated Documents/Links
- Volunteering in NHSScotland Programme Annual Report 2022-23;
  Volunteering in NHS Scotland Annual Report 2022-23 | HIS Engage
- NHS Fife Volunteering Policy;
  Volunteering Policy | NHS Fife
- Volunteering for All: National Framework;
  Volunteering for All: national framework - gov.scot (www.gov.scot)
- Scotland's Volunteering Action Plan;
  Volunteering action plan - gov.scot (www.gov.scot)

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Appendices

Appendix 1

Situation

In March 2023 the NHS Fife Volunteer cohort (Acute services, Community hospitals and public partner volunteers) totalling 88, where asked to participate in an equality monitoring survey. 53 responses where received (60% response rate)

Background

Due to the inability of the national Volunteer Information System (VIS) to accurately and meaningfully record equality data from volunteers, NHS Fife have not been able to engage in any equality monitoring for a number of years. Healthcare Improvement Scotland's National Volunteer Programme are in the process of commissioning a new VIS; however it is likely to be at least 18 months until a new system is available. Anonymity is key to gathering this data; however this presents the greatest challenge to allow the data to be maintained. As such with the current system constraints the optimum solution is to conduct an annual anonymous survey of all active volunteers, with the results representing a snapshot of the volunteers taking part at that moment in time. The survey was administered via MSTeams, with the option of hard copy forms available.

Assessment

The survey and responses can be found in here:

March 2023 Equality
Monitoring Results.dc

An inclusive volunteer service should be reflective of the community it serves. Where national census information is available for the Fife Health Board area these figures are shown as a percentage in the table for comparative purposes

The most notable variations between the volunteering cohort and that of general public in Fife are;

Sex

	Respondents	Fife
Female	77.4%	52%
Male	22.6%	48%
Non-Binary	0	Not represented in census
Prefer not to say	0	Not represented in census

The number of males represented within the volunteering cohort is 22.6%, which is over 50% less than the male population of Fife at 48%.

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Age

	Respondents	Fife
16-25	34%	12.8%
26-35	3.8%	11.4%
36-45	1.9%	14.2%
46-55	5.7%	14.6%
56-65	20.8%	12.9%
66 and over	34%	16.5%

The most significant variations between participation and population by age are highlighted above in yellow, the most marked of these being in 36-44 age bracket.

Recommendations

The Volunteer Service will now seek to reduce these variations; to increase participation by males and those aged 26-55. In order to do this the service will conduct a scoping exercise in order to establish the barriers to these groups (including other health boards, Healthcare Improvement Scotlands Volunteer Programme and other voluntary organisations) Following this the volunteer service will produce an improvement plan to reduce barriers and promote entry to volunteering for underrepresented groups.

11

[Volunteer stories | NHS Fife](#)

Volunteer Name: Suleman Khan
Volunteering Role: Ward-based/ Meet & Greet
Place of Volunteering: Ward 1 & Reception QMH

How long have you been volunteering/when did you start volunteering:
Started May 2022

Why did you get involved with volunteering?

I wanted to get involved in volunteering with NHS Fife to acquire hospital work experience to support my medical school applications. I also used the experiences to determine if healthcare is the industry I want to work in. Offering some form of help to the NHS, especially considering the strain its under, was also a big part of why I wanted to volunteer.

What do you get out of/enjoy about volunteering?

I have learnt quite a lot about myself and what a career in healthcare involves through my time as a volunteer. From the importance of strong communication skills, empathy and teamwork on patient outcomes, to what I would find to be the less glamorous parts of working in a hospital. Despite the challenges, the reward of being trusted to help individuals in my community during a vulnerable and scary time for them makes the work worth it.

Do you have any reflections you would share about your volunteering experience, and would you recommend volunteering to others?

The NHS Fife volunteering team is a fantastic and supportive bunch, so whether you want to offer a helping hand to your local hospital or build essential experiences to support your future aspirations then give them an email.

Volunteer name: Jack Wilson
Volunteering role: Response Volunteer
Place of volunteering: Ward 1, Glenrothes Hospital

How long have you been volunteering/when did you start volunteering?
Started in November 2022.

Why did you get involved with volunteering?
I had experience of the NHS and healthcare through family dealings, and I wanted to get experience volunteering in this.

What do you get out of/enjoy about volunteering?
I enjoy trying to make a difference to our patients' hospital stay and finding out a bit about each of the patients and what really matters to them.

Do you have any reflections you would share about your volunteering experience, and would you recommend volunteering to others?
If it is something you think you would enjoy definitely go for it! It is a great experience being a part of the ward and a part of the patients' hospital stay.

STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 9th November 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 20th September 2023 was on the ongoing, incredibly challenging workforce and financial position. Items discussed included progress on the Population Health & Wellbeing Strategy, Core Training Compliance, and the Agenda for Change Reduced Working Week work. There was an update on iMatter 2023 and the re-establishment of the Acute Services Health & Safety Committee; and plans were outlined for the Once for Scotland Workforce Policies implementation within NHS Fife. The Occupational Health & Staff Wellbeing Annual Report 2022/23 and Health & Social Care Partnership Local Partnership Forum Annual Report 2022/23 were presented.

