

# Staff Governance Committee

Thu 14 July 2022, 10:00 - 12:00

## Agenda

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**10:00 - 10:01** **1. Apologies for Absence**

1 min

*Ms S Braiden*

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

1 min

*Ms S Braiden*

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**10:02 - 10:07** **3. Minutes of Previous Meeting held on Thursday 12 May 2022**

5 min

*Enclosed Ms S Braiden*

 Item 03 Staff Governance Committee Minutes (unconfirmed) 12.05.2022.pdf (9 pages)

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

3 min

*Enclosed Ms S Braiden*

 Item 04 Table of Actions From Meeting Held on 12.05.2022 v2.pdf (1 pages)

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**10:10 - 10:40** **5. GOVERNANCE MATTERS**

30 min

**5.1. Annual Internal Audit Report 2021/2022**

*Enclosed Margo McGurk*

 Item 5.1 Annual Internal Audit Report 2021-22 SBAR.pdf (4 pages)

 Item 5.1 B06-23 Internal Audit Annual Report.pdf (41 pages)

**5.2. Board Assurance Framework – Workforce Sustainability and Linked Operational High Risks Update**

*Enclosed Linda Douglas*

 Item 5.2 Staff Governance Committee Board Assurance Framework - Workforce Sustainability 14.7.22.pdf (4 pages)

 Item 5.2 Appendix 1 NHS Fife Board Assurance Framework - Workforce Sustainability as at 15.6.22.pdf (2 pages)

 Item 5.2 Appendix 2 - BAF Risks - Workforce Sustainability - Linked Operational Risks as at 15.6.22.pdf (2 pages)

**5.3. Whistleblowing Quarter 4 Report**

*Enclosed Sandra Raynor*

 Item 5.3 Whistleblowing Quarter 4 Report - 14.7.22.pdf (7 pages)

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**10:40 - 10:55** **6. STRATEGY / PLANNING**

15 min

## 6.1. Final Draft NHS Fife Three Year Workforce Plan for 2022-2025

Enclosed Rhona Waugh

- Item 6.1 SBAR 3 Year Workforce Plan 2022-2025 - 14.7.22.pdf (3 pages)
- Item 6.1 NHS Fife Draft Workforce Plan 2022-2025 V0.7 - 5 July 2022.pdf (66 pages)

## 6.2. Draft Health and Social Care Partnership Three Year Workforce Plan for 2022-2025

Enclosed Nicky Connor

- Item 6.2 SBAR HSCP Draft Workforce Strategy 2022-2025.pdf (7 pages)
- Item 6.2 Appendix 1 Draft Workforce Strategy Plan v.29622.pdf (44 pages)

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## 10:55 - 11:20 7. QUALITY / PERFORMANCE

25 min

### 7.1. Integrated Performance and Quality Report Review Progress Report

Enclosed Susan Fraser

- Item 7.1 - SBAR IPQR REVIEW 14.7.22 v1.0.pdf (8 pages)

### 7.2. Integrated Performance & Quality Report

Enclosed Linda Douglas

- Item 7.2 IPQR SBAR 14.7.22.pdf (3 pages)
- Item 7.2 IPQR June 2022 Version 2.0.pdf (43 pages)

### 7.3. NHS Fife Workforce Information Overview

Enclosed Kevin Reith

- Item 7.3 NHS Fife Workforce Information Overview - 14.7.22.pdf (17 pages)

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## 11:20 - 11:30 8. PROJECTS / PROGRAMMES

10 min

### 8.1. Workforce Implications of Memorandum of Understanding (MOU2) Implementation – General Medical Services Contract

Enclosed Nicky Connor

- Item 8.1 - Workforce Implications of MOU2 Implementation.pdf (9 pages)

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## 11:30 - 11:40 9. FOR ASSURANCE

10 min

### 9.1. Delivery of Annual Workplan 2022-2023

Enclosed Linda Douglas

- Item 9.1 Review of SGC Workplan 2022-2023 Report - 14.7.22.pdf (9 pages)

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## 11:40 - 11:45 10. LINKED COMMITTEE MINUTES

5 min

### 10.1. Minutes of the Area Partnership Forum held on 25 May 2022 (unconfirmed)

Enclosed

- 📄 Item 10.1 Linked Committee Minutes Cover Sheet - APF - 25.05.22.pdf (1 pages)
- 📄 Item 10.1 APF Minutes 25.05.22 (Unconfirmed).pdf (9 pages)

## **10.2. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 April 2022 (unconfirmed)**

*Enclosed*

- 📄 Item 10.2 Cover Sheet ASD& CD LPF 28.04.22.pdf (1 pages)
- 📄 Item 10.2 ASD& CD Local Partnership Forum Minutes (Unconfirmed) 28.04.22.pdf (12 pages)

## **10.3. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 May 2022 (unconfirmed)**

*Enclosed*

- 📄 Item 10.3 Cover Sheet H&SCP LPF 11.5.22.pdf (1 pages)
- 📄 Item 10.3 H&SCP LPF Minutes (Final) 11.5.22.pdf (4 pages)

## **10.4. Minutes of the Strategic Workforce Planning Group held on 17 May 2022 (unconfirmed)**

*Enclosed*

- 📄 Item 10.4 Linked Committee Minutes Cover Sheet - SWPG 17.05.22.pdf (1 pages)
- 📄 Item 10.4 SWPG Minutes 17.05.22 (unconfirmed) V0.3.pdf (7 pages)

## **10.5. Minutes of the Health and Safety Sub Committee held on 10 June 2022 (unconfirmed)**

*Enclosed*

- 📄 Item 10.5 Cover Sheet H&S Sub Committee 10.06.22.pdf (1 pages)
- 📄 Item 10.5 H&S Sub-Committee Minutes (unconfirmed) 10.6.22.pdf (6 pages)

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11:45 - 11:55  
10 min

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1. To the Board in the IPQR Summary**

*Verbal Ms S Braiden*

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

*Verbal Ms S Braiden*

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11:55 - 12:00  
5 min

## **12. ANY OTHER BUSINESS**

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12:00 - 12:00  
0 min

## **13. Date of Next Meeting: Thursday 1 September 2022 at 10.00 am via MS Teams**

## **Fife NHS Board**

Unconfirmed

### **MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 MAY 2022 AT 10AM VIA MS TEAMS**

#### **Present:**

S Braiden, Non-Executive Member (Chair)	A Morris, Non-Executive Member
W Brown, Employee Director	J Owens, Director of Nursing
M Mahmood, Non-Executive Member	C Potter, Chief Executive
S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF) ( <i>part</i> )	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum (LPF)

#### **In attendance:**

N Connor, Director of Health & Social Care  
P Cumming, Risk Manager (*agenda item 5.3 only*)  
C Dobson, Director of Acute Services  
L Douglas, Director of Workforce  
S Fraser, Associate Director of Planning & Performance (*agenda item 7.3 only*)  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
M McGurk, Director of Finance & Strategy  
S Raynor, Head of Workforce Resourcing & Relations  
K Reith, Deputy Director of Workforce  
R Waugh, Head of Workforce Planning & Staff Wellbeing  
H Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting, noting that P Cumming, Risk Manager, will be attending to speak to agenda item 5.3, Risk Management Improvement Programme Progress Update. It was also noted that S Fraser, Associate Director of Planning and Performance, will be attending to speak to agenda item 7.3, Progress of Annual Delivery Plan (successor to RMP4) 2021/2022.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

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 acknowledged that the Emergency Footing ceased across NHS Scotland on 30 April 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this continued period of extended pressure and very challenging levels of activity.

## 1. **Apologies for Absence**

Apologies for absence were received from member K Macdonald (Whistleblowing Champion & Non-Executive Member) and attendee K Berchtenbreiter (Head of Workforce Development & Engagement).

## 2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

## 3. **Minutes of the last Meeting held on Thursday 3 March 2022**

The minutes of the last meeting were **agreed** as an accurate record.

## 4. **Matters Arising / Action List**

There were no matters arising.

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

## 5. **GOVERNANCE / ASSURANCE**

### 5.1 **Draft Staff Governance Committee Annual Statement of Assurance 2021 – 2022**

The Head of Corporate Governance & Board Secretary provided background and advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis, to demonstrate that the Committees, via their various meetings, has addressed all aspects of the remit. The reports are detailed to provide assurance on individual topics covered during the course of the year.

The Chair requested that any further comments be submitted directly to the Head of Corporate Governance & Board Secretary via email, and should any further amendments be made, a revised draft would then be circulated to members for final approval.

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

### 5.2 **Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update**

The Director of Workforce spoke to the BAF and advised that there are a few minor changes to the content of the BAF, which are tracked in Appendix 1. It was confirmed that there are no new linked operational high risks. The review of content of this BAF will be taken forward in line with the Risk Management Improvement Programme work.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how to recognise improvements within the content of the BAF, in relation to risks facing services, and noted that staff do not feel there have been any improvements. The level of

assurance within the BAF was also questioned, given the ongoing high levels of activity facing clinical staff. The Director of Workforce advised that the BAF is only one aspect of providing assurance and agreed that there is a high level of pressure within the system, which is due to staff capacity. The work that is ongoing to address the staffing capacity issues was outlined, and the supply issue in terms of the general labour market in NHS Scotland was highlighted.

The Director of Finance & Strategy described the purpose of the BAF, noting that it is intended to provide assurance on the risk levels associated with workforce sustainability and to ensure these are recorded at the right level. It was reported that it is recognised in the BAF that workforce sustainability remains a high risk area, and the purpose of the BAF is to articulate, as far as possible, everything that is being done to mitigate that risk.

The Director of Nursing added that care assurance is being considered, as part of the care assurance framework in relation to staff experience, and how that strand of care assurance will be included and be captured within the Board's risk profile. Risks around availability of workforce are also being identified, and discussions are taking place on what else can be done to improve in this area.

Discussion took place on the BAF and its contents. A Morris, Non-Executive Member, highlighted the difficulty in connecting all staff to the work of the BAF, due to the complexity and size of the organisation. W Brown, Employee Director, expressed frustration on the structure and content of the BAF and its relevance to staff generally. It was noted that through the Risk Management Improvement Programme work, the structure and contents of the BAFs are being reviewed. A further update on the risk management improvement work was provided at item 5.3.

Following a question from W Brown, Employee Director, on the definition of the sentence within the paper at point 2.3.2 "This report meets all strands of the NHS Scotland Staff Governance Standard", the Director of Workforce provided an explanation, highlighting this was addressing a previous ask of members, and agreed to clarify the wording in future papers. It was noted that development sessions are being arranged, in order to brief members on each strand of the Staff Governance Standard and how the Committee's workplan and agenda items relates.

**Action: Director of Workforce**

The Committee took **assurance** from the content of the report, including the current risk ratings for the Workforce Sustainability elements of the BAF.

### **5.3 Risk Management Improvement Programme Progress Update**

P Cumming, the Board Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report and the approach on moving forward with risk management arrangements for NHS Fife. It was noted that the previous discussion on the relevance of the BAF highlighted the need to review the current approach.

In terms of the development of the strategic risk profile, it was reported that work is underway to include climate change and health & equalities risks. It was advised that there is an intention to move some components from the Board Assurance Framework and create a corporate risk register. It was reported that a risk

dashboard is under development and will become a feature of the Integrated Performance & Quality Report (IPQR) going forward. It was also reported that the escalation process is under review around risks and how those are managed.

A Morris, Non-Executive Member, commended the progress of the risk management improvement programme and thanked all those involved. W Brown, Employee Director, agreed, though highlighted the challenges in meeting the stated timescales detailed in the programme summary.

The Director of Finance & Strategy agreed to circulate an example of the new risk dashboard for members' feedback.

**Action: Director of Finance & Strategy**

The Committee took **assurance** from the update on the plan to refresh and improve the Risk Management Framework.

#### **5.4 Staff Governance Standard – Update on Equality, Diversity and Human Rights including Equality, Inclusion & Diversity Report**

The Director of Nursing and Head of Workforce Planning & Staff Wellbeing presented on the Staff Governance Standard by providing an update on Equality, Diversity and Human Rights.

W Brown, Employee Director, raised a question on behalf of S Fevre, (who had to leave the meeting for a short period of time) regarding the BAME (Black, Asian & minority ethnic) network and lack of involvement. Head of Workforce Planning & Staff advised that agreement has been made with the co-chairs to reinvigorate the BAME network during the course of 2022 and progress with actions that group members feel are important. It was noted it was not intended to be an NHS Fife Management led group.

Following a question from A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates LPF regarding the lack of self reported staff data within the Equality, Inclusion & Diversity Report, and ways to get people engaged with providing this information, the Head of Workforce Planning & Staff Wellbeing advised that this will be encouraged in the new communication plan and discussions have taken place with the new Equality & Diversity Lead Officer, on ideas to promote to staff. It was noted it will become mandatory for new starts to complete this information, albeit there will be an option to 'prefer not to say'.

The Committee took **assurance** from the update provided in respect of Equality, Diversity and Human Rights and the ongoing work in this area.

#### **5.5 Whistleblowing Quarter 3 Report**

The Head of Workforce Resourcing & Relations spoke to the Whistleblowing Quarter 3 Report. It was noted that a third online training module has been added on whistleblowing for managers who are responsible for recording and reporting. Future reports will include data on the completion rates of that module.

The Chief Executive advised that the next iteration of this report will also include an acknowledgement on instances where we have been approached by the media for comment on staff concerns raised externally.

W Brown, Employee Director, questioned the timing and frequency of the report, including the training report, noting that there was an opportunity for the Committee to receive more recent data than has been tabled. The Deputy Director of Workforce advised that the training information was added in-year and explained the delay in timings and the internal governance route for the report, prior to its submission to Staff Governance. It was noted that improving the timing of reports being considered via the governance routes will be addressed in the year ahead.

It was noted that there are various routes for staff to raise a concern, and work is ongoing to be more overt in encouraging staff to raise concerns. Further detail on the work publicising the routes for raising concerns was requested, and a brief update was provided. A more detailed update will be brought back to the Committee at a future meeting.

**Action: Director of Workforce**

The Deputy Director of Workforce reported that the Board had, at their April 2022 Development Session, a vibrant discussion around developing an open and transparent culture. A dedicated morning session was given to discussing issues of culture, including whistleblowing, and feedback from Board members involved had indicated they were very supportive of the processes in place that value staff and the staff voice.

The Director of Nursing added that encouraging staff to use Datix to report any incidents of concern will also support our quality and clinical governance processes.

The Director of Health & Social Care advised that regular walk-arounds are taking place within HSCP, which involves talking informally to individuals, with some issues being addressed immediately. It was also advised that feedback is being collated, utilised and actions created. The importance of face-to-face interaction was noted.

Assurance was provided to the Committee that Datix reporting is strongly encouraged and that it supports resolving individual and organisational issues.

The Committee agreed to take **assurance** from the report at the next meeting, following further discussions to be had outwith the meeting.

**Action: Head of Workforce Resourcing & Relations**

## **5.6 Review of Staff Governance Committee Workplan 2022/2023**

The Director of Workforce spoke to the report and highlighted the deferred items on the Staff Governance Committee Annual Workplan. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been considered, carried forward to a future meeting, or removed.

The Head of Workforce Planning & Staff Wellbeing highlighted the provisional dates for the future Development Sessions and thanked those for suggesting discussion topics, noting further suggestions would be welcomed from all members.



W Brown, Employee Director, noted that sickness absence is not a substantive item on the workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that sickness absence is an area which is being developed further via data reporting within the IPQR, and that there is also a group having detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself.

The Committee **approved** the updated Staff Governance Committee Workplan for 2022/2023.

## **6. STRATEGY / PLANNING**

### **6.1 Corporate Objectives 2022/2023**

The Director of Finance & Strategy advised that a discussion on the Strategic Framework had taken place at the recent Board Development Session, and the proposed Corporate Objectives link into the framework as an annual output. Each of the Corporate Objectives will be linked into each of the four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 Corporate Objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed.

The Corporate Objectives will be brought back to the Committee for endorsement and assurance that the process is in place to appropriately create a set of objectives and seeking endorsement on what is being proposed.

The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims.

The Committee **considered** and **endorsed** the Corporate Objectives.

### **6.2 Draft NHS Fife Three Year Workforce Plan for 2022- 2025**

The Head of Workforce Planning & Staff Wellbeing advised that the Three Year Workforce Plan for 2022-2025 will align to the Annual Delivery Plan, Population Health & Wellbeing Strategy and the future NHS Fife Workforce Strategy.

It was reported that the document presented to the Committee is the initial draft for comment, before it is submitted in a final draft to the July Staff Governance Committee and the July Population Health & Wellbeing Portfolio Board for onward submission to the Scottish Government at the end of July 2022. Feedback will then

be provided by the Scottish Government, and revisions will be made prior to publication on the website in October 2022. It was noted that the plan in its current format requires some refining, including more work on the workforce risks.

It was advised that the National Workforce Strategy for Health & Social Care was published in March 2022, and Appendix 1 'Workforce Guidance' was published in April 2022. Consideration is being given to both of those documents in relation to the draft Three Year Workforce Plan for 2022-2025. Other aspects that have been considered in the development of the plan were outlined.

A Morris, Non-Executive Member, commended the work thus far in developing the plan and questioned if there is work ongoing with university graduates to address the gaps in particular specialisms. It was advised that the Scottish Government colleagues would take this forward in terms of the training, structure, and the number of eligible university graduates. It was also advised this was a suggested topic for one of the Workforce Development Sessions in the future for the Committee.

Following a question from A Morris, Non-Executive Member, on addressing the cohorts in terms of the lower and higher end of the age profile, it was reported that this detail will be included within the plan.

W Brown, Employee Director, questioned how we evidence the Fair Work agenda, how international recruitment is progressing, and the short-term review on the skillset and banding of Health Care Support Workers. It was agreed a discussion would take place out with the meeting on these points and an update brought back to the Committee with the Plan's next iteration.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee **supported** the content of the draft Three Year Workforce Plan 2022–2025, prior to approval of the final content at the July 2022 Staff Governance Committee and Population Health and Wellbeing Strategy Portfolio Board meetings, for submission thereafter to the Board and Scottish Government.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Workforce reported that a focus within the IPQR is sickness absence and noted that the data will rise and fall quickly due to a number of factors. It was advised the Scottish Government will review the sickness absence target overall, as part of benchmarking across Boards.

The Committee **examined**, and **considered** NHS Fife performance, with particular reference to the year-end position in terms of staff sickness absence, and noted the improvement work that is being undertaken.

### **7.2 NHS Fife Workforce Information Overview**

The Deputy Director of Workforce highlighted the background to the paper.

It was reported that, in terms of vacancies, we are working towards the provision of establishment gap information, and the most recent publication of the workforce

statistics, which have not been released yet, shows some degree of reduction in job vacancy and recruitment activity. It was also reported that ongoing discussions are taking place with the HR Directors' Network around improvements in this area, involving Scottish Government colleagues. It was noted that colleagues are currently working on addressing the establishment gap, and, through development of the IPQR, an update will be brought back to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, questioned the range of wellbeing activity being offered and noted that some staff are unable to access activities due to workforce pressures not permitting their release from their core role. It was noted that the Wellbeing Group has planned activity to help address this concern and consideration is being given to a Staff Health & Wellbeing Framework going forward. It was also noted Wellbeing Champions will be introduced to provide local support.

W Brown, Employee Director, noted that the number of employee relations cases has not changed. It was also noted that the timeframes for certain processes to be resolved are lengthy, and that this has a negative effect on staff morale. The Deputy Director of Workforce advised that work is underway to address cases with extended timescales.

M Mahmood, Non-Executive Member, highlighted confidentiality being retained in relation to spiritual care services and noted that feedback is being collated to look at ways to improve these services.

The Committee took **assurance** and **noted** the contents of the NHS Fife Workforce Information Overview report and the related appendices.