No issues were raised for escalation to the Staff Governance Committee.

NHS Fife
AREA PARTNERSHIP FORUM

NHS Fife

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH SEPTEMBER 2023 AT 13:30 HRS IN MAIN HALL, LYNEBANK HOSPITAL

Chair: Carol Potter, Chief Executive

Present:

Wilma Brown, Employee Director	Wendy McConville, UNISON
Nicky Connor, Director of Health & Social Care	Chris McKenna, Medical Director
Simon Fevre, British Dietetic Association	Margo McGurk, Director of Finance & Strategy
Fiona Forrest, Deputy Director of Pharmacy & Medicines (for Ben Hannan)	David Miller, Director of Workforce
Joy Johnstone, Federation of Clinical Scientists	Belinda Morgan, General Manager, Emergency Care Directorate (for Claire Dobson)
Chu Lim, British Medical Association	Louise Noble, UNISON
Kirsty MacGregor, Associate Director of Communications	Sandra Raynor, Head of Workforce Resourcing & Relations
Neil McCormick, Director of Property & Asset Management	Joy Tomlinson, Director of Public Health

In Attendance:
Sue Ponton, Head of Service, Occupational Health (Item 04.2)
Janet Melville, Personal Assistant (Minutes)

Actions

01.   WELCOME, INTRODUCTIONS AND APOLOGIES

C Potter welcomed colleagues to the meeting, including guest presenter S Ponton. Apologies were noted from S Adamson, V Bennett, C Dobson (B Morgan attending), M-A Gillan, N Groat, B Hannan (F Forrest attending), J Keenan, A Kopyto, A Nicoll, L Parsons, J Pickles, K Reith, C Somerville, A Verrecchia and R Waugh.

02.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 19th July 2023 were accepted as a true and accurate record.

The Action List was reviewed, and updates provided, with most actions 'closed' or assurance given that they will be 'complete' soon.

03.   MATTERS ARISING

W Brown expressed her disappointment at the absence of a Workforce Information Overview report and recognised that although up-to-date data is available through electronic systems such as Tableau, not all colleagues have access to these.

It was agreed to discuss out with the meeting at the Partnership Group what information / and frequency to bring to future Area Partnership Forum (APF) to

Partner-ship Group

ensure everyone is kept informed appropriately but without repetition.

04. WELL INFORMED

04.1 Population Health & Wellbeing Strategy

M McGurk advised that the report is brought to APF to give assurance of delivery of the strategy.

The Three Horizons Model (illustrated in Appendix 1) is used to provide a framework for reporting. C Potter explained that, as well as planning for the here and now, the framework prompts consideration of what we need to do now to improve the health and wellbeing of the population of Fife of the future.

M McGurk indicated that an Annual Report would provide a summary of work across horizon one, using lived examples and case studies to illustrate the impact of the strategies. In addition, the annual report will allow the Board to consider horizon 2 and 3 by describing strategic planning for the medium and longer term.

A Mid-Year Update Report will also be produced, focussing on the progress of the work underpinning the Strategy and the delivery of the corporate objectives, and identification of emergent issues, in the current financial year. An early draft will be brought to the next APF; feedback is welcomed.

MMcG

APF **noted** the update.

04.2 Occupational Health & Staff Wellbeing Annual Report 2022/23

S Ponton presented the paper which is brought to the APF for assurance. S Ponton indicated that following the COVID-19 pandemic, Occupational Health (OH) is fully re-establishing core services as well as adapting to evolving business needs. Key challenges and highlights include:

- A 97% increase in the number of pre-placement screenings compared to pre-pandemic levels, reflecting the organisation recruitment drive.

- A surge in management referrals (60% up on pre-pandemic level) which correlates with sickness absence statistics. The main reasons are Mental Ill Health and Musculoskeletal complaints, and in addition, more complex cases requiring a multi-disciplinary approach. OH has increased the pool of counsellors, and signposts individuals to a range of local and national wellbeing resources.

- The Occupational Therapy Fatigue Management Service focus on COVID fatigue is now addressing 'fatigue' evolving from other conditions.

- NHS Fife's Mental Health Nurse, unique to OH, offers light touch interventions, successfully assisting staff to return to work who otherwise may not feel able to or be off longer-term.

- Did Not Attend (DNAs) are significantly up on last year; an increase of 200% on pre-pandemic levels. Exploring root causes which are multi-factorial; and implementing mitigating actions as appropriate.

- There have been challenges recruiting to Senior Level posts which were vacant for some time; this has impacted on capacity to deliver services, but the posts are now filled.

In the discussion that followed, W Brown raised a concern that telephone, or virtual appointments are not suitable for fully assessing certain conditions such as someone who has mobility issues and queried whether face-to-face appointments would be re-established. S Ponton advised that some individuals

prefer the initial telephone or Near Me consultation with a follow-up in person appointment if required; face-to-face appointments are arranged once cases are triaged.

D Miller drew attention to the high DNA rate. J Tomlinson was particularly concerned if DNAs are in relation to screening / vaccinating against communicable diseases such as measles. S Ponton explained that courses of vaccinations are 'strongly recommended' not 'mandatory'. S Ponton assured colleagues that educational materials are given to staff and a robust DNA process is in place, a letter goes to their line manager if staff don't complete the course. L Noble questioned why, if it's not compulsory? It was agreed not being appropriately vaccinated poses a risk to vulnerable patients, staff and themself. N Connor requested more detailed information to identify 'hot spots' and champion the uptake of vaccinations.

SP / NC

N McCormick advised that at the Health & Safety Sub-Committee, musculo-skeletal instances and absences are regularly assessed (which don't currently correlate), and with improved Health & Safety core training compliance, welcomed information that confirms all the effort is resulting in a reduction in absences / whether specific areas require targeting. S Ponton advised that more detailed information will be available in the coming months due to digital transformation.

APF **noted** the report.

04.3   Finance Update

M McGurk indicated that the report details the financial position for NHS Fife to 31 July 2023: a £10.9m revenue overspend is reported for the first four months of the 2023 / 24 financial year. This reflects the continuing impact of historic and emerging financial pressures and concerningly, the limited progress to deliver against the agreed £15m cost improvement programme, despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government (SG) during June 2023.

Although there has been significant positive activity across all services to respond to the SG's direction to reduce off framework agency staff spend, there has not been a reduction in the overall use of temporary staffing when compared with the that incurred in 2022 / 23. The three cost improvement focus areas (Bank & Agency, Surge and Corporate Overheads) laid out in the financial plan are currently behind target and consequently other measures are required to provide the resilience needed to deliver the £15m in year cost reduction target. A review of Quarter 1 performance confirmed that the main drivers of costs are moving in the wrong direction; M McGurk indicated that all Boards in NHS Scotland are facing similar challenges.

M McGurk observed that at the NHS Fife Realistic Medicine event this morning, the ethos is all about the opportunity to deliver services differently: shared decision making and a personalised approach to care, to reduce harm, waste, and unwarranted variation, managing risk better, becoming improvers and innovators. This led to a discussion during which it was suggested that NHS Fife has not yet realised the full potential of recruitment initiatives to date: additional costs include the review / upgrade of Band 2 Healthcare Support Worker roles to Band 3; recruiting Band 4 Assistant Practitioner; new Ward Admin roles; International Recruitment; together with costs of sickness absence. It was suggested that we may have over-estimated possible savings / what was realistically achievable / under-estimated the scale of change, and that the impact / results of the changes have yet to materialise.

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APF **noted** the update.

04.4   Communications Update

K MacGregor introduced the first edition of the Communications Report which details and evaluates the range of activity communications colleagues were involved in April-June 2023. Following feedback from Staff Governance Committee members, a review of the presentation of data will be undertaken prior to the next edition at the end of October 2023.

S Fevre was impressed with the report but observed there was still a focus on digital delivery, and reminded colleagues that not everyone has access to electronic devices. C McKenna informed the APF that >50% of over 65s do not fully understand how to use the internet: how can we fully reach the population of Fife. W Brown has heard that some GPs are only using online appointment systems, with none being taken by telephone. J Johnstone indicated that individuals may once have had the skills to go online but no longer do. K MacGregor suggested it was about choice, providing messages both electronically and in hard copy (with consideration being given to instant access versus costs and environmental impact). C Potter recommended that NHS Fife engages more proactively with Community Councils to provide meaningful communications.

NC

Given time constraints, the StaffLink Update slide deck will be circulated to APF members with the minutes.

KMacG

APF **noted** the update.

05.   APPROPRIATELY TRAINED

05.1   Core Training Compliance Update

D Miller summarised the key aspects of the report, indicating that all core topics had an increase of between 1% - 4%. Manual Handling has now reached 80% compliance and work continues with all other core training providers to achieve the required 80% by the deadline dates outlined in the report.

As advised in the report, the Learning and Development Forum (LDF) is a locally created group comprising representatives from several training delivery services in NHS Fife. Forum members have identified that the (un)availability of appropriate training rooms is having an impact on the ability to increase classroom-based learning opportunities, including core skills topics, and requested that venues for training are given priority as we attempt to increase core training compliance.

Following the question asked by Staff Side colleagues at the APF in July 2023, a survey was developed to capture learner feedback, as part of the move to the self-booking function. Staff Side raised a concern that learners may now be attending training in their own time as a result. As at 18 September 2023, the survey has been sent to 2513 learners who have either attended or cancelled their place on a core skills training event. To date, 145 learners have responded, of which:

- 98 indicated they attended during their working hours, authorised by their manager
- 21 indicated they attended in their own personal time but with agreement from their manager that this time would be given back at a later date
- 11 indicated that they attended in their own personal time without

receiving any time back after attending the event
- 15 indicated the question was not applicable as they had not attended the training they had originally booked to attend.

D Miller concluded that actions to improve core training compliance are progressing well; however, work is ongoing to encourage compliance / attendance.