### 7.3 Progress of Annual Delivery Plan (successor to RMP4) 2021/2022

The Associate Director of Planning & Performance joined the meeting and provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022. She advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward into this year's Annual Delivery Plan. The key themes from the actions that have not been met were outlined, along with key areas from the Winter Review document. It was reported that the Winter Monitoring Report reflects the current pressures.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted the flexibility of staff during the Winter period, with many staff being reassigned from their core roles. He noted that there was a resultant negative impact on staff, which needs to be considered going forward into the next Winter period.

The Committee:

- Took **assurance** on the progress of deliverables within Joint Remobilisation Plan 4 (RMP4) and that in future these plans will be called the Annual Delivery Plan
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/2022

- Took **assurance** from the performance in the Winter Report 2021/2022 – Data to March 2022

## **8. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked committee minutes:

- 8.1 Minutes of the Area Partnership Forum held on 23 March 2022 (unconfirmed)
- 8.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 17 February 2022 (unconfirmed)
- 8.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 16 March 2022 (unconfirmed)
- 8.2 Minutes of the Strategic Workforce Planning Group held on 22 February 2022 (unconfirmed)
- 8.3 Minutes of the Health and Safety Sub-Committee held on 11 March 2022 (unconfirmed)

Following a question, it was advised that the Health & Safety Sub-Committee is formally a subcommittee of the Clinical Governance Committee. The minutes are presented to this Committee for noting, given the potential for cross-over into matters of staff governance.

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the sickness absence position.

### **9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters for escalation to NHS Fife Board.

## **10. ANY OTHER BUSINESS**

There was no other business.

## **11. DATE OF NEXT MEETING**

Thursday 14 July 2022 at 10.00am via MS Teams.

<b>KEY:</b>	Deadline passed / urgent
	In progress / on hold
	Closed

**STAFF GOVERNANCE COMMITTEE – ACTION LIST**  
**Meeting Date:** Thursday 14 July 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/05/22	<b>Risk Management Improvement Programme Progress</b>	To circulate an example of the new risk dashboard for members' feedback.	<b>MMcG</b>	1/09/22	Work is on-going to develop the dashboard.	
2.	12/05/22	<b>Staff Governance Committee Annual Statement of Assurance</b>	To circulate a revised version to members, taking account of any further comments received on its content.	<b>GM</b>	19/05/22	No comments received, so draft Statement considered at meeting of 12 May 2022 taken as final.	
3.	12/05/22	<b>Whistleblowing Quarter 3 Report</b>	A more detailed update on the work publicising the routes for concerns to be brought back to the Committee at a future meeting.	<b>LD</b>	14/07/22	Future reports will incorporate the work being undertaken to publicise how concerns are raised.	
4.	12/05/22		The Committee agreed to take assurance from the report at the next meeting, with further discussion to be had outwith the meeting.	<b>SR</b>	14/07/22	Whistleblowing actions continue via the AfC Partnership Group.	
5.	12/05/22	<b>Draft NHS Fife Three Year Workforce Plan for 2022- 2025</b>	The next draft to include detail on the following points: <ul style="list-style-type: none"> <li>• how the Fair Work agenda is evidenced</li> <li>• how international recruitment is progressing</li> <li>• Health Care Support Worker career progression</li> </ul>	<b>RW</b>	14/07/22	Final draft incorporating comments received. On agenda at item 6.1.	

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Annual Internal Audit Report 2021/2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Tony Gaskin, Chief Internal Auditor</b>

## 1 Purpose

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

- Assurance

**This report relates to a:**

- Government policy/directive
- Legal requirement

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the **FINAL** 2021/22 Annual Internal Audit Report to the Committee. This report is for the Committee to consider as part of the wider portfolio of year end governance assurances.

### 2.2 Background

The Committee is asked to approve this report with completed action plan as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2021/22 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2021/22.

## 2.3 Assessment

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

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

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

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

We noted the following key themes:

- The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.
- Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.
- Whilst the Board planned to update all strategies during 2021/22, this work was necessarily delayed due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.
- NHS Fife continues to progress its overhaul of its Risk Management Framework. Covid 19 risks will be considered as linked operational risks, corporate risks in their

own right, or will be treated as business as usual as part of the Risk Management Framework development.

- This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now further to enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

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

The content of the Annual Internal Audit Report 2021/22 is designed to contribute to the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impacts**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

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



## 2.4 Recommendation

The Staff Governance Committee is asked to:

- **Approve** this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

## 3 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Annual Internal Audit Report 2021/22

# FTF Internal Audit Service

## Annual Internal Audit Report 2021/22

### Report No. B06/23

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

Gillian MacIntosh, Head of Corporate Governance and Board  
Secretary

Audit & Risk Committee  
External Audit

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Draft Report Issued	2 June 2022
Management Responses Received	6 June 2022
Target Audit & Risk Committee Date	16 June 2022
<b>Final Report Issued</b>	<b>13 June 2022</b>

## INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2021/22 internal audit and my opinion on the Board's internal control framework for the financial year 2021/22.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

## ACTION

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

## AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2021/22 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Appendix 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

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

**INTERNAL CONTROL**

8. The Internal Control Evaluation (ICE), issued December 2021, was informed by detailed review of formal evidence sources including Board, Standing Committee, EDG and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective. 12 recommendations were agreed for implementation by management.
9. The status of previous recommendations is summarised in the table on page 11. In addition, 3 recommendations from previous Internal Control Evaluations and Annual Reports remain in progress due to the ongoing impact of Covid:
  - Development of Population Health and Wellbeing Strategy.
  - Refinement of the Property Asset Management Strategy to support the Population Health and Wellbeing Strategy.
  - Development of Clinical and Care Governance Strategic Framework.
10. Throughout the year, our audits have provided assurance and made recommendations for improvements. Of these, the ICE was the most significant. We have undertaken detailed follow up of the agreed actions arising from that report as well as testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the ongoing impact of Covid19 on the governance arrangements in place during the year. Some areas for further development were identified and will be followed up in the 2022/23 ICE. Where applicable, our detailed findings have been included in the NHS Fife 2021/22 Governance Statement.
11. Our assessment of the progress to address ICE recommendations is detailed in the table on page 11. NHS Fife has demonstrated good progress with only minor slippage on the majority of actions, although clearly, the revision of the overall and supporting strategies will be a significant task and much work remains to be done. The 2022/23 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. For 2021/22, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of IJBs.
13. The Board has produced a Governance Statement which states that:

*'During the 2021/22 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control'.*
14. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum, and this combined with a sound corporate governance framework in place within the Board throughout 2021/22, provides assurance for the Chief Executive as Accountable Officer.
15. Therefore, **it is my opinion** that:
  - The Board has adequate and effective internal controls in place;

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
16. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
  17. The Governance Statement reflects the necessary changes to Board governance and operating arrangements due to Covid19. The Governance Statement includes details of the Board performance profile and risk management arrangements, and the future intention to revise organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

#### Key Themes

18. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year, as well as consideration of the overall impact of Covid19 and the need to ensure sustainable services, are detailed in the following paragraphs.
19. The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.
20. Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
21. As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.
22. Whilst the Board planned to update all strategies during 2021/22, this work was necessarily paused due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.
23. NHS Fife continues to progress its Risk Management Framework Improvement Programme. Covid 19 risks will be considered as linked operational risks, corporate risks in their own right, or will be treated as business as usual as part of the Risk Management Framework development.

24. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to further enhance governance through the application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

**Key developments since the issue of the ICE included:**

- The April 2022 NHS Fife Board Development session on Culture, Values and the Role of the Board and Developing our Population Health and Wellbeing Strategy.
  - A Risk Management Framework Improvement Programme was approved by the NHS Fife Board in March 2022.
  - The updated Fife IJB Integration Scheme was formally signed off by the Scottish Government on 8 March 2022.
  - Progress against the 4<sup>th</sup> iteration of the Remobilisation Plan was reported to the May 2022 meeting of the Finance, Performance & Resources Committee (FPRC), with all incomplete action to be included in the 2022/23 Annual Delivery Plan.
  - The development of the Operational Pressures Escalation Levels (OPEL) process to manage day-to-day pressures, with clear triggers for action and escalation.
  - A review of the Integrated Performance and Quality Report (IPQR) content and format to address actions from the Board's Active Governance session and to ensure it remains relevant and clear to Board members.
  - As of April 2022, NHS Scotland is no longer on emergency footing.
25. During 2021/22 we delivered 25 audit products (May 2021 to June 2022) with a further two products issued in draft. These audits reviewed the systems of financial and management control operating within the Board.
26. Our 2021/22 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
27. A number of our reports, including the ICE and Strategy development, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These reports continue to assist NHS Fife to build on the very good work already being done to improve and sustain service provision.
28. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control. Internal audit have maintained a system for the follow-up of audit recommendations and reporting of results to the Audit & Risk Committee. As reported to the March 2022 Audit & Risk Committee, 37 audit actions were remaining, with 11 risk assessed as Amber – action required, 23 risk assessed as Green – good progress and 3 not yet due.

## ADDED VALUE

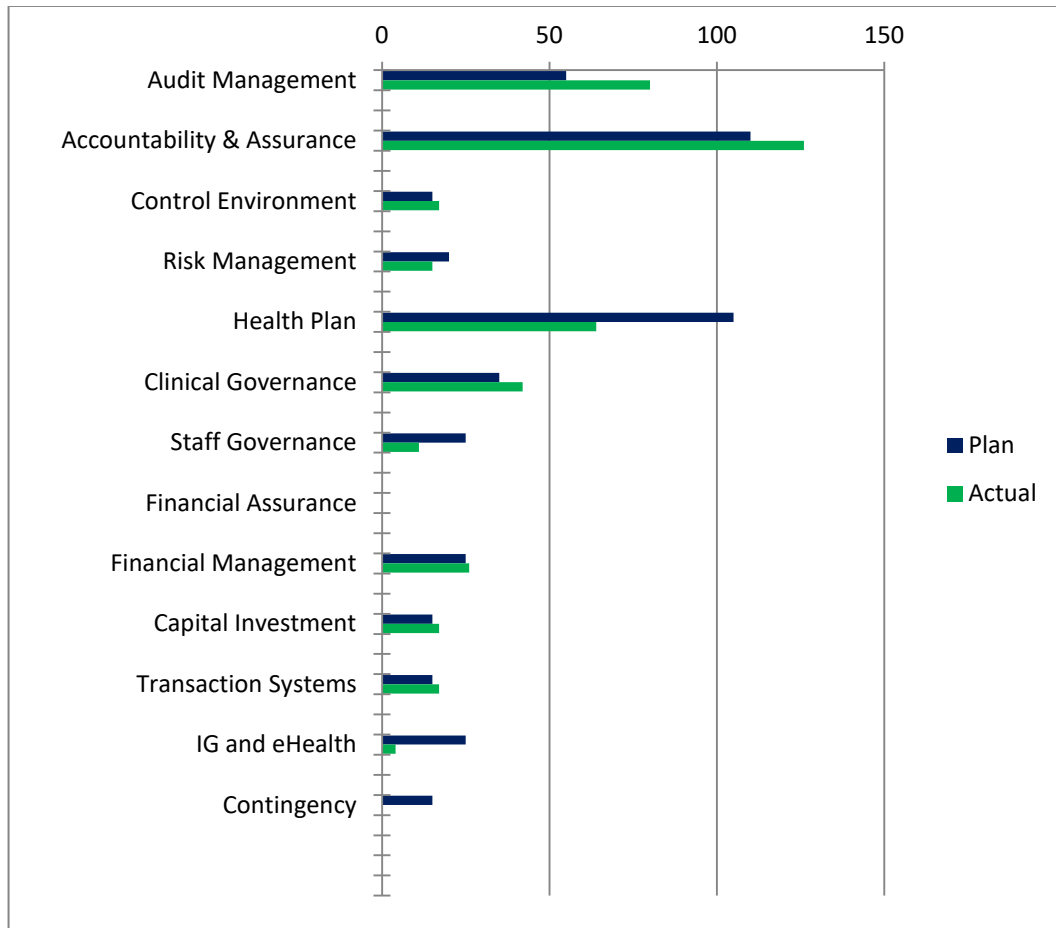
29. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
  - Undertaking Fife IJB internal audits and providing a Chief Internal Auditor Service.
  - For the Fife Integrated Joint Board (IJB), updating and enhancing the IJB Governance Statement self assessment checklist.
  - Providing initial comment on a draft version of the now approved Integration Scheme.

- CIA liaison with the Director of Finance & Strategy, on issues of governance, risk, control and assurance.
  - Assurance mapping and risk management advice, in particular on Digital and Information risk reports.
  - Advice on the revised Terms of Reference for the Digital Information Board, Information Governance and Security Steering and Operational Groups and attendance at their meetings.
  - Assurance reporting regarding Whistle blowing (quarterly and annual).
  - Commenting on Terms of Reference for the Quality Management Assurance Group.
  - Facilitating the work of the Assurance Mapping group and liaising with the Board Secretary to consider how the agreed principles can be adapted to the specific needs of NHS Fife.
  - Highlighting national governance developments with relevance to NHS Fife.
  - Continued development and use of the principles for Health & Social Care Integration (HSCI) governance and sustainability within the Board and its IJB partner.
  - Detailed review of the process for revising NHS Fife's overall Strategy.
  - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
  - Contribution to the development of the NHS Fife Risk Management Strategy and Fife IJB Risk Management Framework.
  - Advice provided to the Fraud Liaison Officer in response to an ongoing incident and attendance at meeting.
30. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Update of the Committee Assurance Principles.
  - Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
  - Development of the FTF website.
  - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards.
  - Reviewed our recommendation priorities to include an additional category 'Moderate' and updated the assurance definitions.
  - Updated the Property Transaction Monitoring Checklist for FTF clients.
31. The 2021/22 Annual Internal Audit Plan included provision for delivering audit services, together with council colleagues, and providing the Chief Internal Auditor function to Fife Integrated Joint Board as well as progressing the audit plan of Fife IJB agreed with the IJB. Internal Audit has continued to highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk as well as the requirement for a revised Strategic Plan and working with partners to clear intractable and long-standing issues.



**INTERNAL AUDIT COVERAGE**

**32. Figure 1: Internal Audit Cover 2021/22**



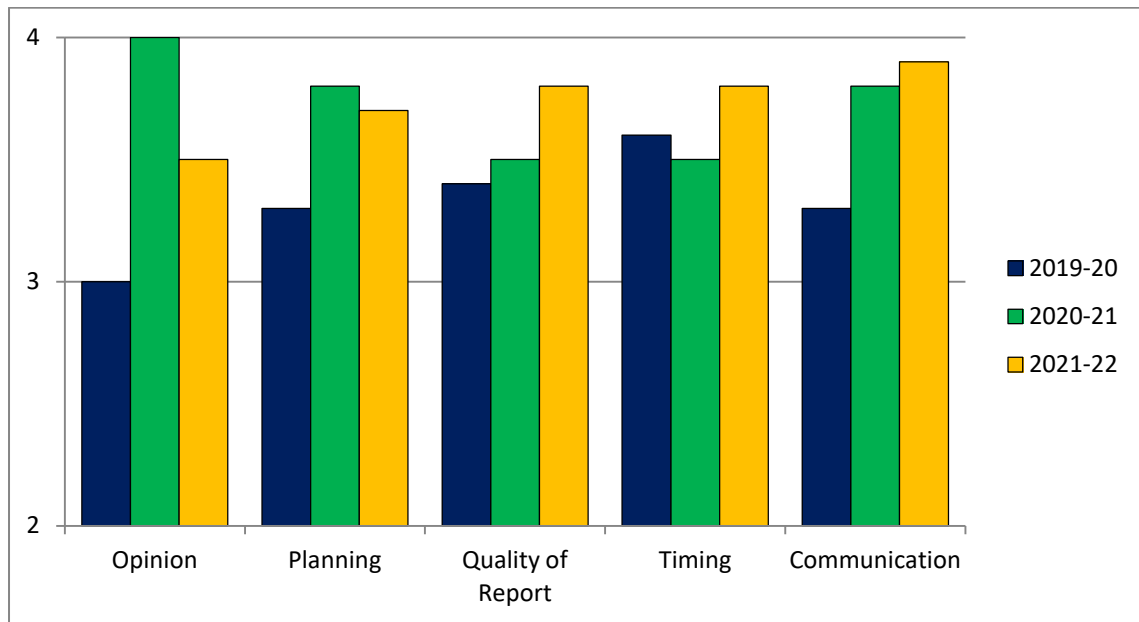
- 33. Figure 1 summarises the 2021/22 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 13 May 2021. It was agreed at that time that the plan would be revised as changes to the risk profile and other factors became better known, and the Audit & Risk Committee approved amendments in March 2022. We have delivered 412 days against the 455 planned days.
- 34. Following a recommendation from the External Quality Assessment (EQA) carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2021/22 audits for inclusion in the 2022/23 plan.
- 35. A summary of 2021/22 performance is shown in Section 3.

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

36. Due to prioritisation of Covid19 duties, the FTF Partnership Board met only once in 2021/22. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF client Directors of Finance are members. The FTF Management Team attends all meetings. During the year the Partnership Board reviewed the Internal Audit Shared Service Agreement 2018-2023 and the Internal Audit Service Specification, as well as approving the 2021/22 budget. The Partnership Board also approved revised risk assessment definitions for internal audit reporting.
37. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).
38. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.
39. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.
40. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF has updated its self assessment which is due to be presented to the June 2022 Audit & Risk Committee.
41. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

42. Figure 2: Summary of Client Satisfaction Surveys

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



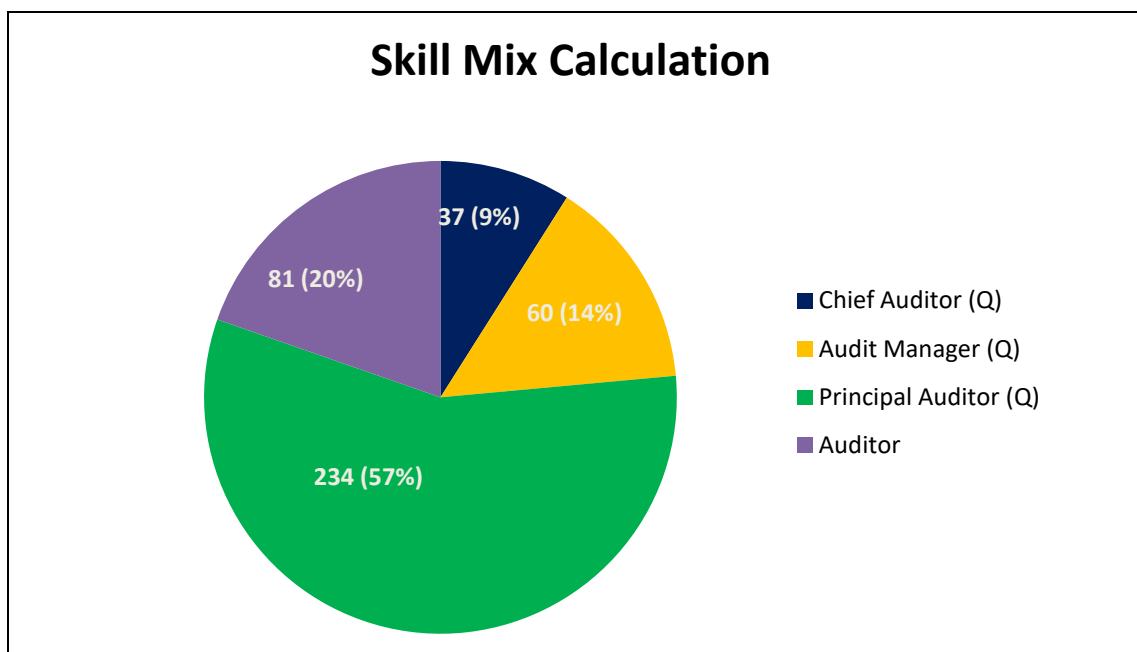
43. Other detailed performance statistics are shown in Section 3.

**STAFFING AND SKILL MIX**

44. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2021/22 the audit was delivered with a skill mix of 81%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

45. Figure 3: Audit Staff Skill Mix 2021/22



Audit Staff Inputs in 2021/22[days] Q= qualified input.







**ACKNOWLEDGEMENT**




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

**A Gaskin, BSc. ACA**  
**Chief Internal Auditor**




ICE 2021/22(B08/22) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p><b>1. Board Assurance Framework</b></p> <ul style="list-style-type: none"> <li>The inclusion of appropriate analysis in each SBAR supporting the BAFs regarding the adequacy and effectiveness of key controls and actions would promote/aid further scrutiny by committee members.</li> <li>The Board Assurance Framework should encompass and link Covid19 risks, to ensure the NHS Board has appropriate oversight and transparency over these risks.</li> <li>Once the revised Integration Scheme has been approved by the Scottish Government, the IJB BAF should be revised to ensure that it adequately describes the risk the mitigating controls and appropriately scored.</li> </ul> <p><b>Action Owner: Chief Executive &amp; Director of Finance</b>  <b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>A detailed Risk Management Improvement Plan has been developed. It was agreed with the EDG in February 2022 and presented for assurance to each Standing Committee in May 2022. This sets out the further work required to complete and embed the changes required.</p> <p><b>Date Expected Completed – 31 July 2022</b></p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>2. Performance Reporting</b></p> <ul style="list-style-type: none"> <li>As part of this Active Governance action plan, consideration should be given to how Performance Reports can provide overt assurance on the accuracy of the narrative and scores for related strategic (BAF) risks as well as the adequacy and effectiveness of key controls.</li> <li>The risk section of Board and Committee papers should be given higher priority than at present and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or BAF risks and contain enough information for members to be able to form a conclusion on whether the score narrative and other elements of the related risk are adequately described.</li> </ul> <p><b>Action Owner: Director of Finance and Strategy</b>  <b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>A detailed Improvement Plan has been developed and was agreed with EDG in February 2022 and the FPRC in March 2022. This sets out the further work required to complete and embed the changes required. Aspects of the plan have been completed.</p> <p><b>Date Expected Completed – 30 June 2022</b></p>	 <p><b>Minor slippage on agreed timelines</b></p>



<p><b>3.Organisational Duty of Candour</b></p> <ul style="list-style-type: none"> <li>An update on the number of instances Organisational Duty of Candour has been applied in NHS Fife in 2021/22 should be scheduled for presentation to Clinical Governance Committee (CGC) prior to it concluding on its Annual Assurance Report and Statement, which should highlight any issues experienced and be sufficient allow it to conclude whether there were adequate and effective Duty of Candour arrangements throughout 2021/22.</li> <li>The Committee should be informed when it can expect the final report on the year's activity and how arrangements will be developed in future to allow more timely reporting.</li> </ul> <p><b>Action Owner: Medical Director</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>The CGC considered the Interim 2020/21 NHS Fife Duty of Candour report at its 13 January 2022 meeting, and it was noted by Fife NHS Board at their meeting on 29 March 2022, although this related exclusively to Duty of Candour Activity that occurred in the financial year 2020/21.</p> <p>The CGC has not received any update on Duty of Candour Activity occurring in financial year 2021/22.</p> <p>The Medical Director advised that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews.</p>	 <p><b>Significant Slippage</b></p>
<p><b>4. Adverse Events KPIs</b></p> <ul style="list-style-type: none"> <li>The revised approach for Adverse Events should include regular reporting of KPIs to CGC on the completion of adverse events within agreed timescales.</li> </ul> <p><b>Action Owner: Medical Director</b></p> <p><b>Original date of expected completion for all of the above is the 30 April 2022.</b></p>	<p>The Clinical Governance Oversight Group (CGOG) merged with the Adverse Events and Duty of Candour Group and its revised Terms of reference were presented to the CGOG meeting on 19 April 2022. These include the responsibility 'To oversee the development and implementation of local guidance relating to Adverse Events and Duty of Candour including monitoring of performance against agreed measures'.</p> <p>For this action to be considered complete we need evidence of the new reporting arrangements to CGOG operating in practice and will report on this in the 2022/23 ICE report.</p> <p>The Medical Director advised that there is currently no plan, unless by escalation, to routinely report these KPI's with the CGC.</p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>5. Succession Planning</b></p> <ul style="list-style-type: none"> <li>The Staff Governance Committee (SGC) and Remuneration Committee should be assured</li> </ul>	<p>Within the draft Workforce Plan 2022-25 there is a medium term action for</p>	 <p><b>On track</b></p>



<p>on succession planning arrangements within NHS Fife and of the potential risks associated with this area.</p> <p><b>Action Owner: Director of Workforce</b></p> <p><b>Original date of expected completion for all of the above is the 31 October 2022.</b></p>	<p>Directorate level Workforce Plans, to consider succession planning implications for a range of critical roles, including advanced practitioners grades and above. This will give assurance to the SGC that succession planning is being considered, but the SGC and Remuneration Committee still require a full update on the implementation of these arrangements and the potential risks associated with this area.</p>	
<p><b>6. Staff Governance Standards</b></p> <ul style="list-style-type: none"> <li>To enable the SGC to fully ascertain the SGS initiatives introduced during 2021/22 and provide a measure of their success in meeting the requirements of the SGS, the assurances given at those meetings should give an equivalent level of assurance to that of previous years (per the previously maintained SGAP), setting out actions and assurances still to be provided and the reasons for any delays.</li> </ul> <p><b>Action Owner: Director of workforce.</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>This recommendation has not been implemented as agreed. For 2021/22 only verbal updates on the action taken to meet the SGS has been provided at the September 2021 and March 2022 SGC meetings. No documented record has been provided of the initiatives introduced and the actions and assurances still to be provided and the reason for any delays.</p> <p>As part of its 2021/22 Annual Assurance Statement the Committee has agreed to “enhancing the signposting on papers and agenda items, to make it clear which strand of the Standards is being addressed, to ensure full coverage across the Committee’s yearly workplan”.</p>	 <p><b>Significant Slippage</b></p>

<p><b>7. IPQR and Financial Sustainability BAF</b></p> <ul style="list-style-type: none"> <li>Links between the Financial Sustainability BAF and IPQR should be clear and overtly linked so the controls/mitigations of the BAF provide assurance that challenges within the IPQR is being managed.</li> <li>The financial sustainability BAF should be updated to include links to Strategy, PMO Savings Programme and relevant External audit recommendations.</li> </ul> <p><b>Action Owner: Director of Finance and Strategy</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>An Improvement Plan has been developed and was agreed with EDG in February 2022 and the March 2022 FPRC. This sets out the further work required to complete and embed the changes required. Concluding this recommendation has clear links to the ongoing requirements of Risk Management Improvement Plan.</p> <p>The development of the Financial Improvement/Sustainability (FIS) Programme will support the delivery of efficiency savings and closing significant external audit recommendations.</p> <p><b>Date Expected Completed – 31 July 2022</b></p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>8. Property &amp; Asset Management Strategy (PAMS)</b></p> <ul style="list-style-type: none"> <li>The risks around delivery of the PAMs and capital programme would benefit from having a BAF or operational risk which would aid and support the delivery of the future Health and Wellbeing Strategy.</li> </ul> <p><b>Action Owner: Director of Property and Asset Management</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>The Environmental Sustainability BAF presented to the FPRC in May 2022 has committed to a new corporate risk related to the Capital Programme and Property Strategy to be developed within the revised Risk Management Framework.</p> <p><b>Date Expected Completed – 31 July 2022</b></p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>9. IG&amp;S Assurance Reporting to CGC</b></p> <ul style="list-style-type: none"> <li>Regular assurance reporting from the IG&amp;SSG to CGC should be scheduled in the workplan of CGC for 2021/22 and future years.</li> <li>This should include a regular Assurance Report as well as IG&amp;SSG minutes.</li> <li>The Assurance report should include clear, sufficient and reliable assurance on the key aspects of IG&amp;S so that the CGC can conclude on the adequacy and effectiveness of Information Governance arrangements at year end.</li> </ul> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original date of expected completion for all of the above is the 28 April 2022</b></p>	<p>Activity Tracker report provided IG&amp;S assurance to CGC at their meeting on 10 March 2022 and updates are scheduled in the committee's 2022/23 workplan for September 2022 and March 2023.</p>	 <p><b>Complete and Validated</b></p>




<p><b>10. Information Governance and Security Policies</b></p> <ul style="list-style-type: none"> <li>Assurance provided regarding Information Governance Policies and Procedures should be improved so that a list of all policies and procedures and their review dates is provided to the IG&amp;S Operational Group and percentage compliance, regarding reviewed within scheduled review date, figures are reported to the IG&amp;S Steering Group.</li> <li>Progress towards mitigating the risk regarding lack of resources for Information Governance and Security Policy Management should also be reported to the IG&amp;S Steering Group.</li> <li>The NHS Fife Information Security Policy [GP/I5] and NHS Fife Data Protection and Confidentiality Policy [GP/D3] must be reviewed at the earliest opportunity. The review should specifically consider the impact of the pandemic and the increase in fraud risk and remote working implications.</li> </ul> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original date of expected completion for all of the above is the 14 February 2022</b></p>	<p>The IG&amp;S Key Measures Report to March 2022 IG&amp;SSG includes an update on policies at section 5.</p> <p>Reporting on how the required level of resources was being provided was included in section 4.5 of the IG&amp;SSG Annual Assurance Statement.</p> <p>Revised Information Security Policy (GP/I5) is published on Stafflink with a scheduled review date of January 2025.</p> <p>Although we are advised that the NHS Fife Data Protection and Confidentiality Policy [GP/D3] has been reviewed, and is being presented to the General Policies Group and EDG for approval, the version of the policy published on Stafflink is the old version which had a scheduled review date of 1 June 2021.</p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>11. Information Governance Incident Management</b></p> <ul style="list-style-type: none"> <li>The assurance route for reporting of assurances on Information Governance incidents needs to be clarified and streamlined to provide sufficient assurance to CGC.</li> </ul> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022</b></p>	<p>Section 6.1 of the IG&amp;SSG Annual Assurance Report includes the recommended details regarding IG&amp;S incidents.</p> <p>This was considered by IG&amp;S Steering Group following cancellation of scheduled meeting on 8 April 2022 and then by CGC 29 April 2022.</p>	 <p><b>Complete and Validated</b></p>
<p><b>12. Digital and Information Risk Management</b></p> <ul style="list-style-type: none"> <li>It is important that the processes for recording and managing risks related to Digital and Information are sufficient to provide CGC with assurance regarding these risks at year end on the accuracy of risk ratings, and the adequacy and effectiveness of key controls and actions.</li> <li>The impact of the pandemic on Digital and Information risks should be considered and specific assurance on this should be</li> </ul>	<p>The risk reports presented to IG&amp;SSG and Digital &amp; Information Board have been updated in format throughout 2021/22 and a review of all risks was undertaken which included revisiting the scoring and considered the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides</p>	 <p><b>Complete and Validated</b></p>

<p>provided to CGC.</p> <p><b>Action Owner: Associate Director of Digital and Information</b></p> <p><b>Original date of expected completion for all of the above is the 31 May 2022</b></p>	<p>detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. To date the Group has been able to provide that assurance for the highest ranked risks.</p>	
<b>ICE Report 2020/21 – B08/21</b>		
<p><b>1. Long term Strategy</b></p> <ul style="list-style-type: none"> <li>The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the Strategic Planning and Resource Allocation (SPRA) as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources.</li> <li>This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session</li> <li>A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities.</li> </ul> <p><b>Action Owner: Chief Executive</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>The recommendation was integrated with the plan to develop the new Population Health and Wellbeing Strategy. Progress was made during 2021/22 on a number of key stages however the ongoing impact of the pandemic has led to delays.</p> <p>A paper detailing the re-phasing of this work was approved by the Public Health and Wellbeing Committee on 8 March 2022 and the NHS Fife Board at the end of March. The paper includes a milestone plan to deliver the new strategy by the end of December 2022, with Board approval by the end of March 2023. The paper also sets out the Portfolio Board arrangements to support the development of the strategy work and the governance route for each activity as the plan is developed.</p> <p><b>Date Expected Completed – 31 March 2023</b></p>	<p><b>Pausing of development activities as a consequence of the pandemic.</b></p>  <p><b>Minor slippage on agreed timelines</b></p>
<p><b>3. Clinical Governance Framework</b></p> <ul style="list-style-type: none"> <li>Development of the Clinical Governance Strategy and Clinical Governance Assurance Framework with a focus on risk, informed by Committee Assurance and Integration</li> </ul>	<p>Progress has slipped slightly from original targets to allow further engagement with staff which has been taking place regarding a draft version of the NHS Fife Clinical and</p>	 <p><b>Minor slippage on agreed timelines</b></p>

<p>Principles.</p> <p><b>Action Owner: Medical Director</b></p> <p><b>Original date of expected completion for all of the above is the 31 March 2022.</b></p>	<p>Care Governance Strategic Framework 2022-2025.</p> <p>It has been agreed with the Chair of the CGC, the Medical Director and Nursing Director that the Framework will be presented to CGC for approval at their meeting on 1 July 2022. The Medical Director advised that due to unforeseen circumstances a further extension has been deemed necessary.</p>	
<p><b>5. Property Management Strategy</b></p> <ul style="list-style-type: none"> <li>The Property Management Strategy should be reviewed and revised to align it to updated NHS Fife Strategies and future sustainability and should specifically consider the impact of Covid19 around the property infrastructure going forward.</li> </ul> <p><b>Action Owner: Director of Property and Asset Management</b></p> <p><b>Original date of expected completion for all of the above is the 30 August 2021</b></p>	<p>The paper considered by Fife NHS Board on 29 March 2022 on the plan for the Population Health and Wellbeing Strategy included the further development of the PAMS strategy.</p> <p><b>Date Expected Completed – 30 November 2022</b></p>	 <p><b>Minor slippage on agreed timelines</b></p>
<p><b>6. Information Governance and Security</b></p> <ul style="list-style-type: none"> <li>Establishment of IG&amp;S Operational Group and Steering Group Terms of Reference (ToR)</li> <li>Digital and Information (D&amp;I) Board to provide additional support and assurance to IG&amp;S and its alignment to strategy and operational performance – <b>April 2021</b></li> <li>IG&amp;S Assurance Report and Framework – <b>March 2021</b></li> <li>Assurance report will be made available for consideration at the next Clinical Governance Meeting, following the IG&amp;S Steering Group meeting on 23 March 2021.</li> <li>Risk associated with resources and requirement for business cases when delivering the Digital and Information Strategy will be documented within the related BAF – <b>April 2021</b></li> </ul> <p><b>Action Owner: Associate Director of Digital</b></p> <p><b>Original date of expected completion for all of the above is the 30 April 2021</b></p>	<p>IG&amp;SSG and IG&amp;SOG ToRs agreed and meetings taking place.</p> <p>Reporting through Activity Tracker to IG&amp;S Steering Groups and to CGC:</p> <ul style="list-style-type: none"> <li>To 4 March IG&amp;SSG – Tracker &amp; Performance</li> <li>To 10 March CGC – SBAR &amp; Tracker</li> </ul> <p>Board Assurance Framework for D&amp;I Strategy Delivery reporting including linked risks provided to CGC via EDG (September 2021, November 2021, and March 2022).</p> <p>Risk Reports including performance analysis and detailed root cause analysis and risk proximity reported to D&amp;I Board and IG&amp;S Steering Group.</p>	 <p><b>Complete and Validated</b></p>

Annual Report 2020/21 – B06/22

<p><b>1. Increased Risk of Harm</b></p> <ul style="list-style-type: none"> <li>A specific risk should be recorded, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation.</li> </ul> <p>The risk should include clear controls and assurance sources looking at reducing avoidable harm caused by delays in diagnoses and treatment and should reflect:</p> <ul style="list-style-type: none"> <li>The key priorities and aims for 2021/22 within the current remobilisation plan.</li> <li>Other relevant controls, such as implementation of Royal College of Surgeons guidelines</li> <li>A description of controls to address the current pressure on scheduled care as a result of imbalance in demand and capacity; additional pressures due to Covid19; possible pent up demand due to reduction in referral rates.</li> <li>Identified requirements to redesign services.</li> </ul> <p><b>Action Owner: Medical Director</b></p> <p><b>Original date of expected completion for all of the above is the 30 November 2021.</b></p>	<p>The change to the Quality &amp; Safety BAF was proposed and agreed by CGC at their meeting on 3 November 2021 and the was presented again to CGC at their meeting on 10 March 2022 and the revised risk description is reflected in the version of the BAF presented to CGC on 29 April 2022.</p> <p>The Quality and Safety BAF Risk description now reflects risk to patients from reprioritisation associated with the pandemic and linked risks include pandemic related risks.</p>	 <p><b>Complete and Validated</b></p>
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## Corporate Governance

### BAF risks:

#### Risk 1675 - Strategic Planning – Moderate (12)

- There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.

#### Risk 1676 – Integration Joint Board –Moderate (12)

- There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.

### Strategy

The ICE report highlighted positive progress on the plans to develop the Population and Wellbeing Strategy (PWS) and welcomed NHS Fife's intention to have an approved Strategy in place by 31 March 2022. This was delayed by the ongoing impact of Covid19; a revised timetable was approved by Standing Committees and the Board in March 2022. Consequently with a one year Transitional Strategic Plan will be submitted in line with the Scottish Government (SG) deadline of 31 July 2022. A one year financial plan for 2022/23 was approved by the Board and submitted to Scottish Government in March 2022.

The approved timetable details a route map for the development of the medium to long term Population Health and Wellbeing Strategy, with a draft Strategy and associated Delivery plan to be presented to the NHS Fife Board by December 2022. The route map provides key steps and dates, with dates established for Standing Committees and the Board to review and influence the work.

The SGHSCD issued the NHS Recovery plan on 25 August 2021. The recent Audit Scotland report NHS in Scotland 2021 stated that *'The ambitions in the plan will be stretching and difficult to deliver against the competing demands of the pandemic and an increasing number of other policy initiatives. The recovery plan will involve new ways of delivering services and these will take a lot of work. There is not enough detail in the plan to determine whether ambitions can be achieved in the timescales set out.'* The SGHSCD have subsequently issued further guidance reiterating its intention for NHS Boards to deliver the objectives within the NHS Recovery Plan. However, it is clear that the workforce and financial assumptions underlying both the NHS Recovery Plan and the Health and social care: national workforce strategy would require very careful risk assessment, before they could be relied upon in local planning.

Whilst the Board will need to be cognisant of SGHSCD ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or SGHSCD expectations.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. Consideration of the changes in culture required to adapt to this change should start now. The implementation of the Financial

Improvement and Sustainability Programme in November 2021 will be a key enabler to securing recurring financial balance and sustainability. In March 2022, the Finance, Performance & Resources Committee (FPRC) were provided an update on the Operational Pressures Escalation Levels (OPEL) process, which aims to manage day-to-day pressures, with clear triggers for action and escalation. We commend this development and note the Scottish Government interest in the overall tool. An update report on how the OPEL process is working in practice would be a useful future assurance report to the FPRC.

### **Covid19 & Governance**

NHS Fife has continued to monitor and adapt arrangements to maintain an appropriate level of governance, whilst taking account of the pressures on management and the need to free operational staff to deal with Covid19.

On 20 May 2020 the Board ratified revised governance arrangements for the Board's Standing Committees whereby meetings were to be undertaken by TEAMS. The command structure which was stood down from 31 March 2021 was reinstated in July 2021 due to resurgence in Covid19 cases.