W Brown drew attention to the continued slow progress and suggested it was unlikely we would meet the 80% target for every core topic by the dates detailed in the paper. Particularly concerning was Resuscitation at 54%, given winter pressures in the coming months would mean it is even more challenging to release staff to attend training. During the discussion that followed, D Miller reassured APF colleagues that additional training sessions would increase capacity and should ensure targets are met by 31 March 2024, if not before. B Morgan advised that within Acute Services, staff are being supported to attend training, prioritising Basic Life Support; and rolling out more widely the successful test of change on cascade training. S Fevre suggested presenting compliance from 6 months ago would put progress in perspective.

APF **noted** the update and actions being taken to improve compliance rates.

06. INVOLVED IN DECISIONS

06.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

B Morgan reported on the main issues and highlights of the ASD&CS LPF meeting held in August 2023:

There is a focus on training opportunities and supporting staff to access training. Mandatory training has seen some progress: Emergency Care has improved from >30%, to 39% compliance.

Jackie Millen, Workforce Development & Engagement Officer had demonstrated the TURAS Managers Zone and the self-booking system.

The Obstetrics Department has been highly commended as one of the top 10 performing units in the UK for obstetric training by The Royal College of Obstetricians and Gynaecologists.

The Emergency Department, Victoria Hospital is in the top 2% in Scotland in terms of the support they give to trainees.

Following a SQA External Verification Visit for the training and support we give to our support workers Pharmacy were graded at the top rating in all areas, including supported students.

Unfortunately, following the HIS Unannounced Safe Delivery of Care Inspection concerns were raised in relation to the healthcare-built environment in Ward 5. A decision was taken to close the ward and relocate to Ward 10 to allow a fuller appraisal of the area to be undertaken. The report has been delayed but, in the meantime, an oversight group has been set up to address the issues and updates will be given at both future LPF's and APF.

In terms of the Annual Report, B Morgan wished to acknowledge and thank all contributors.

Pharmacy is moving from a 5.5 day to 7-day service: a draft consultation document is being prepared to enable full engagement from staff.

L Noble reported that there had been a few ward closures/ moves recently which had all gone smoothly.

APF **noted** the update.

06.2 Health & Social Care Partnership Local Partnership Forum Annual Report 2022/23 and Update

S Fevre spoke to the H&SCP LPF Annual Report 2022/23 (Summary and Full versions) which is brought to APF for information. S Fevre thanked all contributors and in particular Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SCP for his advice and guidance on revising the style, format, and content of the report.

The report highlights the work of the H&SCP LPF including encouraging participation in iMatter; Recruitment: Mission 25, Fife H&SCP Care Academy engagement; contributing to H&SCP strategy development; discussing Transformational Change. Priorities for 2023/24 include taking forward Equality, Diversity & Inclusivity, Staff Health & Wellbeing, and supporting the extension of Leadership.

The report is going through the usual governance route: to H&SCP LPF on 21 September 2023 for sign off prior to going the Integrated Joint Board (IJB) at the end of the month. N Connor thanked S Fevre for the fabulous job he has done in pulling the report together, he is the catalyst for making things happen; and R Lawrence for his expertise in bringing together two differing organisational cultures.

In terms of the APF update, S Fevre reported that the foremost topics under discussion at the H&SCP LPF meeting held in July 2023 were Mandatory Training, iMatter and Finance. The H&SCP LPF meets again next week (the agenda is detailed in Appendix 1).

The H&SCP LPF Development Session being held on 21 September 2023 is the first face-to-face session since pre-COVID. The agenda includes the Transformation Programme, H&SCP LPF Annual Report, and what H&SCP LPF will look like going forward.

APF **noted** the report and update.

06.3 iMatter 2023 Process Report

S Raynor summarised the key themes from the iMatter report:

- For the second consecutive year, NHS Fife and H&SCP engagement has exceeded that of the national outcome. In 2022, NHS Fife achieved 60% engagement (55% nationally). This year, we have increased the gap, achieving 66% compared to 59% engagement nationally.
- For the first time since iMatter began, NHS Fife and H&SCP teams were all confirmed by their manager or a nominated representative in their area. The Board Admin team did not need to seek permission from Scottish Government to 'lock teams in' before the deadline as has been done in previous years.
- The use of Pop-up Booths to encourage participation: as part of the roadshow staff were given access to a PC or laptop to complete their iMatter survey.
- The creation of Manager Packs: these were designed and compiled jointly with NHS Fife and Fife H&SCP iMatter teams and sent electronically to all managers before, and during, the entire iMatter period.
- Appendix 1 details the Board Report for 2023.
- Staff Governance Committee agreed that the Action Plan is key – support for managers and drop-in sessions were especially welcomed

- The report indicates that as at 31 August 2023, a total of 304 (32% of teams) Action Plans were recorded across NHS Fife and H&SCP. By the 8-week deadline date (18 September 2023) 689 (73%) Team Action Plans were 'locked in' This is the highest engagement figure achieved in the last 5 years; the best previously was in 2021 with 52%.