Given the lifting of Covid19 restrictions during April 2022, NHS Fife successfully tested its first face to face meeting for two years at a Board Development session in April 2022.

Covid19 reporting to Board has continued and covers: Covid19 Vaccination, Test and Protect and Covid19 Testing in Fife.

### **Assurance Mapping**

The Chief Internal Auditor, working with officers from NHS Fife and other client Health Boards, developed a set of Committee Assurance principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were considered and endorsed by the NHS Fife Audit & Risk Committee at its meeting in May 2021.

The Board Secretary is working with Standing Committee Chairs to ensure these are embedded within the Board's formal assurance processes and Internal Audit continue to liaise with management on the application of the principles.

### **Remobilisation**

The draft Remobilisation Plan 4 (RMP4) was considered and approved by the NHS Fife Board in private session on 28 September 2021 prior to submission to the SG, with positive feedback received on 19 November 2021.

An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the RMP and provided scrutiny of its achievements against target dates. The update to 31 March 2022 was provided to the FPRC on 10 May 2022, with:

- 52 actions completed
- 61 on track
- 20 at risk – require attention
- 12 unlikely to meet target

Actions that are unlikely to be completed are delivery of elective care and diagnostics, and improvements in cancer performance and early diagnosis. Incomplete actions will be carried over into the 2022/23 Annual Delivery Plan.

### **Risk Management**

During 2021/22, the 7 BAFs were reported bi-monthly to standing committees, and

subsequently to the Audit & Risk Committee and the Board. The majority of these BAFs have been updated in year, including updates to reflect Covid19, and have shown positive score changes towards target, albeit Environmental Sustainability and IJB have remained static.

The Risk Management Framework update to the March 2022 NHS Board meeting included the development of the risk profile against the NHS Fife Strategic Priorities/Objectives as follows:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

Various risks were identified under each priority/objective and following feedback further risks have been identified for Climate Change and Health Inequalities.

A risk management improvement programme was approved by the NHS Fife Board in March 2022. A comprehensive update was provided to the May Audit & Risk Committee including aims and required actions.

A Board-wide review of risk reporting is currently underway and, when concluded, will make recommendations for the reporting of relevant risks to the Standing committees. It is likely that stand-alone Board Assurance Frameworks (BAFs) in use at present will be replaced by a refreshed Corporate Risk Register, with sections pertinent to each standing committee. This will help each Committee define and monitor risks relevant to their remit once the process becomes fully established. This should help improve the consideration of risk within SBARs to the Board and Standing Committees, which still requires considerable development.

Supporting the Board Strategic Risks will be a Corporate Risk Register, featuring risks that have the potential to affect the whole organisation, or escalated operational split into: Clinical Quality and Safety, Property and Infrastructure (including Digital and Information), Workforce and Finance. In addition, a Risk Dashboard will be developed to enable oversight of the risk level of corporate risks, provide assurance that adequate controls are in place to proactively manage risks, align to improvement actions contained within the Integrated Performance & Quality Report (IPQR) and integrate with Key Performance Indicators (KPIs) and Quality Performance Indicators (QPIs). We also note the intention to refresh the Board Risk Appetite Statement, which should be an important feature of the new system.

Given operational pressures, a Covid19 strategic risk was not included in NHS Fife's extant BAF risk profile. A high level Covid19 risk register is maintained via the Emergency Command structures, which are considered by EDG. At the EDG on 5 May 2022, it was agreed that while some elements of these risks, such as workforce pressures, may remain, they are no longer primarily linked to the pandemic and will now be managed as business as usual, included in the operational risk registers or escalated to the corporate risk register as required.

### **Performance**

NHS Fife has achieved financial breakeven position with non recurring funding of £13.7m received to bridge the financial gap.

The IPQR was presented to each Standing Committee and Board meeting as per each work plan. The IPQR reports on a range of measures covering financial and clinical delivery, with significant challenges highlighted in year.

A review of the IPQR's content and format is currently underway, to address actions from

the Board's Active Governance session and to ensure it remains relevant and clear to Board members.

The IPQR to the May 2022 FPRC provided the latest reported performance for 2021/2022, with data provided to end of March 2022 for Remobilisation Activity and all other targets to February 2022.

Cancer 31-Day Diagnostic Decision to first Treatment (DTT), Inpatient Falls, SABs - HAI and Antenatal are meeting target, with six indicators not achieving target but performing well above the Scotland average: C-Diff Community; 4- Hour Emergency Access; Cancer 62 Day RTT; Patient TTG; New Outpatients; Delayed discharge – Standard Delays.

A further eight areas are neither meeting the target nor the Scotland average: Diagnostics; 18 week RTT; Detect Cancer early; Cancer 62 Day RTT; Delayed Discharge (% bed days lost); Smoking Cessation; CAHMS Waiting Times; Psychological Therapies. Improvement actions to address these areas are included in the IPQR and will take time to embed, and we note that many of these areas are still performing well against the Scottish average.

### **Integration**

The final version of self-evaluation response to the Ministerial Strategic Group (MSG) Integration of Health & Social Care report was submitted by Fife IJB to Scottish Government in May 2019, and detailed areas for further work locally. An update on progress was provided to the Fife IJB Audit & Risk Committee in April 2022, which showed some progress but a number of actions still outstanding. There would be benefit in the NHS Fife Board or a Standing Committee also receiving this report, as the responsibility for implementing actions also lies with the partner bodies, who are reliant on the success of the IJB in a number of key areas.

The NHS Fife Director of Health and Social Care advised the 29 March 2022 Board Meeting that the Integration Scheme (IS) had been formally signed off by Scottish Ministers on 8 March 2022.

Internal Audit has continued to provide advice and highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk. Internal Audit F05-22 - Strategic Plan is reviewing the process for developing the Fife IJB Strategic Plan. The Fife IJB Strategic Risks were reviewed, updated and presented to the January 2022 meeting of the Fife IJB.

We previously noted that the Integration BAF was significantly out of date and needed to be reviewed. This will be considered as part of the updating of the NHS Fife Risk Management Framework; with the Director of HSCP recommending that the current risk is closed as the Integration Scheme is complete.

### **Other Governance Areas**

#### ***General Policies***

As reported to the May 2022 FPRC, as at April 2022, 29 (51%) of the 57 General Policies are up to date. 10 (17%) remain beyond their due date and are presently being followed up. Work is underway for 18 (32%) of General Policies, which are either being reviewed or are out for consultation to the General Policies Group. Completion has improved since the last report in November 2021.

#### ***Corporate Objectives***

During April/May 2022 the Standing Committees endorsed and the Board approved the NHS Fife Corporate Objectives which will inform the development of the Annual Delivery Plan for



2022/23.

**Annual Review Letter**

The outcome letter from the Scottish Government Annual Review for NHS Fife was received in February 2022 and presented to the March 2022 NHS Fife Board meeting. Overall the feedback received was positive, in particular the organisational actions to the impact of Covid19 and associated activity.

**Board and Standing Committee Development Sessions**

We commend the timetabling of development sessions for 2022-23 which will provide an understanding in advance of business proposals to Board members and help members to scrutinise papers and understand the topics as they arise at meetings.

**Board and Standing Committee Work Plans and Annual Reports**

The Audit & Risk Committee will present its annual work plan to each meeting in 2022/23 which will enable the Committee to monitor items that have been completed, carried forward to a future meeting or removed. We recommend that this good practice is extended to all Standing Committees and the Board.

All standing committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 16 June 2022 Audit & Risk Committee.


**Blueprint for Good Governance and Active Governance**

An update was presented to the NHS Fife Board in January 2022 reporting all actions from the initial assessment against the Blueprint for Good Governance as complete.

A Board Development session was held on 2 November 2021 on Active Governance, with a focus on improving how data is presented to the Board and Standing Committees, and how insights from intelligence can be used to assure quality and performance. A plan including a number of actions to improve reporting was agreed. The action plan is due to be completed during the summer of 2022 and then reported to the Board, and will include the recently updated Blue Print for Good Governance.

**Code of Corporate Governance**

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2022, but has been delayed to allow the recently issued Model Code of Conduct to be included in the next iteration.

Action Point Reference 1 – MSG Report	
<b>Finding:</b>	
Over the last few years a number of the MSG indicators have progressed but due to Covid there are a number outstanding. An update was provided to the Fife IJB Audit and Risk Committee in April 2022 but no update has been provided to the NHS Fife Board.	
<b>Audit Recommendation:</b>	
NHS Fife should be provided with an update/precis on work being undertaken to foster closer working relationships with colleagues in local authorities and IJBs.	
<b>Assessment of Risk:</b>	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>
<b>Management Response/Action:</b>	
A report on the MSG indicators will be presented to the Finance and Performance Committee as a standing committee of NHS Fife Board.	
<b>Action by:</b>	<b>Date of expected completion:</b>
Director of HSCP	September 2022

## Clinical Governance

### BAF Risk:

#### Risk 1674 – Quality & Safety – High Risk (15)

- There is a risk that due to failure of clinical governance, performance, and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID – 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery

#### Risk 1677 – Digital & Information – High Risk (15)

- There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.

### Annual Report

The Clinical Governance Committee (CGC) annual report provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year. The narrative in the report includes detailed commentary on key areas including pandemic related activity, the risk based approach taken to service pause during the pandemic and mitigating action taken to minimise the impact of this on patient treatment and diagnosis. The report also highlighted business considered during the year including the establishment of the Public Health and Wellbeing Committee, Remobilisation Planning, Population Health and Wellbeing Strategy development, Primary Care Improvement Plan, Complaints Backlog and how this is being addressed, New legislative requirements, New Participation and Engagement Advisory Group, Urgent Care Redesign, East Region Formulary development, Independent review of Paediatric Audiology Services, Revised Integration Scheme, Annual Reports from supporting groups and relevant internal audit and external regulatory body reports.

### Pandemic & Immunisation

The CGC received updates on different aspects of work related to the pandemic including the Covid19 vaccination programme and the governance around it and the wider vaccination programme, testing and tracing, communication, infection rates, pressures on services and pausing of elective services and outpatient activity.

An external review of all immunisation programmes in NHS Fife subsequently made recommendations to allow NHS Fife to meet the increasing demands and expectations for childhood and adult immunisation programmes. Recommendations were approved by the EDG at their 6 May 2021 meeting and the Fife Immunisation Strategic Framework 2021-24 was considered and supported by the CGC in September 2021 along with the flu and Covid19 booster immunisation programmes.

### Clinical and Care Governance Strategy and Framework

Engagement with staff throughout NHS Fife and the Health and Social Care Partnership has

taken place regarding the draft NHS Fife Clinical and Care Governance Strategic Framework which is to be finalised and presented to the Clinical Governance Committee for endorsement at their meeting on 1 July 2022, later than expected due to service pressures associated with the pandemic. Internal Audit have been consulted on the strategy and have provided comment on governance, integration and assurance aspects as well as on the extent to which the strategy meets the requirements of previous internal audit recommendations.

### **CGC Governance and Assurance**

A Public Health and Wellbeing standing committee has been established with responsibilities related to public health and wellbeing strategy development and assurances regarding this and public health initiatives that were previously within the remit of the CGC. Although terms of reference and workplans have been reviewed, the CGC annual assurance report acknowledges the need for further work to avoid unnecessary duplication and ensure clarity over the different roles and responsibilities of standing committees.

The Clinical Governance Oversight Group has merged with the Duty of Candour and Adverse Events Group and has a revised Terms of Reference which include responsibility for provision of an annual assurance report to the CGC. A newly formed Organisational Learning Group reports to the Clinical Governance Oversight Group, with one of its duties being to review the consistency of external and internal reports.

### **Risk Management**

In response to our finding and recommendation in our 2020/21 Internal Audit Annual Report (B06/22 - pt 1) the Quality and Safety BAF risk was updated by the CGC to reflect the increased risk of morbidity/mortality as a result of necessary reprioritisation of service provision associated with the response to the pandemic as follows: *'There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the Covid 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery'*. The Quality and Safety BAF is linked to relevant operational risks including risks 2214 (staffing levels), 1904 (pandemic associated increased morbidity, mortality and reduced capacity), 1907 (Pandemic associated oversight of Care Homes).

### **External Review**

The NHS Fife CGC Annual Assurance Report referred to the reviews undertaken by regulatory bodies which were reported to CGC during the year along with assurance regarding action being taken to address recommendations made in the reports. The following reports were considered by CGC in 2021/22:

- Healthcare Improvement Scotland (HIS) Healthcare Associated Infection (HAI) inspection - Glenrothes Hospital (7-8 July 2020)
- HIS HAI inspection - Adamson Hospital (28 October 2020)
- HIS Covid focused inspection – Victoria Hospital (May 2021)

In addition the Clinical Governance Oversight Group considered the following additional reports as well as routinely considering the activity tracker including inspection reports. Consultations, reports and publications for awareness and published standards:

- Multi-agency Adult Support and Protection inspection was carried out in Fife between May and August 2021 to provide assurance to the Scottish Government about local partnership areas effective operation of adult support and protection processes and leadership for adult support and protection services

The following reports were referred to in Executive Director Letters but were not reported to the CGC or CGOG:

- Mental Welfare Commission Inspection of Ravenscraig Ward, Whytemans Brae, on 30 September 2021 (update provided to Clinical & Care Governance Committee on 20 April 2022)
- Mental Welfare Commission Inspection of Dunino Ward, Stratheden on 2 November 2021.

#### **Significant Adverse Events**

A new post of Lead for Adverse Events has been recruited to and the Lead is co-ordinating the implementation of the Adverse Events improvement plan which includes the review and revision of the Adverse Events Policy. We have been advised that the revised policy will address relevant recommendations in internal audit reports (B08/22, B20/21 & B14/21).

#### **Organisational Duty of Candour**

The Annual Duty of Candour (DoC) report covering the 2020/21 financial year was presented to Fife NHS Board at their 29 March 2022 meeting. Neither CGC nor Fife NHS Board have received any information on the application of DoC during 2021/22. The Medical Director has informed us that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews. .

#### **Clinical Policies and Procedures**

The latest report to the Clinical Governance Oversight Group in April 2022 indicated that 97% of Clinical Policies and Procedures had been reviewed by their scheduled review date.

#### **Health and Safety**

The 2021/22 Health & Safety Sub-Committee Annual Report confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

## Staff Governance

### BAF Risks:

- **Risk 1673 - Workforce sustainability** - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.

### Workforce Planning and Risk Assurance

The Staff Governance Committee (SGC) considered the draft Interim Workforce Plan on 20 April 2021 prior to submission to SG by the deadline; with final endorsement by the Committee on 15 June 2021. The Interim Workforce Plan complied with the Scottish Governance guidance and template, and reflected workforce elements of the RMP4. No specific update on delivery of the Workforce Plan for 2021/22 has been provided to the SGC; instead the SGC has been advised of its implementation via updates on the RMP4. Whilst this enables the SGC to be kept informed of the workforce actions taken, it does not provide a conclusion on the success in implementing the Workforce Plan for 2021/22 or of its impact on the key workforce risks facing the Board. Whilst compliant with SG direction and timetables, workforce planning remains an area of high risk which is fundamental to the achievement of NHS Fife's strategic objectives and will be integral to the design and delivery of a sustainable Population Health and Wellbeing Strategy.

The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022, and on 1 April 2022, the SG issued associated guidance which required Boards to submit three year integrated health and social care Workforce Plans by 31 July 2022. The risk profile of the national strategy is not available, but our assessment would be that a number of assumptions within the document are very high risk.

The NHS Fife Workforce Strategy will need to inform and be informed by the overall strategy of the Board. When the new Workforce Strategy is presented to the SGC, there would therefore be considerable benefit in a companion paper which describes how it will be monitored by the SGC, how it fits in with Population Health and Wellbeing Strategy and is connected to the developing IJB Strategic Plan e.g. delegated health services, how the associated risks will be identified and consolidated within the new risk register and how assurance will be provided on progress.

The SGC continued to receive regular assurance reports on the strategic workforce risks and received a detailed review of the Workforce Sustainability BAF in October 2021. The workforce risks remained at high; but with greater consideration to workforce sustainability risks relating to service delivery as set out in the Clinical Strategy and the future Health and Wellbeing Strategy, plus the impact of the Covid19 pandemic.

Internal Audit is completing a review of the processes relating to the development of the 2022-25 Workforce Strategy and Workforce plan, using the Workforce Sustainability BAF as the basis to evaluate the design and operation of the controls to inform the Workforce Plan.

### Staff Governance Assurances

Reports, such as the Health and Wellbeing Update, indicate that a lot of work is ongoing to meet the Staff Governance Standards (SGS), but there is no reference within such reports as to the specific strands of the SGS that they are addressing or to the resulting outcomes. The SGC also did not receive comprehensive assurance on compliance with the SGS throughout

the year, with only verbal updates on the action taken to meet the SGS being provided at the September 2021 and March 2022 SGC meetings.

The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGS are being met. More detailed, written assurances are required in future to evidence such a conclusion.

#### **Remuneration Committee (RC)**

The RC completed an annual assessment of its performance for 2021/22 at its April 2022 meeting. No issues were identified for improvement, with a training session being arranged to further enhance members understanding of their responsibilities. The RC now keeps an Action List to ensure matters carried forward from each meeting are actioned.

#### **Promoting Health and Wellbeing, Appropriately Trained & Developed, and COVID-19 Response**

Regular reports have been made to SGC meetings on the impact of the Covid19 pandemic and provision of assurance on the evolving measures being taken to ensure NHS Fife's workforce is being supported during the pandemic. Our review of the Staff Health and Wellbeing update reports presented to the SGC evidenced a good level of detail and showed that NHS Fife continues to respond to the workforce issues presented by the Covid19 pandemic.

The draft Workforce Plan 2022-25 includes an action to consider succession planning implications for critical roles, including advanced practitioners grades and above. It also includes a workforce profile overview for the different medical specialities and each includes a number of actions to sustain each speciality or professional group e.g. Pharmacy Workforce, including training and development.

The sickness absence statistic for March 2022 was 5.59%, which although still high is showing a downward trend since December 2021, when it was 6.98%. For 2021/22, it is reported that there was a staffing reduction of 1.87% due to Covid19.

#### **Appraisal**

TURAS appraisal completion continues to be impacted by the Covid19 pandemic, with a 31% completion rate at the end of March 2022. The Area Partnership Forum, which supports partnership working to improve performance, receives updates on both TURAS appraisal and training arrangements, with the SGC receiving copies of its minutes. Arrangements are proposed to include TURAS appraisal performance reporting as part of the IPQR reporting cycle for 2022/23, with reporting to each SGC meeting.

As at 31 March 2022, Medical Appraisal and Revalidation data shows that of 302 Primary Care doctors, 96.7% were appraised and out of 330 Secondary Care doctors 88.8% were appraised. Internal Audit was informed that although appraisals are slowly getting back to normal, there is still a shortage of appraisers in Secondary Care, which has resulted in some being delayed in addition to the existing pressures resulting from Covid19. An update on the appraisal process has recently been issued by the Scottish Government, confirming that the more flexible approach to appraisal recommended over the previous two years should be continued at present. This includes flexibility regarding the amount of supporting information required.

#### **Staff Governance Annual Monitoring Return**


The SG advised all health boards in April 2022 that a different approach was being taken to the review of the monitoring return for 2020/21 in recognition of the continuing pressures faced by Boards. As a consequence no further actions/recommendations are being made by

the SG, based on the 2020/21 monitoring return. Although a more streamlined exercise was completed, NHS Fife was advised that the exercise will still allow the SG to measure the application of the SGS and to identify areas of good practice that will be shared to help drive continuous improvement across all NHSScotland Health Boards. The SGC will be advised of the outcome of this exercise once confirmation of the 2021/22 monitoring return format is received from the SG.