D Miller was pleased to note that despite these positive aspects, the iMatter Admin Team are not resting on their laurels but looking to continually improve.

This led to a discussion during which N McCormick took the opportunity to thank J Millen and her team for supporting Estates & Facilities staff: around half completed the questionnaire digitally, which has improved engagement and scores in a number of areas, as well as being environmentally beneficial. N Connor acknowledged the value of scheduling Action Plan meeting(s) well in advance to ensure full commitment from managers and their team(s). S Fevre suggested now that iMatter has been used for several years, staff are more confident in using the tool and respond more honestly and openly. C Potter noted that at an organisational level, eleven teams were indicating red / amber which flags those teams which may have significant issues to address, however as accountable officer she has not insight to this, which was recognised as a national issue with IMatter.

APF **noted** the report.

06.4   Agenda for Change Reduced Working Week

David Miller explained that as part of the 2023 / 24 pay deal, Scottish Government (SG) has committed to a review of Agenda for Change terms and conditions. A working group has been established to:

- Assess the feasibility of a reduced working week without loss of earnings.
- Identify a preferred option for how a reduced working week could be implemented.
- Set out a plan of the review by September 2023 for consideration of STAC (Scottish Terms and Conditions Committee) Secretariat and approval by SG.
- Draft an implementation plan for consideration of STAC Secretariat.

The proposal is to each year, over the course of three years, reduce the working week by half an hour (from the current 37.5 to 36 hours per week).

A Desk Top Exercise is proposed, to explore a reduced working week across a range of services with early adopters / volunteers. NES colleagues to pull together ideas nationally, replicating good practice and to develop a Delivery Framework and Toolkit to support Boards going forward.

D Miller advised that the paper aims to give assurance to STAC as consideration has been given to safe staffing legislation and recruitment vacancies with innovative ideas to aid resilience. W Brown stressed that the reduced working week must be delivered, as it is part of SG's pay deal agreement.

APF **noted** the update.

07.   TREATED FAIRLY AND CONSISTENTLY

07.1   Whistleblowing 2023/24 Quarter 1 Report

S Raynor talked to the report which is for the period April – June 2023. It incorporates the lessons learned during the past two years since the Whistleblowing Standards were introduced, and actions taken: most actions

are now concluded or underway. There is one concern for Quarter 1 which is detailed in Appendix 1. S Raynor advised that future reports will incorporate feedback from those involved in the process from a questionnaire recently developed for use.

S Raynor reported that a training session for approximately twenty-two individuals who have expressed an interest in undertaking the role of Confidential Contact has been arranged over October 2023. The new confidential contacts will be promoted as part of the National Speak Up week (2-7 October 2023).

S Raynor confirmed that the recommendations of the Audit Report are either underway / or closed.

Following the SGC meeting on 14 September 2023, consideration is being given to where whistleblowing goes next.

S Fevre expressed his disappointment that staff side were not involved with the preparation of the staff survey for the concern reported in quarter 1. L Noble highlighted that the questionnaire had just been sent to substantive staff, not to bank or agency staff, who may have raised the concern. C Potter observed that NHS Fife is not inundated with Whistleblowing concerns which can only be positive; and as the standards were only launched in April 2021 we are still learning and refining our practices.

APF **noted** the report.

07.2 Once for Scotland Workforce Policies Implementation Plan – Phase 2

S Raynor referred to the letter regarding the 'soft launch' of the Once for Scotland Workforce Policies – Supporting Work Life Balance which had been shared at the APF in July 2023. Joint briefing sessions (facilitated by manager and staff side colleagues) are currently being arranged and will be a mix of face-to-face and virtual delivery. The aim is to ensure that the key principles and values of the policies are understood and that the policies are implemented in a supportive and flexible manner. There are 11 Once for Scotland policies with supporting documents that we saw from earlier Once For Scotland Policies. A slide deck will be used to highlight the differences between the current and new policies.

APF **noted** the report.

08. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

08.1 Acute Services Health & Safety Committee Update

N McCormick explained that it had been agreed to re-establish the Acute Services & Corporate Services Health & Safety Committee, with an update of the terms of reference and membership. However, despite several attempts, it has not yet been possible to meet, as staff are not being released to attend due to service pressures. It was proposed the meeting could be held in tandem with the ASD&CS LPF meetings which may make attending more viable.

W Brown suggested it would be wrong to hold the Health & Safety (H&S) meeting at the same time as the LPF, it needs its own importance and identity. W Brown also emphasised that H&S reps have a legal right to attend meetings.

It was agreed to take forward this matter out with the APF meeting.   **NMcC**

APF **noted** the update.

Reinforced Autoclaved Aerated Concrete (RAAC)

W Brown stated it was concerning that National Services Scotland has published a list of properties (without prior warning to Boards) which are being surveyed across the NHSScotland estate as part of the Reinforced Autoclaved Aerated Concrete (RAAC) discovery survey programme, as this could cause angst amongst staff.