#### **Whistleblowing**

The SGC and NHS Fife Board were previously advised of the launch of the National Whistleblowing Standards from 1 April 2021 and during 2021/22 it has received updates on how the new standards were being rolled out, including Quarterly Reports detailing the number of concerns raised. Consideration is still being given to the level of detail provided to the SGC to keep it informed on the action taken to address concerns raised. A Whistleblowing Annual Report for 2021/22 will be presented to the September 2022 SGC meeting and thereafter to NHS Fife Board.



Action Point Reference 2: Staff Governance Assurances	
<b>Finding:</b>	
<p>Reports provided to the SGC detailing the actions taken to meet the SGS do not specify which strand they are addressing. In addition, the SGC also did not receive comprehensive assurance on compliance with the SGSs throughout the year, with only verbal updates on the action taken to meet the SGSs being provided at the September 2021 and March 2022 SGC meetings.</p> <p>The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGSs are being met. More detailed, written assurances are required in future to evidence such a conclusion.</p>	
<b>Audit Recommendation:</b>	
<p>To enable the SGC to fully conclude that the SGSs are being met, written reports indicating how ongoing workstream and other activity meets the appropriate SGS(s) should be presented to it in accordance with its Workplan. Any related reports, such as the Health and Wellbeing Update, should also state which strands they provide assurance on and where possible report on the impact as well as the implementation of any actions taken.</p>	
<b>Assessment of Risk:</b>	
Moderate	 <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p><b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
<p>Work is already underway to respond to this assessment and recommendations</p> <p>In future all reports to Staff Governance Committee will, where appropriate, include an explicit reference to the SGS(s) the paper meets.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Director of Workforce, with specific action taken by the authors of papers to SGC	November 2022

## Financial Governance

### BAF Risk:

#### Risk 1671 – Financial Sustainability – Moderate Risk (9)

- There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred.
- There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance.
- Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.

#### Risk 1672 – Environmental sustainability – High Risk (20)

- There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation

## Financial Performance

The draft financial outturn position to 31 March 2022, subject to external audit review, was:

- A £0.380 million under spend on the core Revenue Resource Limit (RRL) of £920.02 million
- A break-even position against the core Capital Resources Limit (CRL) of £32.389 million
- 2021/22 savings delivered of £9.618 million, of which £5.779 million (60%) was recurring,

Total additional Covid19 funding of £95.189m was received from SG in 2021/22. Board Directed Services accounted for £36.464m of the Covid19 costs, and the balance of £58.725m was allocated to the HSCP.

The draft year-end figures for the Health and Social Care Partnership were breakeven for Health delegated, a £1.690m under spend for Social Care with the Fife IJB having a reserve balance of £78.843m.

Financial reporting throughout the year to the FPRC and Board remained consistent and the position was clearly presented, along with the impact of Covid19. Financial forecasts during the year provided an accurate outcome of the year-end position.

### Efficiency Savings

The 2021/22 financial plan reflected an overall savings target of £21.7m and assumed £8m was achievable in-year with £4m on a recurring basis and £4m on a nonrecurring basis. Throughout 2021-22 the savings shortfall of £13.7m, as identified in the financial plan, remained a risk to financial balance and Scottish Government (SG) assistance was required. The SG required NHS Fife to deliver a series of actions prior to providing £13.7m to enable NHS Fife to break even for 2021-22.

Significant financial challenges remain as NHS Fife emerges from emergency footing and the Financial Improvement and Sustainability Programme (FISP) will require to ensure there is the required capacity to deliver substantial cost reduction to achieve financial balance in 2022-23 and beyond. The FISP has now been established and its remit endorsed at the January 2022 FPRC. The programme aims to develop and agree productive opportunities and savings targets for 2022/23 and plans for the more medium-term. The Programme will

report directly into the Portfolio Board with governance reporting in place to other Standing Committees and the Board.

#### **Financial Planning 2022/23 and Covid Funding**

The Strategic financial plan 2022/23 was approved by the Board on 28 March 2022. This identified a projected budget gap for 2022/23 of £24.1m with plans for this to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of these proposed actions is a deficit of £10.4m. A 3-year medium-term plan is being developed to identify a range of cost improvement activity to ensure recurring financial balance at the end of that 3 year period. NHS Fife remain within 0.8% from the full NRAC share.

The Strategic Financial Plan highlighted the risk that Covid19 funding would not match additional costs, but did include provision for Covid consequentials. Subsequently, the SG have advised that *"the UK Government has indicated that in 2022-23 there will be no further specific consequentials to meet the ongoing cost pressures with managing Covid19."*

This guidance was highlighted in a paper to the May FP&R on the budgetary process. However, the paper also stated that *'The financial plan does not assume the continuation of SG funding for Covid19 costs'*, which is not necessarily consistent with the information presented in the March budget. The Director of Finance & Strategy has advised Internal Audit that *"the inconsistency arose due to the timing of the recent notification from Scottish Government that there would be no further Covid consequentials, prior to that i.e., in March 2022 the assumption all Boards had made was that Covid consequentials would continue into 2022/23, albeit at a reduced rate. The IJB Covid reserve is earmarked to cover health delegated budget costs which include acute set aside and therefore that aspect of Covid cost will be funded from that source. The Scottish Government also advised on 1 June 2022 that an additional £7.5m for health board retained acute Covid costs will be allocated."*

Now that this risk has crystallised, the financial impact on NHS Fife budgets for 2022/23 is being fully quantified, as it may lead to an increase in the year-end deficit which will generate the need for even more savings in future years. This aspect of financial planning is currently being reviewed and will be reported to the FPRC and the Board by the end of Quarter 1.

We have been informed that the current Financial Sustainability BAF will be split into two new corporate risks. One will focus on in year delivery of the current financial plan and the second will consider the wider delivery of the 3 year financial plan. This approach should provide a more detailed and focussed management of financial risks as part of the updating of the NHS Fife Risk Framework. The Financial Plan did list a number of constituent risks to financial balance, not all of which were reflected in the BAF; these should be assigned to the relevant strategic financial risk in future where that is deemed appropriate.

#### **Capital Planning and Asset Management**

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting.

The November 2021 FPRC received the Property and Asset Management Strategy (PAMS) report for the year to 31 March 2021, which is not mandatory but good practice. The PAMS itself was largely retrospective but emphasised the need for a revised NHS Fife Property & Asset Management Strategy to support the development and deliver the objectives of the future Health & Wellbeing Strategy.

Within the 2021/22 ICE report we highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, which will include

actions and outcomes. The development of this plan will be included as part of the process to develop the 2022 PAMS.

The PAMS and Capital Programme will be a vital enabler of the Health and Wellbeing Strategy. Internal Audit previously highlighted the absence of a BAF or operational risk for the Capital Programme and Property Strategy and is pleased to note that the intention is to develop a Property Corporate Risk.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre (FEOC) Project is on track and due for completion in October 2022 and plans to be operational in January 2023, with progress regularly reported to the FPRC. Updates to the FPRC highlight the need for an additional 38.5WTE staff above the numbers originally envisaged to allow the FEOC to be fully operational by end of 2022. The reason for this increase was fully reviewed with the Scottish Government who approved additional Scottish Government funding to cover it.

#### **BAF – Financial Sustainability – Moderate Risk**

The Financial Sustainability BAF, as reported to the FPRC during 2021/22, recognises the ongoing financial challenges facing the Board, in particular Covid19 funding and savings gaps. The risk score has reduced in year with the confirmation of non repayable funding support from the SG. The BAF risk remains as Moderate, reflecting the underlying financial gap going into 2022/23. We would expect the absence of funding for net additional costs for Covid 19 to be reflected in the risk score.

We note the future ambition that the Financial Sustainability BAF would be split with one part focusing on financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This approach will allow for clearer linkages to strategy and savings programme.

#### **BAF – Environmental Sustainability – High Risk and Environmental Reporting**


A paper was presented to the September 2021 FPRC detailing NHS Fife's ambition to improve the energy efficiency of its buildings, as part of the health sector's drive towards 'net zero carbon' and with funding available from the SG as part of the Low Carbon Infrastructure Programme.

A Policy For NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, setting out mandatory requirements with immediate effect. A briefing paper for the DL was taken to the Board and Public Health and Wellbeing Committee in May 2022. The DL requirements will almost certainly impact on all NHS Fife Board decision making.

The extant BAF has not materially changed during 2021/22 as the major risk is contingent on the delivery of the Fife Elective Orthopaedic Centre (FEOC) to remove inpatients from the tower block at the Victoria Hospital. As noted above, the Director of Property & Asset Management will develop an appropriate corporate risk including the impact of the net-zero requirement.

#### **Best Value**

The draft FPRC Annual Report was presented to the FPRC in May 2022. The report concludes on the NHS Fife Best Value arrangements and reflects on the introduction of both the SPRA and FISP which overall "*facilitates a more effective triangulation of workforce, operational and financial planning*" to supporting the delivery of best value across its resource allocations. The FPRC Annual Report also considered the achievement of Best Value characteristic.

<b>Action Point Reference 3: NHS Fife PAMS Implementation Action Plan</b>	
<b>Finding:</b>	
<p>The ICE highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, to include actions and outcomes and be used by the Capital Groups to assess progress in achieving PAMS outcomes and objectives.</p> <p>We have been informed by management this is not an actual document, but is a 'living plan' that is evidenced by discussions at various Capital Groups.</p>	
<b>Audit Recommendation:</b>	
<p>The Implementation Plan for delivering the PAMS should be properly documented, approved and monitored to ensure the delivery of actions and outcomes and provide assurance to the Board that the PAMS is being delivered.</p>	
<b>Assessment of Risk:</b>	
<p>Moderate</p> 	<p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p><b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
<p><b>An Implementation Action Plan will be developed as part of the 2022 PAMS.</b></p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
<p><b>Director of Property &amp; Asset Management</b></p>	<p><b>30 November 2022</b></p>

## Information Governance

### BAF Risk:

#### Risk 1677 – Digital & Information – High Risk (15)

- There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.

### Governance Arrangements and Assurance Reporting

Reporting to the Digital and Information Group has been consistent throughout the year; both groups provided update reports to the Clinical Governance Committee during the year and Annual Assurance Reports/Statements at year-end.

In 2021/22 the format of reporting to the Information Governance and Security Steering Group improved and is now standardised with an Activity Tracker and Assessment against key measures now being provided to each meeting. Improvements have also been made to the quality and availability of data for the key measures report, albeit data is not yet available for some measures such as training/education and records management.

We commend the work of the Director of Finance and Strategy, Medical Director and Associate Director of Digital and Information in driving and supporting the considerable improvements made to assurance reporting, particularly to IG&SSG.

The IG&S Operational Group has not met as often as intended in 2021/22 due to service pressures and staffing resource issues in the IG&S Team and as a result the relationship between the Operational Group and the Steering Group is not yet fully resolved.

The improvements in the assurance reporting and governance arrangements, and scheduling of reporting throughout 2022/23 to the CGC in its annual workplan, have completed recommendations made in previous internal audit reports (B08/21, B28/21 & B08/22).

### Digital and Information Strategy

Updates on the NHS Fife Digital and Information Strategy 2019-2024 were provided to the September 2021 and March 2022 Clinical Governance Committee meetings. The latest update recognised that *'the Digital strategy would have benefited from a resourcing and financial assessment to achieve the stated ambitions'* and *'noted the impact of the COVID-19 pandemic response and the requirement to align activities to the evolving risk profile within the Digital and Information domains'*. The CGC have been informed of a new prioritisation process launched in February 2022 in order to align the digital deliverables to their operational and strategic requirements and agree a prioritised workplan consistent with available resources, including the use of a revised prioritisation matrix to balance the adoption of existing digital capabilities with the implementation of new ones.

Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024. The CGC should therefore be notified of these changes, and informed of the impact that this will have on the strategic objectives of the Board.

**Risk Management**

The format of risk reports presented to IG&SSG and D&I Board have improved throughout 2021/22 and all risks were reviewed to ensure the scores reflected the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to provide assurance on whether management actions would mitigate the risk within a suitable timescale.

The latest Digital and Information BAF presented to CGC on 29 April 2022 highlighted the increased threat of cyber attack due to the war in Ukraine.

**External Review**

The IG&SSG received detailed update on the NIS Audit throughout the year, with the in March 2022 estimating current compliance of 73% with additional assurance that evidence to demonstrate implementation of previous recommendations was underway, ahead of the review audit to be undertaken by the Competent Authority in April 2022. The review audit was completed for 2022 and the report received detailing an overall compliance status of 76%, an increase from 69% achieved in 2021.

IG&SSG await final feedback from the Keeper of the National Records of Scotland on NHS Fife's draft Records Management Plan submitted in February 2021.

The Information Commissioners Office (ICO) will be auditing Boards in NHS Scotland against its accountability framework; NHS Fife is due late summer 2022. In preparation, a self assessment was presented to CGC on 10 March 2022 which considered the 343 activities associated with the 10 categories and 77 expectations in the framework and concluded that:

- 84 activities had yet to start
- 146 activities had been started but were not complete
- 113 activities had been completed and can be evidenced as such.

**Information Governance Incidents**

Through the year, 14 incidents were reported to the ICO, an increase of 3 on the previous year. Of the 14, 9 (64%) were reported within the 72-hour requirement. Of the 14 incidents, 13 have been confirmed not to require any further follow up and 1 item rejected as it was deemed to not meet the criteria. At present there is no requirement for these to be disclosed in the Board's annual Governance Statement.

**ITIL Processes**

In response to internal audit B23-21 – ITIL Processes, the D&I Board supported the introduction of Information Technology Infrastructure Library (ITIL) Version 4 to support strategic planning, design, build activities and the efficient running of operations and service management to further enhance the availability of systems and digital capability.

Action Point Reference 4: Delivery of D&I Strategy 2019/24	
<b>Finding:</b>	
Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024.	
<b>Audit Recommendation:</b>	
The CGC should be notified in 2022/23 of any elements of the D&I Strategy that will not be delivered by 31 March 2024 and the impact that this will have on the strategic objectives of the Board.	
<b>Assessment of Risk:</b>	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>
<b>Management Response/Action:</b>	
<p>The element of digital strategy that will not be delivered in full or in part will be identified to the CGC. The initial identification will take place for the 1 July meeting; with the fuller impact assessment being presented as part of the strategy update report on 13 January 2023, as per the Committee’s work plan.</p> <p>This will be evidenced through the committee’s minutes.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Associate Director of Digital & Information	March 2023







## Key Performance Indicators – Performance against Service Specification

	Planning	Target	2021/22	2020/21
1	Strategic/Annual Plan presented to Audit & Risk Committee by 30 June.	Yes	Draft presented May 2022	No (July 21)
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	No
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	79%
4	Draft reports issued by target date	75%	67%	59%
5	Responses received from client within timescale defined in reporting protocol	75%	100%	68%
6	Final reports presented to target Audit & Risk Committee	75%	67%	47%
7	Number of days delivered against plan	100% at year-end	67%	93%
8	Number of audits delivered to planned number of days (within 10%)	75%	91%	77%
9	Skill mix	50%	80%	77%
10	Staff provision by category	As per SSA/Spec	Pie chart	
<b>Effectiveness</b>				
11	Client satisfaction surveys	Average score of 3.5	Bar chart	

**Assessment of Risk**

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

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

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Rhona Waugh, Head of Workforce Planning and Staff Wellbeing</b>

## 1. Purpose

**This is presented to Staff Governance Committee members for:**

- Assurance

**This report relates to an:**

- Emerging issue

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with the latest version of NHS Fife's Board Assurance Framework on Workforce Sustainability.

The BAF is intended to provide accurate and timely assurances to this Committee, and ultimately to the Board, that the organisation is delivering on its strategic objectives, as contained in the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan
- NHS Fife Workforce Strategy 2019–2022
- NHS Fife Draft Workforce Plan 2022–2025

The Committee has a vital role in scrutinising the risk and, where indicated, Committee chairs will seek further information from risk owners.

Staff Governance Committee members will be aware that additional assurance has been provided to previous meetings of the Committee via verbal updates, or papers provided by the respective EDG members on the linked operational high risks and the resultant impact on service delivery. This will continue within the 2022 / 2023 meeting cycle.

The Staff Governance Committee is invited to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided, describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

## 2.2 Background

This report provides the Committee with an update on the overall content of the Workforce Sustainability aspect of NHS Fife's BAF and in relation to the on-going linked operational workforce risks; Risk ID 90: National Shortage of Radiologists; and Risk ID 2214: Nursing and Midwifery Staffing Levels, as provided by the relevant risk owners.

Since the BAF was presented to the Staff Governance Committee in May 2022, there have been minor changes to the content, tracked within **Appendix 1**, as at 15 June 2022. As part of this process, Executive Director Group members review newly identified high risks or risks where the current level has been increased to high, in order to determine if these risks should be linked to the Board Assurance Framework (BAF). A linked Operational high risk; Risk ID 1420: Loss of Consultants within the Rheumatology Service and the resultant impact on service delivery has now been added to the BAF.

## 2.3 Assessment

The high level organisational risks are described in the Workforce Sustainability section of the BAF, together with the current risk assessment and the mitigating actions already being taken. These are detailed within the accompanying documents at **Appendices 1 and 2**. Workforce Sustainability is detailed on the BAF as being a **high** risk.

The additional information on the linked operational high risks provides an overview for Staff Governance Committee members on the impact and mitigations of these risks at service level, which includes the following:

- Consideration of the risk ratings since addition.
- Identification of whether there has been a deterioration or improvement of risk over time.
- A review of the management actions.
- An assessment of the speed at which the risk will impact on NHS Fife.
- A management recommendation as to whether the risk should be 'accepted' or 'monitored'.

### **2.3.1 Quality / Patient Care**

NHS Fife's Risk Management system seeks to minimise risk and support the delivery of safe, effective, patient centred care. The system arrangements contained within existing are subject to modernisation at present.

### **2.3.2 Workforce**

The system arrangements for risk management are contained within existing resources and are subject to modernisation at present.

The content of the revised Workforce Sustainability Risk within the Board Assurance Framework is designed to contribute to all strands of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

Promotes proportionate management of risk, and thus effective and efficient use of resources.

### **2.3.4 Risk Assessment / Management**

Regularly reviewing workforce sustainability risks through the BAF process ensures that work to mitigate these risks is agreed, delivered and/or adjusted, as required, and provides a mechanism for escalating risks to ensure effective management.

### **2.3.5 Equality and Diversity, including health inequalities**

The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

### **2.3.6 Other Impact**

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

Workforce Leadership Team Members and linked operational risk owners.

### **2.3.8 Route to the Meeting**

The Workforce Sustainability element of the Board Assurance Framework has been previously considered by the Staff Governance Committee and the Committee has supported the content. Members' feedback has informed the development and on-going review of the further content presented in this report, alongside the additional information being provided by services on the impact of the linked operational high risks.

## 2.4 Recommendation

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

- The addition of a new linked operational high risk, Risk ID 1420: Loss of Consultants to the Board Assurance Framework.
- the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

## 3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Board Assurance Framework – Workforce Sustainability High Risk
- Appendix 2: Linked Operational High Risks

### Report Contact:

Linda Douglas

Director of Workforce

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# NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)										Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

## Board Assurance Framework (BAF) - Workforce Sustainability

1673	Exemplar Employer	30/05/2022	29 July 2022	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future Health & Wellbeing Strategy and the challenges and demands associated with the COVID-19 pandemic.	5 – Almost Certain – Expected to occur frequently – more likely than not	4 – Major	20	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	<p>Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies continues to give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health &amp; Wellbeing Strategy.</p> <p>The current scores reflect the existing controls and mitigating actions in place.</p>	<p>Linda Douglas Director of Workforce</p> <p>Sinead Braiden Staff Governance</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p><b>WORKFORCE – GENERAL</b></p> <ul style="list-style-type: none"> <li>Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health &amp; Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. The Workforce Plan for 2022 to 2025 has been developed in preparation for July 2022 submission to Scottish Government.</li> <li>Implementation of the Health &amp; Social Care Workforce Strategy to support the Health &amp; Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&amp;SCP Workforce Strategy and Workforce Plan for 2022 to 2025.</li> <li>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.</li> <li>Implementation of the NHS Fife / H&amp;SCP Joint Interim Workforce Plan for 2021/2022.</li> <li>Workforce Plans to align to and take account of the National Workforce Strategy for Health &amp; Social Care.</li> </ul> <p><b>WORKFORCE CAPACITY</b></p> <ul style="list-style-type: none"> <li>Current resourcing actions include: active local and international recruitment campaigns and continued expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 pre-registered nurses, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. NHS Fife has been successfully recruiting international recruits for Nursing and Radiology roles. Our first group commenced on the 28 February 2022 and we are now just about to welcome our 4th group on 30 May 2022. To date we have recruited 11 Staff Nurses within Acute and 2 Radiographers. 3 staff Nurses will join us in May 2022 and a further 2 Radiographers and 16 Staff Nurses are within the recruitment pipeline to join NHS Fife. We are building a strong working relationship with Yeovil District Hospital NHS Foundation Trust who conduct the recruitment process for Fife. This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023.</li> <li>Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, (now moving into business as usual with the emergency footing ending in NHS Scotland in April 2022), including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Care and Treatment, Vaccination Transformation and Implementation of the General Medical Services contract.</li> <li>Planning to meet future service needs, applying workforce planning and forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements.</li> <li>Supporting service delivery through implementation and integration of systems and joint working with services on redesign of services to mitigate shortfalls in staff availability.</li> <li>The first fourteen young people took up paid placements on our Kickstart Programme at the end of March 2022. Thirteen young people remain in post, the intention of the programme is to improve employment opportunities for those at risk of long-term unemployment. They have been provided with development opportunities, and employability support, with the aim of supporting them to a positive work destination.</li> </ul> <p><b>WORKFORCE CAPABILITY</b></p> <ul style="list-style-type: none"> <li>eLearning and training offers aligned to current work modes</li> <li>Continuation of fast track induction and related activity, including new welcome and orientation package.</li> <li>Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training resources for non-clinical staff to support clinical service delivery.</li> <li>Ensuring managers and staff are prepared for the implementation of and compliance with the Health &amp; Care (Staffing) (Scotland) legislation within the clinical workforce.</li> <li>Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning.</li> <li>To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans.</li> <li>To progress actions in support of the equality, diversity and human rights agenda.</li> </ul> <p><b>WORKFORCE ENGAGEMENT</b></p> <ul style="list-style-type: none"> <li>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised.</li> <li>iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting, now moving into the 2022 cycle.</li> <li>Supporting staff through changes in ways of working and providing access to new and different career opportunities.</li> <li>Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives.</li> <li>Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.</li> </ul> <p><b>WORKFORCE SUPPORT &amp; WELLBEING</b></p> <ul style="list-style-type: none"> <li>Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work. Staff Wellbeing Framework developed to align to Board aims and national commitments.</li> <li>Access to OH, (including self referral access to Counselling and Physiotherapy) H&amp;S, Peer Support, Psychology, Spiritual Care and Staff Listening Services.</li> <li>Integration of Mindfulness, Good Conversations and Our Space support and Outdoor sessions for staff as part of Going Beyond Gold Programme, contributing to a culture of kindness and staff recovery.</li> <li>Consistent application of NHS Fife and Once for Scotland employment policies</li> <li>Provision of a healthy and safe working environment, including access to refreshments in the workplace and ongoing development of Staff Hubs, Pause Pods and rest areas. Management of leave and encouraging rest and recuperation.</li> </ul>	<p>Nil</p> <p><b>WORKFORCE – GENERAL</b></p> <ul style="list-style-type: none"> <li>Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife.</li> <li>Ensuring workforce preparedness for any further COVID-19 escalation requirements and the legacy of the pandemic, working in partnership through the respective Workforce Groups and command structure.</li> <li>Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development.</li> </ul> <p><b>WORKFORCE CAPACITY</b></p> <ul style="list-style-type: none"> <li>Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Nursing Associate roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targeted ward administrative support, to enable clinical time to be released.</li> <li>Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool.</li> <li>Realising the benefits of implementation of the regional recruitment model from July 2022.</li> <li>Harnessing the benefits of digital technology and automation to support service delivery and the commitments within the Recovery Plan / Clinical Strategy, for example within Laboratory Services, to compensate for shortfalls in current staff / future pipeline and complement recruitment and the introduction of advanced practice.</li> <li>Create a pathway for young people with barriers to employment to gain paid work experience with us, with the aim of securing future employment via the Kickstart and Long Term Unemployed Programme.</li> <li>Continue with plans to develop and implement an Apprenticeship programme starting in August 2022, in collaboration with the Nursing Team and Digital and information colleagues.</li> </ul> <p><b>WORKFORCE CAPABILITY</b></p> <ul style="list-style-type: none"> <li>Consideration of and implementation of learning and development activities in support of skill mix and associated actions.</li> <li>Contributing to NHS Scotland developments in Learning and Development.</li> <li>Realising benefits from the implementation of and compliance with the Health &amp; Care (Staffing) (Scotland) legislation within the clinical workforce.</li> <li>Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning.</li> <li>Provision of workforce planning training and support for managers.</li> <li>Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning.</li> <li>Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data.</li> </ul> <p><b>WORKFORCE ENGAGEMENT</b></p> <ul style="list-style-type: none"> <li>Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the next Workforce Strategies and Action Plans.</li> <li>Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media, alongside participation in careers events.</li> <li>To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care.</li> </ul> <p><b>WORKFORCE SUPPORT &amp; WELLBEING</b></p> <ul style="list-style-type: none"> <li>Review of Staff Health &amp; Wellbeing Framework to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff.</li> <li>Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market.</li> <li>Continue to hold Gold HWL Award status and deliver on Health Promoting Health Service commitments.</li> <li>Consideration of support for the ageing workforce and other disadvantaged groups and opportunities for job redesign.</li> </ul> <p>Responsible Person/s: Director of Workforce</p>	<p>1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee</p> <p>2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee</p>	<p>1. Use of national data for comparative purposes</p> <p>2. Internal Audit reports</p> <p>3. Audit Scotland reports</p> <p>4. Bench marking comparison with other NHS Boards</p>	<p>Full implementation and utilisation of eSS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity.</p>	<p>Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation and use of eSS, should provide appropriate levels of control.</p>	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	Moderate Risk	Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges.
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### Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
2214	Nursing and Midwifery Staffing Levels	Active Risk	High Risk	20	Owens, Janette
90	National Shortage of Radiologists	Active Risk	High Risk	16	Dobson, Claire
1420	Loss of consultants	Active Risk	High Risk	15	Bett, Heather

### Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1324	Medical staff recruitment and retention	Active Risk	Moderate Risk	12	Kennedy, John
1375	Breast Radiology Service	Active Risk	Moderate Risk	12	Cross, Murray
1652	Medical Capacity in Community Paediatric Service	Active Risk	Moderate Risk	12	Dobson, Claire
503	Diabetes	Closed Risk	Moderate Risk	9	CHE
1042	Staffing Levels	Closed Risk	Moderate Risk	12	Nolan, Karen
1349	Service Provision - GP locums may no longer wish to work for NHS Fife Salaried Practices	Closed Risk	Moderate Risk	8	Dobson, Claire
1353	Service Provision - Shortfall in GP Cover will limit service provision	Closed Risk	Moderate Risk	9	Dobson, Claire
1846	Test and Protect/Covid Vaccination	Closed Risk	Low Risk	6	Connor, Nicky
1858	workload resulting from deterioration in mental health	Closed Risk	Moderate Risk	10	JTORRN

# Appendix 1



## NHS Fife Board Assurance Framework (BAF) – Linked Operational Risks

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
2214	NHSFBD - Nursing Directorate Risk Register	21/10/2021	Nursing and Midwifery Staffing Levels	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>10/06/22: BAND 2-4 WORKFORCE: Continues to be developed. Associate Practitioner role (Band 4) to be progressed across NHS Fife once job description and so on agreed with the Health &amp; Social Care Partnership (HSCP).</p> <p>EDUCATIONAL PROVISION: This has been agreed with Fife College and trainees will be appointed under Annex 21. Training period will take 9-15 months.</p> <p>NURSING &amp; MIDWIFERY (N&amp;M) WORKFORCE PLANNING GROUP: Group continues to drive N&amp;M planning &amp; development activity across NHS Fife.</p> <p>RECRUITMENT: 160 student nurses and midwives have been recruited to NHS Fife, coming into post from September 2022 onwards. Nurse Bank has recruited 850 staff in the financial year 2021-22.</p> <p>Health Care Support Worker(HCSW)recruitment: Over 70 Whole Time Equivalent(WTE) Band 2 -3 posts were successfully recruited into by March 22; funding provided by Scottish Govt(SG)for these substantive posts which are in addition to existing establishments, with a focus on expediting patient discharge from hospitals.</p> <p>International Recruitment (IR): NHS Fife welcomed the first IR nurses to Scotland following collaboration with Yeovil Hospital NHS Trust. To date we have an agreement to recruit 40 nurses and 3 radiographers and will have 23 international recruits in Fife by the end of June. Unfortunately, SG funding has not continued beyond March 2022 therefore the Directors of Acute Services and HSCP will be consulted for finance options to allow IR to progress beyond the current 43.</p> <p>Ward Admin Posts: Following a successful recruitment campaign and evaluation, these posts have been made substantive in areas where they were deemed to have added value.</p> <p>National Registered Nurse (RN) recruitment campaign: Unfortunately, this campaign did not yield any benefits for NHS Fife with only 1 RN being appointed from NHS Tayside. All other Boards reported similar results.</p> <p>OPERATIONAL PRESSURES ESCALATION LEVELS (OPEL): Staffing levels are assessed on a shift-by-shift basis and measures are implemented in accordance with the OPEL action cards.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola	10/06/2022	31/08/2022
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Risk Register, NHSFBD - Cancer Services Risk Register	23/08/2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>27/01/2021 Previous management actions continue</p> <p>Increased remote support from NHS Lothian for emergency in-patient reporting has been agreed.</p> <p>SERRIS continues to support reporting turnaround times</p> <p>Engagement with numerous locum agencies to source additional support.</p> <p>NHS Locum expected to start 01/04/2022 for 6 months.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Dobson, Claire	Galloway, Donna	28/01/2022	30/06/2022

NHS Fife Board Assurance Framework (BAF) – Linked Operational Risks

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1420	PRIMARY AND PREVENTATIVE CARE SERVICES - Rheumatology Service Risk Register	19/02/2018	Loss of consultants	The rheumatology service will lose three of its 5 consultants over the coming 9 months which will have a significant impact on the service offered to patients both in terms of waiting times for new patients and access to care for review patients It appears that there are no consultants available to appoint to these vacancies	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	March 2022 - despite numerous attempts to recruit to consultant posts the service still requires 2 permanent consultants. Option appraisal required to consider other ways of working  two attempts have been made to recruit ANPs with no success . further attempts have been made to recruit consultants with no success . Discuss planned with AMD to consider other options	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	1 - Remote - Can't believe this event would happen	2 - Minor	Very Low Risk	2	Bett, Heather	Bett, Heather	26/02/2021	26/08/2022

Appendix 2

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Whistleblowing Quarter 4 Report for 2021 / 2022</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Sandra Raynor, Head of Workforce Resourcing and Relations</b>

## 1. Purpose

**This 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

## 2. Report Summary

### 2.1 Situation

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised, quarterly and annually.

### 2.2 Background

This report is to provide Staff Governance Committee members with an update on whistleblowing and anonymous concerns for the fourth quarter of reporting from 1 January 2022 to 31 March 2022, to provide an assurance on awareness raising of the standards and data on the training modules undertaken since 1 April 2021 to 31 March 2022.

### 2.3 Assessment

#### Reporting

The fourth quarterly report on the Standards covers the reporting period 1 January 2022 to 31 March 2022. During this period, there were two whistleblowing concerns reported

within NHS Fife and none from primary care providers and contracted services. The Quarter 4 data report is attached at Appendix 1, for information.

Under the terms of the Standards, for both stage 1 and stage 2 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.

Extensions have been approved for the two whistleblowing concerns received during quarter 4. The whistleblowers have been advised of the need to extend the timescales and have been kept up-to-date with the progress of the investigation into their concerns throughout the process.

NHS Fife received no anonymous concerns during this quarter four reporting period. Attached at Appendix 2 is a breakdown of concerns raised during 2021 / 2022, per quarter.

Staff Governance Committee members are asked to note that 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 quarter four 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. In this cycle we have taken the decision to keep the reporting separate to allow greater flexibility in developing the format of the annual report in year one of the implementation of the Standards.

## **Awareness Raising and Training**

As previously reported, NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two on-line learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and Stafflink. During April 2022, a third on-line learning module has been launched for Senior Managers who are responsible for recording and reporting of Whistleblowing Concerns. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

We continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector. Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work 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. In this respect we are cognisant of what has been reported in local press coverage and how this informs our practice and we intend to report on these in future quarterly reporting from 1<sup>st</sup> April 2022.

The training data is summarised between 1 April 2021 and 31 March 2022, attached at Appendix 3.

### 2.3.1 Quality / Patient 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 there is a culture which supports the appropriate raising and handling of concerns.

The content of the Whistleblowing Quarter 4 report contributes to 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

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

### 2.3.5 Equality and Diversity, including Health Inequalities

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 Other Impact

N/A

### 2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports are 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 Director of Workforce and their feedback has informed the development of the content presented in this report.

## 2.4 Recommendation

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

- the data for the fourth quarter i.e., 1 January 2022 to 31 March 2022. Two whistleblowing concerns were received and no anonymous concerns were received;
- the data on training from 1 April 2021 to 31 March 2022.

### 3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns Raised (1 January 2022 to 31 March 2022)
- Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022
- Appendix 3 – Whistleblowing Training Data (1 April 2021 to 31 March 2022)

#### Report Contact:

Sandra Raynor  
Head of Workforce Resourcing and Relations  
E-mail: [sandra.raynor@nhs.scot](mailto:sandra.raynor@nhs.scot)

## Appendix 1 – Whistleblowing Concerns Quarter 4 (1 January to 31 March 2022)

Both concerns entered the process at Stage 2 and both remain under investigation with agreed approval extensions in place.

Quarter 4 1 January 2022 to 31 March 2022	Theme	Division	Service
Concern 1	Adult Protection, Other Clinical Events, Patient Information (Records / Documentation / Tests / Results)	Health and Social Care Partnership	Community Care Services
Concern 2	Adult Protection	Health and Social Care Partnership	Complex & Critical Care Services

### Additional Detail: Concern 1

Does this whistleblowing concern include an element of any of the following?
Other HR Issue
Has the person raising the concern raised that they have experienced detriment?
No
Has a separate adverse event been logged on Datix relating to this concern?
Yes
Date adverse event logged
24/01/2022
How was the whistleblowing concern received?
Received in person
Is this whistleblowing concern being raised on behalf of another person?
No
Date the event occurred? (if known)
24/01/2022
Outcome - Investigation (Stage 2)
Under investigation

### Additional Detail: Concern 2

Does this whistleblowing concern include an element of any of the following?
N/A
Has the person raising the concern raised that they have experienced detriment?
Not known
Has a separate adverse event been logged on Datix relating to this concern?
No
Date adverse event logged
N/A
How was the whistleblowing concern received?
Received by email
Is this whistleblowing concern being raised on behalf of another person?
No
Date the event occurred? (if known)
N/A
Outcome - Investigation (Stage 2)
Under investigation

## Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022

### Anonymous Concerns

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

Anonymous concerns received and investigated during Quarters 1 to 4:

### Key Themes

Analysis of the concerns raised by key themes is provided below:

Theme	Quarter 1 1 April 2021 to 30 June 2021	Theme	Quarter 2 1 July 2021 to 30 September 2021
	Nil	Safe Staffing Levels	1
		Appointment Scheduling	1

Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil		Nil

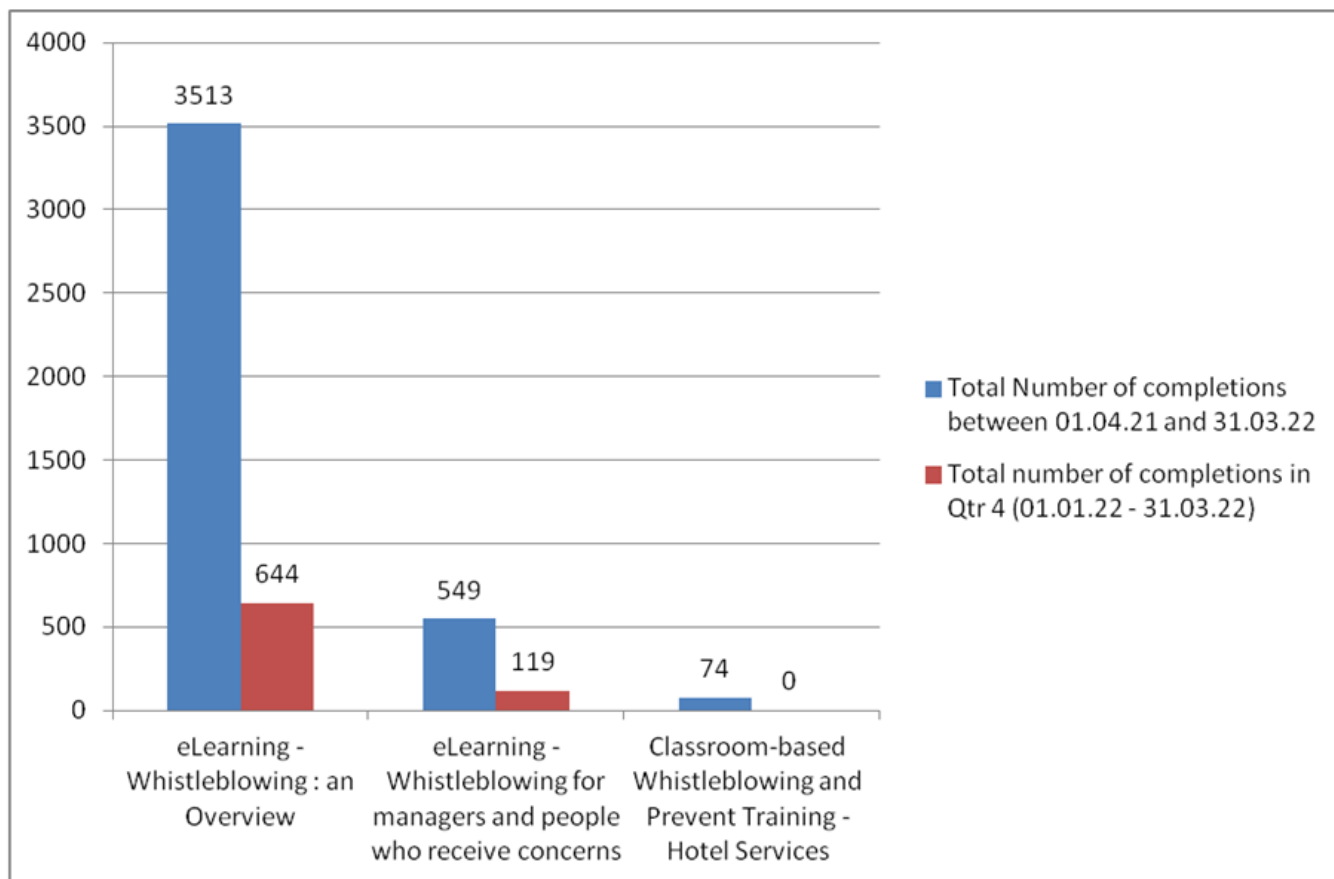
### Concerns Raised by the Division

Division	Number
Acute Services Division	1
Health and Social Care Partnership	1
Corporate Directorates	0



### Appendix 3 – Whistleblowing Training Data

The training data is summarised below, the blue data shows all the training that was undertaken between 1 April 2021 and 31 March 2022 and the red data is the training that was undertaken during Quarter 4.