N McCormick sought to reassure colleagues that there is no immediate risk. These surveys will determine any requirements in terms of ongoing monitoring or whether any immediate or future remedial action is required. Staff will continue to be updated as this process progresses. C Potter indicated that these assessments are primarily based on the buildings having been constructed during the period when RAAC was used regularly.

Fire Safety

W Brown queried whether additional Fire Wardens will be appointed, given the changes to the Fire Service response (there is no automatic attendance at non-residential sites) and that Fire Wardens may work part-time and / or agile so not always office based. N McCormick indicated it had been agreed that no additional Fire Wardens are required; and training is being updated for existing Fire Wardens.

09.   ITEMS FOR NOTING

The following items were **noted** by APF:

09.1   H&SCP LPF – Minutes of 23rd May 2023
09.2   ASD&CS LPF – Unconfirmed Minutes of 17th August 2023
09.3   NHS Fife Staff Health & Wellbeing Group – Minutes of 28th June 2023

10.   AOB

Employee Director

C Potter confirmed that this was W Brown's last APF and that she is standing down from the role of Employee Director (not retiring) as of 30 September 2023; and welcomed L Parsons as the new Employee Director. C Potter thanked W Brown for her valuable contribution over the years, appreciating her candour and unwavering commitment in putting forward the staff side point of view; and wished both W Brown and L Parsons all the best in their new roles.

Retirement

C Potter informed Forum members that this was also S Fevre's last APF meeting and thanked him for his significant contribution over many, many years. S Fevre advised that interestingly, the first ever APF meeting was on the 2nd November 2001, and although he has not attended them all, he still has the minute of that meeting and is the only person still attending! Both management and staff side recalled some frank discussions and challenging matters which have been talked through and successfully resolved in partnership over these years. C Potter, on behalf of the APF, wished S Fevre a long, happy, and healthy retirement.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 22nd

November 2023 at 13:30 hrs.

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| **Health & Safety Sub-Committee** |
| **(Meeting on 9 November 2023)** |
| There were no items for escalation to the Staff Governance Committee |

Minute of the H&S Sub-Committee Meeting
Friday 8 September 2023 at 12.30 pm on Teams

Present
Neil McCormick (Chair), Director of Property & Asset Management (NMcC)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM)

In Attendance
Billy Nixon, H&S Manager (BN)
Anne-Marie Marshall, Manual Handling Team Lead (A-MM)
Paul Bishop, Head of Estates (PB)
Ian Campbell, Interim Head of Spiritual Care (IC)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams for transcribing after the meeting

No.		Action
1	**Welcome & Apologies** NMcC welcomed the group to the meeting. Apologies were received from Chris McKenna and Conn Gillespie. <u>Action</u> - NMcC and DM **agreed** to meet with Staff Side in terms of increasing attendance and resilience within health and safety representation at the Health & Safety (H&S) Sub-Committee and also at HSCP H&S meetings.	**NMcC/DM**
2	**Minute/Matters Arising**: The Minute of 9 June 2023 was approved as an accurate record. <u>Matters Arising</u> Matters Arising from the previous minute were included in the Agenda and discussed at today's meeting.	
3	**Governance Arrangements**: There were no Governance Arrangements to report.	

4	**Operational Updates**	
	4.1(a) H&S Incident Report (Jun-Aug 2023)	
	The H&S Incident Report for the period June to August 2023 was distributed and **noted** by the Sub-Committee.	
	Incidents Summary:	
	Musculoskeletal (staff): 5 reported incidents in the quarter 15 incidents in the period April to August 2023	
	Riddor (all) 7 reported incidents in the quarter 17 incidents in the period April to August 2023	
	Self-Harm (patients) 63 reported incidents in the quarter 162 incidents in the period April to August 2023	
	Sharps (staff): 35 incidents reported in the quarter 57 incidents in the period April to August 2023	
	Slips, Trips & Falls (staff) 12 incidents reported in the quarter 21 incidents in the period April to August 2023	
	Violence & Aggression (staff) 334 incidents reported in the quarter 850 incidents in the period April to August 2023	
	NMcC added that often regular violence and aggression racially and sexually motivated incidents occur on more than one occasion with certain individuals, a subject that has been raised at recent Staff Governance meetings. He advised that our Violence & Aggression Advisor has been actively approaching individuals to offer support.	
	IC advised that the Spiritual Care Team has been involved with the A&E Team in relation to violence and aggression incidents. He enquired as to whether there was a particular hotspot within Acute.	
	NMcC **proposed** that IC be introduced to Bill Coyne, V&A Advisor.	
	IC **agreed** to contact BN to arrange to meet Bill Coyne.	
	4.1(b) Consideration for Violence & Aggression Training be Mandatory across Fife	

In terms of the high number of violence and aggression incidents being recorded, BN advised the Sub-Committee that he is collaborating with his team to consider that Violence and Aggression training be made mandatory across Fife. BN will prepare an SBAR for discussion at EDG.

The Sub-Committee **agreed** to this way forward.

NMcC **agreed** to take the report forward to EDG for approval.

4.1(c) Incidents Dashboard - Month-on-month Trends

DM **supported** the content of the Incident Report and suggested that it would be interesting to see in the Incident Dashboard how incidents from the previous quarter compare in terms of trends.

The Sub-Committee **agreed** that BN take forward trend analysis details on future Incident Dashboards

Action - BN **agreed** to include this information on the next Incident Report (Sept to Dec 2023).

BN

4.1(d) Escalation of the Quarterly H&S Incident Report

NMcC proposed that it would be useful to have the quarterly Incident Report added as an item for noting at either Staff Governance Committee or the Area Partnership forum to widen health and safety activity reporting across Fife.

The Sub-Committee **agreed** to the proposal.

Action - DM will take forward the proposal and provide an **update** on progress at the next meeting.

DM

4.1(e) Fire Extinguishers in Mental Health Settings

A discussion took place around the access to and safety surrounding fire extinguishers in mental health settings. This followed a report of a fire extinguisher being used as a weapon towards staff, which raised the one question of whether we can prevent or reduce similar incidents happening in the future.

The Sub-Committee **supported** A-MM progressing with this with a view to advising the H&S Sub-Committee of any updates.

4.2 Moving & Handling Report (June 2019 - June 2023)

BN advised the Sub-Committee that the Manual Handling Training uptake is at 80% which is a good result.

The Manual Handling Analysis Report was distributed and **noted** by the Sub-Committee.

A-MM gave a detailed discussion and comparison on manual handling course delivery and attendance figures for the period June 2019 to June 2023. Thanks were extended by the Sub-Committee to the Moving & Handling Team for the great work they are carrying out. NMcC added that following the Covid-19 Pandemic and the difficulties faced during this time, NMcC commended the Health & Safety team overall for their commitment and hard work in achieving the great results we see today. 4.3 Sharps Review Update Sharps incidents were discussed at item 4.1. The Sharps Review Update will remain a standard agenda item on the H&S Sub-Committee agenda. 4.4 Face Fit Testing Update BN advised that the requirement for Face Fit Testing has reduced following the Covid-19 Pandemic, however the scheduled machine test continues on a monthly basis for those who fail the local test. Action - BN and JK **agreed** to liaise regarding the co-ordination of Face Fit Testing in terms of a possible Central Database and **agreed** to provide an update at the next H&S Sub-Committee meeting on 8 December 2023. 4.5 Learning & Development - all H&S /Manual Handling Training Packages Update A-MM **advised** that scheduled courses continue to be well attended. There have been several over subscriptions, however, these continue to be monitored and extra training sessions are provided to encompass them. 4.6 Anti-Ligature Discussion RL advised the group that there is a schedule of refurbishment being developed which involved the HSCP Clinical team and the NHS Fife Estates team. At present, the teams are preparing for the decant of patients and staff from Ward 3, QMH in preparation for the schedule of works to begin as soon as possible and from there, the teams will continue to work through the refurbishment. Investment funding will be provided over the next 3 years from both the HSCP and NHS Fife. She added that the works have also been supported by the Fife Health Charity which is a welcome addition.	**Andrea for the Agenda** **BN/JK**

	On a softer side, investment has been made in a café at Stratheden and bids are being received for improvements to outdoor space which will complement the statutory works. A Short Life Working Group is in the process of being set up and is being co-ordinated by the Business Manager of the HSCP. Work continues with the proposed development of a Ligature Policy and literature has been gathered from Boards across the country will be considered when compiling a local policy. This will apply not only to the HSCP but Board wide including community hospitals and several of our Acute hospital wards. Representation is therefore sought from these areas to join and be part of the Short Life Working Group. The Sub-Committee **agreed** that the upgrade works are welcomed which will create a better overall environment for our mental health patients, staff, and visitors. JN advised that positive valuable feedback was received following a visit from the Mental Welfare Commission on 7 September 2023 including improved changes to the nursing team and the environment. RL extended thanks on behalf of the Sub-Committee to the staff team and everyone else who helped achieved the positive result.	
5	**NHS Fife Enforcement Activity** BN **advised** that there was no enforcement activity to report within NHS Fife or any other Boards at this time.		
6	**Policies & Procedures** There were no Policies and Procedures updates to report.		
7	**Performance** 7.1 ASD&CD H&S Committee Update With the help of Claire Dobson and Andy Verrecchia, we are aiming to effectively get the Acute Services H&S Committee up and running however, to date staff side representation remains outstanding. 7.2 HSCP H&S Assurance Group minute of 08.08.23 & update		