<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Final Draft Three Year Workforce Plan 2022–2025</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Rhona Waugh, Head of Workforce Planning and Staff Wellbeing</b>

## 1. Purpose

**This report is presented to Staff Governance Committee 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

## 2. Report Summary

### 2.1 Situation

As discussed at the Staff Governance Committee meeting on 12 May 2022, the final draft of the three year Workforce Plan (Appendix 1) requires to be considered and endorsed by the Staff Governance Committee, prior to being submitted to the NHS Fife Board on 26 July 2022 for approval and then submission to Scottish Government. Feedback from Scottish Government on the draft Plan will then be provided for our consideration before the final Plan is published by 31 October 2022.

### 2.2 Background

The final draft of the Workforce Plan has been developed, taking account of the extant guidance contained within NHS Circulars DL(2022)9 and CEL(2011)32, which requires NHS Boards to follow the six step methodology in order to plan for current and future workforce requirements, ensuring they have a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

The final draft three year Workforce Plan for 2022 to 2025, plus the high level actions being taken by Directorates, focuses specifically on the range of services delivered by the Acute

Services Division and the range of Corporate functions and takes account of the actions and commitments within the Strategic Planning Resource Allocation process. The content now takes account of feedback received from a range of stakeholders, updated workforce data at 31 March 2022 and the points noted at the Staff Governance Committee meeting on 12 May 2022.

Following the creation of the Integrated Joint Board, the Health & Social Care Partnership is responsible for publishing a similar plan for the range of services it provides. The draft Health & Social Care Workforce Plan for 2022 to 2025 is also on the agenda.

## **2.3 Assessment**

The final draft Workforce Plan, attached at Appendix 1 has been considered and reviewed by NHS Fife's Strategic Workforce Planning Group, chaired by the Director of Workforce.

The detailed operational action plans associated with the draft Workforce Plan are monitored via the Operational Workforce Planning Group and will align to the new Scottish Government Annual Delivery Plan Guidance released in April 2022, the Fife Health & Social Care Partnership Workforce Plan, the Population Health & Wellbeing Strategy, the revised Clinical Strategy and the future NHS Fife Workforce Strategy. As previously reported, there is oversight by the Strategic Workforce Planning Group. This will ensure action plans remain live, evolving and relevant documents throughout the lifespan of this three year Workforce Plan.

The final draft Workforce Plan for 2022 to 2025 has also been written within the context of a changing and evolving healthcare landscape and the legacy of the Covid-19 pandemic. The draft Plan reflects the different commitments and work being undertaken at National, Regional and Local levels, and the on-going impact of Covid-19 and the associated recovery.

### **2.3.1 Quality / Patient Care**

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

### **2.3.2 Workforce**

Any specific workforce considerations aligned to the Workforce Plan will be included as appropriate in proposals and updates to be considered by the Committee.

The content of this report and final draft three year Workforce Plan contributes to the Well Informed 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

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 Other Impact

N/A

### 2.3.7 Communication, Involvement, Engagement and Consultation

Members of the Area Partnership Forum, Local Partnership Fora, NHS Fife's Operational Workforce Planning Group, Strategic Workforce Planning Group, Workforce Leadership Team and Health & Social Care Partnership Workforce Planning Group have been involved in the production of the draft Plan, along with contributions from key stakeholders, service leads and General Managers. This was complemented with a series of preliminary engagement meetings with key stakeholders and their subsequent feedback on the draft plan.

### 2.3.8 Route to the Meeting

This paper has been considered by NHS Fife's Operational Workforce Planning Group and members of Strategic Workforce Planning Group, Workforce Leadership Team and the Health & Social Care Partnership Workforce Planning Group as part of its development and their feedback has informed the development of the content presented in this report.

## 2.4 Recommendation

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

- **endorse** the content of the final draft Three Year Workforce Plan 2022–2025 for submission to NHS Fife Board and Scottish Government by 31 July 2022.

## 3. List of Appendices

Appendix 1: Draft NHS Fife Three Year Workforce Plan 2022–2025 (attached as a separate document)

### Report Contact:

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# Workforce Plan

2022–2025

Draft V0.7: 5 July 2022

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**Published Month Year**

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## Foreword

We would like to welcome you to the NHS Fife Workforce Plan for 2022 to 2025. This Plan sets out our direction of travel, for the workforce in anticipation of the changing landscape in health and social care and sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025. The Plan has been written to take account of the Covid-19 pandemic, which has significantly altered the shape of health provision in Fife and will continue to do so for the foreseeable future.

Over the next three years, the requirements for the workforce will also be reflected within the Population Health & Wellbeing Strategy<sup>1</sup> due to be published by Q4 2022 / 2023 and it is recognised that this Plan will require to be updated to reflect the content of the Population Health & Wellbeing Strategy<sup>1</sup>, the ongoing review of the extant Clinical Strategy and the Annual Delivery Plan 2022–2023 Guidance<sup>2</sup> which was issued in April 2022.

This Plan highlights NHS Fife's workforce intentions, whilst recognising that there will be other plans and activity supporting recovery, growth and transformation, as we emerge from the Covid-19 pandemic. We also acknowledge that aspects of Covid-19 will have an enduring impact on all aspects of care delivery, in terms of staff supporting Covid-19 activity, waiting times, outbreaks and overall impact on services.

The Board is committed to providing a culture which encourages all staff to provide feedback and influence improvements to provide high quality care. There will be a focus on staff wellbeing, communication and listening to the views of our workforce to take forward all of the commitments outlined within this Plan. What is clear from the information presented, is that change can only take place with the support of our valuable workforce. The role of all staff in supporting workforce solutions is key to delivering our ambitions and to provide better care for patients and the public.

In realising the transformation of services, there will be the expansion of roles such as Advanced Practitioners, Physician Associates and Health Care Support Workers, alongside the further development of career pathways and educational opportunities. There is an ambition to create an approach that enables the Board to support and develop the workforce. There will be opportunities for those who wish to continue their careers for longer. We will embed programmes for foundation and modern apprentices and improve opportunities for young workers.

Working with our teams, Divisions and Directorates across NHS Fife and Fife Health & Social Care Partnership will be essential to support services and to ensure our workforce is aligned to the needs of our patients. The Board will continue to work regionally alongside our partner Boards within the Region. The development of local and regional solutions to support service sustainability will remain a feature of much of the future work.

We recognise that there will be significant change and transformation ahead as we enter the post pandemic phase, which will feature within the commitments set out in the NHS Fife Workforce Plan, the complementary Fife Health & Social Care Partnership Workforce Plan and the future Fife Population Health & Wellbeing and Workforce Strategies.

**Carol Potter**  
Chief Executive

**Linda Douglas**  
Director of Workforce

# Section 1 – Introduction: Defining the Workforce Plan

## 1.1 Introduction

This Workforce Plan provides an overview of the future workforce required to ensure delivery of high-quality health services for the population of Fife. Due to the close synergies between NHS Fife and Fife Health & Social Care Partnership (H&SCP), this Workforce Plan should be considered alongside the Fife H&SCP Workforce Plan 2022–2025, to obtain a comprehensive overview of the future workforce required to deliver the range of health and social care services within Fife.

The Plan sits within a number of national and local strategic documents, for example, the NHS Recovery Plan 2021–2026<sup>3</sup>, the National Workforce Strategy for Health and Social Care in Scotland (2022)<sup>4</sup>, and the Fife Population Health and Wellbeing Strategy (2022)<sup>1</sup>. While these documents are referenced throughout this Plan, the Plan does not attempt to provide a comprehensive overview of each.

## 1.2 Workforce Planning Methodology

This Plan is structured around the Scottish Government workforce planning guidance CEL(2011)32<sup>5</sup>, which advocates the use of the six step workforce planning methodology, alongside the revised workforce planning guidance contained within DL(2022)09<sup>6</sup>.

Collectively, the Workforce Plan provides a context to and vision for health care services in Fife. It provides a synopsis of current workforce capacity, and projected workforce requirements extracted from Service and Financial Plans, before detailing the range of actions being proposed over the next three years in order to bridge the resulting establishment gap. The Action Plan is based on the Five Pillars detailed within the National Workforce Strategy for Health and Social Care in Scotland (2022)<sup>4</sup>.

Overseen by NHS Fife’s Strategic and Operational Workforce Planning Groups, this Workforce Plan is a live document which will take account of emerging National and Local priorities.

## 1.3 Purpose of the Workforce Plan

The purpose of this Plan is to set out the key workforce challenges which NHS Fife is facing between 2022 and 2025. It recognises the significant pressures that the workforce has faced in responding to the Covid-19 Pandemic, and how our staff need to recover from these pressures, at a time when health and care services need to recover from the disruption caused by the Pandemic and manage increased delays to routine treatment, the deterioration in the conditions of some patients, and significantly lengthened waiting times.

In recognising the NHS Scotland commitment to grow the size of the workforce by 1% by 2027, this Plan sets out the key workforce supply and demand challenges which NHS Fife will continue to face between 2022–2025.

Workforce Planning is evolving within the Health and Social Care Sector, therefore the Plan is considerate of the requirement for greater collaboration with our partners within the Local Authority, the potential for regional co-ordination of NHS services where appropriate and a national approach to common workforce challenges. The Plan details the workforce actions that NHS Fife is able to undertake to mitigate the challenges that will be faced over the coming years, and identifies some critical risks where national solutions are required.

#### **1.4 Scope of the Workforce Plan**

NHS Fife is made up of the Acute Services Division, an agreed range of NHS Fife Services delegated to Fife's H&SCP's Integration Joint Board (IJB), plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance, Human Resources, Digital and Information and Public Health.

While many of the challenges detailed in this Workforce Plan are common across NHS Fife and Fife H&SCP, the broad themes and commitments detailed throughout the Plan relate to those impacting on the Acute Services Division and the range of Corporate Directorates. For commitments relating to the agreed range of NHS Fife Services delegated to Fife's H&SCP's IJB, notably those linked to Primary & Community Care; Mental Health & CAMHS Investment; and Drug Related Deaths, reference should be made to the Fife H&SCP Workforce Plan 2022–2025. These commitments will be reflected within the Fife H&SCP Workforce Plan, and associated action plan, as it continues to evolve over the next three years.

This Plan also recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council; the voluntary and third sectors.

Staff referenced within this Plan are covered under the following nationally recognised job families:

- Administrative Services
- Allied Health Professions
- Healthcare Sciences
- Medical and Dental
- Medical and Dental Support
- Nursing and Midwifery
- Other Therapeutic
- Personal and Social Care
- Support Services

This Plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures which require to be addressed. This plan is a living document that is flexible, adaptable and will be responsive to further changes, given the constantly changing dynamics of service provision.

## 1.5 Implementing, Monitoring and Refreshing the Workforce Plan

Workforce Planning arrangements have been reviewed within NHS Fife and Fife H&SCP to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Plan has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short and medium term, and give cognisance to longer term workforce considerations as these emerge as part of our triangulated approach to Service, Finance and Workforce Planning. Through their respective working planning groups, both NHS Fife and Fife H&SCP will drive the development and implementation of their Workforce Plans, ensuring they are live and interactive documents.

## Section 2 – Visioning the Future

### 2.1 The National Context

#### 2.1.1 The NHS Recovery Plan 2021–2026<sup>3</sup>

The NHS Recovery Plan 2021–2026<sup>3</sup>, published in August 2021, sets out NHS Scotland’s long-term response to the Covid-19 pandemic. The Plan recognises that the measures applied throughout the pandemic in order to save lives and protect the NHS has come at a difficult cost, and that the necessary pausing of non-urgent elective procedures and screening, whilst unavoidable as part of the suite of measures to address the Covid-19 pandemic, has resulted in delays to routine treatment, deterioration in the conditions of some patients, and significantly lengthened waiting times. It has also affected accessibility to GPs, Dental Services and Care Homes, all of which can impact on the flow of patients to / from hospital settings.

To tackle the increased waiting times for treatment and recognising that a higher percentage of these patients will now require hospital treatment as would otherwise be the case, the NHS Recovery Plan 2021–2026<sup>3</sup> sets out how the NHS will increase its capacity by 10%. This includes commitments to increase inpatient and day case activity by 20% over pre-Covid levels to be achieved in part by the introduction of 9 National Treatment Centres; increase outpatient activity by 10% compared to pre-pandemic activity levels; and increase diagnostic procedures nationally by 90,000 by March 2026.

The Plan also recognises that NHS and Care staff have been on the frontline in Scotland’s efforts to tackle the Covid-19 pandemic. The Plan reinforces the measures applied to date to meet the physical and emotional needs of the workforce, including the PROMiS National Platform<sup>7</sup> National Wellbeing Hub and Helpline; the national Workforce Specialist Service that is providing tailored, confidential mental health support to regulated staff in the NHS and Social Care workforces; additional funding for rest areas; and guidance to promote effective wellbeing conversations.

Significantly, the Plan also details a range of commitments to recruit more staff throughout the NHS to enable the NHS Recovery Plan 2021–2026<sup>3</sup> to be realised, including:

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026.
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker.
- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places.
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply.
- Create new youth employment opportunities in health and social care through our national Young Person’s Guarantee.
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy.

- **Urgent & Unscheduled Care** – covered in more detail within Section 3.

**Primary & Community Care** – there commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve.

**Cancer Services** – covered in more detail within Section 3.

**Mental Health and CAMHS Investment** – there commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve.

**Drug-related Deaths** – there commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve..

### 2.1.2 The Covid-19 Recovery Strategy for a Fairer Future<sup>8</sup>

The NHS Recovery Plan 2021–2026<sup>3</sup> was one of a series of commitments laid out by the Scottish Government as part of the broader Recovery Strategy to create a fairer post Covid-19 future for Scotland. Central to this was the vision to address inequalities affected by Covid-19, to make progress towards a wellbeing economy, where success is judged on more than Gross Domestic Product, and to accelerate inclusive, person-centred public services.

The Covid-19 Recovery Strategy for a Fairer Future<sup>8</sup> had three broad outcomes:

- To establish financial security for low-income households
- To enhance wellbeing of children and young people
- To create good, green jobs and fair work

Whilst this Strategy committed to the publication of a new 10-year vision for economic transformation, setting out the Scottish Government’s plans for strengthening Scotland’s economy, commitments which impact on this Workforce Plan include the drive to improve the wellbeing of children and young people, including a commitment that every person between 16 and 24 has the opportunity to study, take up an apprenticeship, a job or work experience, or take part in formal volunteering. In addition, to support employment following the pandemic and European Union Exit, there was a commitment to ensure good green jobs are available, simplifying investment in skills and training to ensure that people have support throughout their lives, investing £200 million in adult upskilling and retraining opportunities, embedding fair work so people have ‘good jobs’ and also to increase productivity, and enhancing equality of opportunity, so that everyone can access and progress in work.

### 2.1.3 National Workforce Strategy for Health & Social Care in Scotland<sup>4</sup>

Published in March 2022, the Strategy acknowledges the efforts of the NHS, Social Care and Social Work staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community in Scotland. It sets out a national framework to achieve the collective vision for “a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do”.

The Strategy sets out the evidence base and actions that will be taken over the short, medium and long term, to achieve the tripartite ambition of recovery, growth and transformation of the health and social care services and workforce, to achieve the following outcomes:



Putting our workforce vision and values at the heart of what we want to achieve, namely the ambition to:

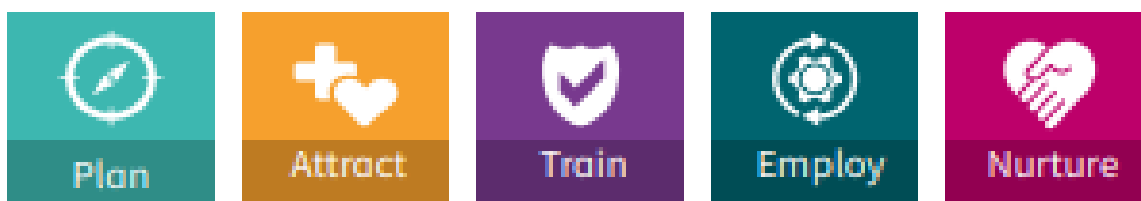
- Create the conditions through which our workforce, and by extension our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Scotland's population demographics, and the demands on our health and social care services.
- Transform the ways in which our workforce is trained, equipped and organised to deliver health and social care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

The Strategy establishes the Five Pillars of the Workforce Journey, where action can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce. The actions detailed within this Workforce Plan and



contained in the Appendix supporting the plan are consistent with these Five Pillars.

## The Five Pillars of the Workforce



### 2.1.4 Implementing Safe Staffing

The Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> was passed in the summer of 2019, and whilst its implementation has been delayed due to the Covid-19 pandemic, the legislation will provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality care and improved outcomes for service users.

By covering all clinical groups within its remit, this Act aims to ensure that the correct balance of occupational groupings, with the correct skill mix, delivers better outcomes for patients and service users, and support the wellbeing of staff. The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.
- Support an open and honest culture where clinical / professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.
- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place, to support transparency in staffing and employment practice.
- Ensure the clinical voice is heard at all levels, by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and in enabling arrangements in relation to staffing.
- Ensure that NHS Boards have a robust system to identify, assess and escalate real-time risks to care arising due to staffing issues, and to ensure staff are aware of these, and relevant staff have appropriate training and time and resources to implement them.

The provisions of the Health and Care (Staffing) (Scotland) Act will be introduced in April 2024, supported by a range of governance, monitoring and reporting arrangements.

### 2.1.5 Climate Emergency and Sustainability

The NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026<sup>11</sup>

provides the basis for how we will achieve the ambitious net-zero carbon output by 2040. While some of this Strategy focuses on the Estate, such as the commitment that all health service owned buildings are to be heated by renewable sources by 2038, these are a series of commitments relevant to this Workforce Plan. These include the development of environmentally sustainable care pathways and the reduction of waste, achieved in part through the continued introduction of technology enabled care initiatives, through to the reduction on the need to travel and the promotion of active travel across our workforce, patients, and communities.

Achievement of this Strategy will require a holistic, cross-sector and multidisciplinary approach, investment in a range of key skills and competencies not historically associated with the Health and Social Care Sector, in addition to regional collaboration.

## 2.2 The Regional Context

With a population of 1,293,500 (source ONO UK<sup>12</sup>), Health and Social Care Services within the East Region are managed across three Health Boards and six Health and Social Care Partnerships. Within this regional context, our Regional Workforce Planning Group provides the mechanism to determine and prioritise areas where a coordinated approach should be utilised in response to common workforce challenges faced in each Health Board and Health & Social Care Partnership. These challenges range from:

- Service driven challenges; where participating health boards are encountering or forecasting sustainability challenges.
- National driven challenges; where a coordinated approach has been identified as a suitable solution to a range of national policy commitments.
- Consistency of application across the Region; where areas of best practice can be identified and shared between participating health boards.

Pre-pandemic there was success in certain areas, include adopting a regional approach across some vulnerable services to provide sustainable solutions; introduction of regional service models in certain business functions including recruitment and payroll; and the application of a consistent approach in the development of certain new roles and application of analytics.