	Action - RL agreed to forward minute for circulation.		**RL**
	RL added that there is a full Action Plan within the HSCP in terms of responsibilities around health and safety. Returns will be discussed at the next HSCP Health & Safety meeting in December 2023.		
	In terms of training, RL advised that a Mandatory Training Dashboard is in place providing a monthly report to the HSCP SLT. She added that there is a trajectory to aim for 90% across all services by the end of the calendar year.		
	NMcC was encouraged by the role specific health and safety responsibilities being actioned and added that it would be interesting for some of this information to be shared with the H&S Sub-Committee as things progress.		
8	**Any Other Business**		
	8.1 <u>HSE Letter - Recommendation for managing Violence & Aggression & Musculoskeletal Disorders in the NHS</u>		
	In terms of the HSE letter of 28 March 2023 addressed to all NHS Trust and Board Chief Executives, we have not received a direct copy, however, BN **agreed** to draft some internal notes that respond to the points in the letter.		
	Action - BN will draft notes for consideration.		**BN**
	8.2 <u>NHS Fife Board Compliance around Entonox Levels</u>		
	(i) Assurance that NHS Fife is compliant with all aspects of Health and Safety Legislation around Entonox Levels: a) Undertake H&S inspections/COSHH risk assessments. b) Reduction of exposure (by engineering means and/or by provision of suitable personal protective equipment (PPE) as far as reasonably practicable. c) Provision of information, instruction, and training. d) Appropriate mitigation including elimination or substitution.		
	(ii) Consider escalation to other forums out with Sub-Committee meetings?		
	(iii) Formal response in support of the above to be sent to J Lambert, RCoM.		
	PB advised that after meeting with pharmacy colleagues and key stakeholders and discussions held at the Clinical Governance Committee meeting on 8 September 2023, it was agreed that the best way forward in terms of identifying the risk		

and mitigation to individual members of staff would be to have a monitoring system in place with personal monitors for staff. This will identify whether people are being exposed to Entonox levels beyond the allowable levels.

PB added that he is aware of only two companies who supply Entonox personal monitors worldwide. Having spoken to one of the companies this morning and was assured by their positivity and being at the forefront in terms of technology. With this in mind, a mobile monitoring unit and a sample personal monitor is being organised for use in Fife.

NMcC advised that as a Board, a Policy is being developed around Entonox in terms of limiting use.

In terms of the environment, Entonox contains Nitrous Oxide which is a harmful gas and there has been an overall drive to reduce the levels of Nitrous Oxide in general.

8.3 Update following HIS Inspection Visit

NMcC provided an update on the recent HIS Inspection in terms of the issues that were raised regarding routine and reactive maintenance. He gave **assurance** to the Sub-Committee that the Estate Sector Manager for each site (Central Acute, Glenrothes & NE Fife and Dunfermline & W Fife) have identified and checked that the statutory compliance of the sites are fully up to date.

In terms of the planned upgrade to Ward 5, Phase 1, VHK the wards are now empty with ENT being temporarily moved to the Tower Block. Once complete, there is likely to be maintenance works carried out in Ward 6 and Ward 9 and this will take place throughout the remainder of the year.

8.4 Incident: Exposure to Asbestos

In view of the potential exposure to asbestos incident caused by an external contractor who drilled into a wall containing asbestos, NMcC gave **assurance** to the Sub-Committee that the Estates Department have set specific guidelines to ensure that safeguards are in place following the incident to avoid any reoccurrence.

8.5 Reinforced Autoclaved Aerated Concrete (RAAC)

NMcC provided an update to advise that a process for reviewing the Fife estate in terms of reinforced concrete has been agreed across NHS Scotland.

Every build within our estate was checked to determine the date in which blocks were built, particularly between 1950 and 1989

when we envisaged that this was the period with the most likelihood of a building containing RAAC.

Other aspects of our estate were checked including flat roofs and the pitch of roofs along with various other elements to determine whether the build should be checked in finer detail.

Of the thousands of blocks that were checked, we identified twenty-seven and passed these to Curry & Brown, Building Surveyors in their capacity as RAAC Survey Partner recently appointed by NHS Scotland Assure.

There are three elements to the survey process:

(i) RAAC Desktop Survey
Currie & Brown will initially conduct a desktop review which will involve speaking to and co-ordinating with Board contacts to obtain relevant existing building information, including but not limited to drawings, photographs, structural reports. The gathered information will be used to inform the Pilot and Discovery Surveys.

(ii) RAAC Pilot Survey
A pilot survey will be conducted to ensure the proposed methodology is tried and tested prior to the remainder of the properties being surveyed.

(iii) RAAC Discovery Survey
This is the physical surveys of the remainder of the properties which are assumed to contain RAAC. The report will detail associated risks, remedial actions, cost, and any routine monitoring suggestions for all RAAC planks identified with a Red or Amber RAG rating. This information will be in the form of a report for each Board.

NMcC added that, of the buildings surveyed to date, Discovery Surveys have identified that two of the buildings have no RAAC and one of the buildings has RAAC. For the time being, this has not been highlighted as a major concern, and it has been proposed that one part of the building is checked on a three-yearly basis and the remaining part of the building is checked on a yearly basis. Whilst the building was identified as containing RAAC, there is no evidence that this is failing.

The remaining 20+ reports should be received within the next 10 days.

To summarise, no evacuations or rendering buildings out of use has been identified, however, it is unclear as to what the government response will be moving forward.

	The Sub-Committee took **assurance** from the update and **noted** that an update will be given at the next H&S Sub-Committee when it meets on 8 December 2023.	**Andrea for the Agenda**
9	**Date & Time of Next Meeting** Friday 8 December 2023 at 12.30 pm on Teams	