As we move out of the pandemic, priority areas identified by the Regional Workforce Planning Group include:

- Health Protection
- Cancer Services
- Regional Laboratory Medicine Collaboration
- Mental Health Recovery – CAMHS
- Thrombectomy
- Haematology Services
- Planned Care Service Pressures

### 2.2.1 Health Protection

Health Protection services are part of NHS Board's Public Health function, with multidisciplinary teams in each Board protecting the wider population they serve through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. 24/7 on-call arrangements are in place within each Board. The Covid-19 global pandemic has put significant pressure on Health Protection workforce and the services in all Boards. There is recognition that there are elements duplicated across all Boards which could be co-ordinated and delivered more sustainably through a regional model.

Following a robust Options Appraisal process in early 2021, NHS Fife, Borders, Lothian and Forth Valley have agreed to implement a regional Health Protection model with the key aim of supporting sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st century Health Protection challenges. Engagement with Health Protection colleagues from all four Boards in the East of Scotland is underway. The next steps to support the development of the regional Health Protection model are three shadow secondment roles, which will be in place on 30 September 2022. These roles will lead the development and implementation of the Regional Health Protection Service model on a professional and managerial basis.

### 2.2.2 Regional Laboratory Medicine Collaboration

With recognised sustainability challenges in Laboratory Medicine specialties throughout the East Region, Health Boards continue to build on the existing collaborative working arrangements to identify and deliver a sustainable service model. Currently focused on Medical grades, initiatives being progressed include the review of Job Plans to identify opportunities for joint appointments or appointments with specific interests, Opportunities for Digital Enabled Care including Digital Pathology and Artificial Intelligence, plus building on new roles introduced to Laboratory Medicine, including Advanced Practitioners and Clinical Scientists.

These initiatives are in addition to a small number of specialist services being patriated to NHS Lothian, where the combination of skill set required, and limited patient numbers means that NHS Fife would be challenged to sustain the service locally.

### 2.2.3 South East Payroll Consortium

The South East Payroll Consortium was created in January 2017. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis. The main issues driving change include the sustainability of the payroll services workforce, the Scottish Government 'Once for Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand.

The South East Payroll Consortium is made up of eight Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), the Scottish

Ambulance Service (SAS) and Public Health Scotland.

In January 2022, the formal Business Case was approved and NHS Fife agreed to join the Consortia and consequently change to a payroll consortium model. The appointment of NSS as the Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the seven other NHS Boards to transfer their employment to NSS. The current timeline envisages the staff consultation period running between July and September with a provisional date of 1 November 2022 for the NHS Fife Payroll staff transferring to NSS, along with the payroll staff from the other six Boards.

#### **2.2.4 East Region Recruitment Shared Services**

After a pause in activities, revised dates have been agreed to move forward with the launch of the East Region Recruitment Service. There will be 2 phases for the soft launch: Phase 1: Scottish Ambulance Service (SAS) and NHS Lothian. Phase 2: NHS Borders, NHS Fife and NHS Education for Scotland (NES). The first phase took place week commencing 13 June 2022. The second phase launch will take place week commencing 25 July 2022. Following the launch dates, there will be a 6-week transition period and it is expected that the full roll-out of the new Regional Service will be completed by the end of September 2022.

### **2.3 The Local Context**

The Population Health and Wellbeing Strategy is in development and is due to be published in Quarter 4 of 2022 / 2023. The Strategy will be NHS Fife's key strategic document going forward, planning for the medium and longer term. NHS services continue to remain under pressure with workforce challenges, Covid still in the community and the continued impact of the pandemic on health services, the public and staff. These elements must be reflected in the ongoing strategy.

The focus of the Strategy will be addressing health and wellbeing and seeking to improve access and inequalities. The strategic framework used for the strategy will be focussed around the 4 strategic priorities of NHS Fife:

- To improve Health and Wellbeing
- To improve quality of health and care services
- To improve staff experience and wellbeing
- To improve sustainability and value

Our workforce is a key element to the delivery of the Strategy and must be aligned to the three year Workforce Plan.

#### **2.3.1 Anchor Institution and Fair Work**

NHS Fife has a determination and conscious sense of responsibility to become an "Anchor Institution" within the lifetime of this Plan. An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife's Anchor Institution Programme are:

- Purchasing more locally and for social benefit

- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

As part of our aspiration to be an Anchor Institute, NHS Fife is committed to furthering the principles of both 'Fair Work' and widening access to quality work. Locally, there are existing and emerging areas of Anchor Institution work related to this Plan. Kickstart and No-one Left Behind are examples of programmes where by reviewing our employability processes, we are widening access to quality work and offering career opportunities to local people from deprived or excluded communities (such as care leavers).

Through participation in the Fife H&SCP, we will also champion these principles and the recommendations from the Fair Work Convention<sup>13</sup> with partner agencies who provide Health and Social Care services to the population of Fife. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, widening access to quality work and learning, and a commitment to paying the Real Living Wage.

Through the Partnership, we will also continue to work with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel cost on the collective workforce, and the associated risks to patient flow between services, should these costs destabilise the workforce within any of our partners.

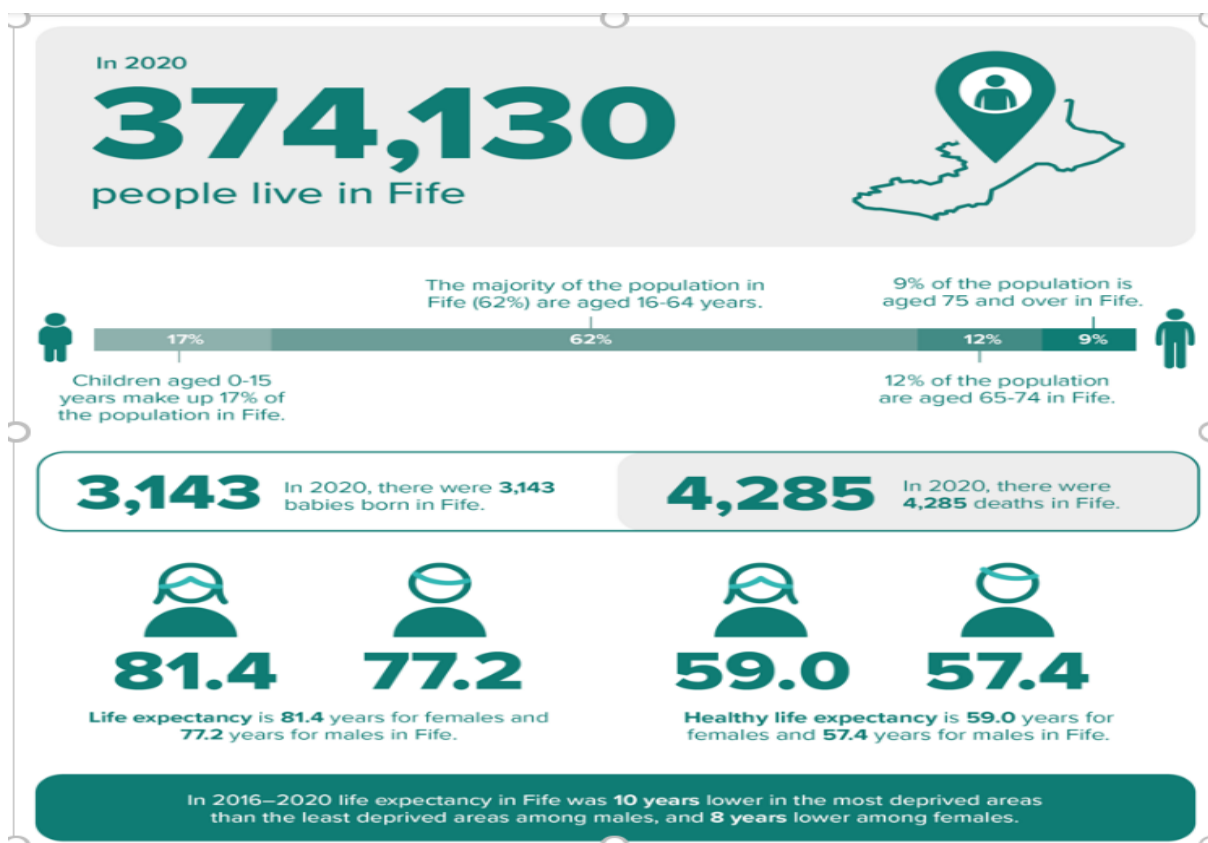
### 2.3.2 Scotland's Changing Population – the Fife Context

Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities and ensure existing and new services meet population needs.

The findings of the recently held 2022 Census are yet to be published. When published, it will provide us with greater insight into the population living in Fife and on a range of factors impacting on their health and wellbeing. This includes demographic, economic and social factors. The results of the Census will be built into future Strategic Planning and Resource Allocation processes.

Current mid-year population estimates tell us that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 persons lived in Fife, the majority (62%) of whom were aged between 16-64 years old. Children aged 0-15 years account for 17% of the population in Fife whilst 12% of the population were aged 65-74 and 9% aged 75 and over.

Considering the future size and structure of our population helps when planning service provision and anticipating service pressures. Current projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018, however the number of people aged under 65 is estimated to fall, with the number of people aged 65-74 estimated to increase by 10% and the number aged 75 and over by 31%.



Analysis of the data on population health and wellbeing, including determinants of these, is an important part of helping to understand our population’s current and future needs. For example, when looking at this data inequalities are apparent, in Fife and across Scotland, between the populations living in the most and least deprived areas (SIMD Quintiles). For example:

- In 2016-2020, life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females;
- There were significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period, rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than the least deprived areas;
- For both males and females, deprivation has a significant impact on healthy life expectancy. At a Scottish level, healthy life expectancy in the most deprived areas of Scotland was more than 24 years lower for both males and females than in the least deprived areas in 2018-2020.

These population trends help us understand the National, Regional and Local priorities referenced throughout this Workforce Plan. The analysis of the data, and the focus on inequalities, also explains why the NHS Recovery Plan is prioritising Mental Health and Drug Related Deaths, and why there is an emphasis in Cancer Services and Health Protection at a Regional Level. Locally too, it explains why we are seeking to become an Anchor Institution, promoting the wellbeing of the population we serve.

### 2.3.3 Supporting Staff Physical and Psychological Wellbeing

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. This is achieved, in part, by a multidisciplinary group, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group, and is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

Providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees is an integral part of this Plan, and more generally supports the NHS Scotland Staff Governance Standard and NHS Fife’s values, alongside the aims of the Fife Population Health & Wellbeing Strategy<sup>1</sup> and the ambition of achieving Anchor Institution status. There is also alignment with the patient journey in that the better the experience of our patients, the better the outcomes for staff and the better the experience of our staff, then the better the outcome for patients.

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

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



The key resources and services available to support employees include Mindfulness activities and training aimed at enabling employees to manage their own stress levels and improve their overall sense of wellbeing; introduction of the Good Conversations approach to shift conversations away from a focus on ‘What’s wrong with you’ to ‘What is important to you’ and enabling employees to access both internal and external resources, including those on the PROMiS National Platform<sup>7</sup>, to make the best of their life circumstances; Pause Pods for employees to rest and recharge their bodies and minds; and Staff Hubs on the main Acute Hospital sites and Community Hospitals provide spaces for relaxation and refreshment.

The full range of initiatives, and the “menu” of support options, including access to Occupational Health services; Counselling; Staff Listening Service; Physiotherapy; Peer Support; Spiritual Care and Staff Psychology Support, available to employees and teams and our extensive generic and bespoke wellbeing course offers, are detailed within StaffLink, with the NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022. This includes trauma informed approaches, which will be key, as we emerge from the pandemic.

Recognising the interconnection between the patient journey and staff experience, we also remain committed to improving the overall experience of the staff engaged throughout NHS Fife. A series of approaches are already embedded, ranging from the national iMatter survey and associated Action Plans, tailored questionnaires designed to obtain an understanding of staff views on specific issues, through to the Chief Executive walkabouts. We will work with the relevant forums, including the Area and Local Partnership Forums, to address key elements of staff feedback, in order to improve staff experience, alongside recruitment and retention of staff.

### **2.3.4 General Medical Services Contract Implementation**

The General Medical Services (GMS) contract, introduced in 2018, refocused the General Practitioner (GP) role as expert medical generalists. Enabling GPs to perform this role meant reducing challenging workload pressures and transferring certain tasks previously carried out by GPs to members of a wider primary care multidisciplinary team. Importantly, it meant that, in certain cases, employment of the wider primary care multidisciplinary teams would be transferred from GPs to the local Health & Social Care Partnerships and Health Boards.

Locally, the immediate priorities for implementation of the GMS Contract, shaped by necessity and service pressures during the Covid-19 pandemic response, has focused on Vaccine and Immunisation Delivery, Local Co-ordinators, Mental Health Triage Nurse input at practice level, Pharmacotherapy and Community Treatment and Care (CTAC) Services. Other priorities will continue to evolve throughout the lifetime of this Workforce Plan, in line with the specification set out in the Memorandum of Understanding <sup>214</sup>. Further details are set out within the Fife H&SCP Workforce Plan 2022-25.

Moving forward, implementation plans have been refreshed to reflect learning and revised methods of working introduced in response to the Covid-19 pandemic, and recruitment to a number of pharmacotherapy and Mental Health Nurse Triage positions, enhancing the skill mix of teams working in General Practice and ensuring the most appropriate clinician is available to meet the patient’s needs.

The Primary Care Improvement Programme (PCIP) will also support wider General Practice sustainability challenges. Work continues through the Clinical Director for Primary Care, to work with GP Practices facing recruitment concerns, and a plan will be developed ensuring that an increasingly proactive approach is utilised to support General Practice, mitigate recruitment issues and ensure continued patient care. This is described in more detail within the H&SCP Workforce Plan.



### 2.3.5 Waiting Times and the Covid-19 Challenge

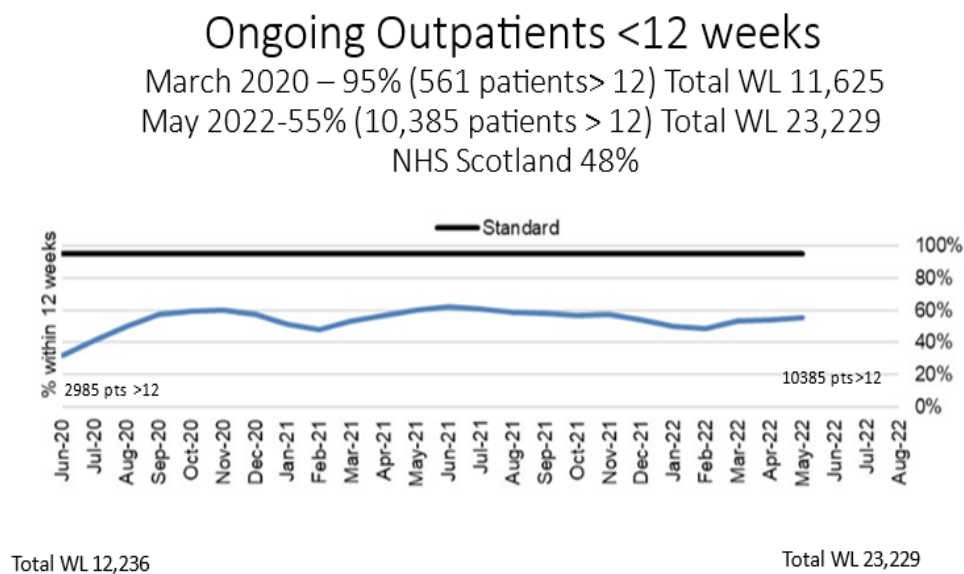
The Scottish Government have traditionally set national waiting times standards for the maximum time patients should have to wait for NHS services in Scotland. For example, these standards include:

- a 12-week maximum waiting time for treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis;
- no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic; and
- a 6-week maximum waiting time for eight key diagnostic tests and investigations.

Pre-pandemic, NHS Fife performed strongly against a range of these measures, and by December 2019 had already exceeded the NHS Scotland targets for both inpatient and outpatient waiting times which had been set for October 2020. While NHS Fife continues to perform favourably against these standards, as measured against the NHS Scotland average, it is evident that our performance, and the performance of NHS Scotland more generally, was detrimentally impacted by Covid-19.

The number of patients waiting 12 weeks and over for new outpatient appointments increased from just over 500 in March 2020 just before lockdown to over 10,000 in March 2022 (chart 1).

**Chart 1 – On-going Outpatients <12 weeks**

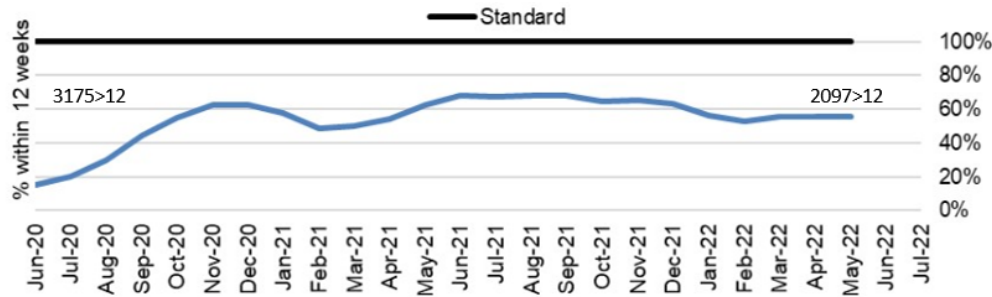


Similarly the number of patients waiting 12 weeks and over for treatment increased from just over 600 in March 2020 just before lockdown to over 1,900 in March 2022 (Chart 2).

## Chart 2 – On-going IP/DC <12 weeks

### Ongoing IP/DC <12 weeks

March 2020 – 83% (639 patients > 12) Total WL 3,776  
 May 2022 – 56% (2097 patients > 12) Total WL 4723  
 NHS Scotland 31%



Total WL 3752

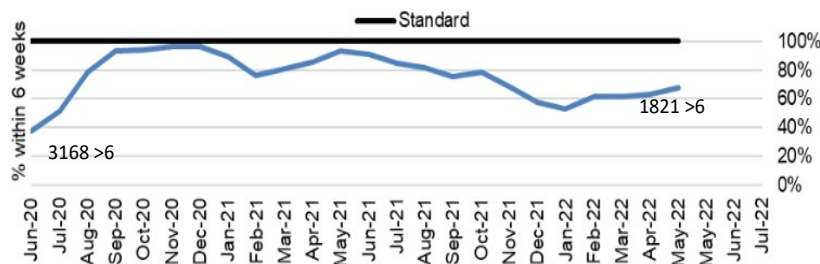
Total WL 4723

For diagnostic tests, the number of patients waiting 6 weeks and over was just over 90 just before lockdown. Whilst waiting times recovered during the first quarter of 2021, waiting times deteriorated in the remaining 3 quarters. Patients waiting over 6 weeks sat at just over 2,000 at the end of March 2022 as demand for urgent and inpatient diagnostic tests increased. Performance has begun to improve, in the main for radiology diagnostic tests, with just over 1800 waiting over 6 weeks in May 2022 (chart 3).

## Chart 3 – Diagnostics <6weeks

### Diagnostics <6 weeks

March 2020 – 98% (92 patients > 6) Total WL 4,289  
 May 2022 – 68% (1,821 patients > 6) Total WL 5,661



Total WL 5061

Total WL 5661

These charts highlight the scale of the waiting times challenge in Fife. While performance has decreased, there has also been a significant increase in the total number of patients waiting for inpatient, outpatient and diagnostics procedures. During the previous two years, priority has been given to urgent new and review patients, however there is now a need to set out how we will safely and efficiently increase capacity to meet heightened levels of demand, before focusing on recovering the waiting times position to pre-covid activity.

Discussions are live with the Scottish Government on the additional funding necessary to achieve this, based on the assumptions that some physical distancing measures and enhanced infection prevention and control procedures remain in place and a proportion of our staff remain unavailable due to Covid-19 related absences.

### 2.3.6 Financial Improvement and Sustainability Programme

The Financial Improvement and Sustainability Programme Board has been established to develop and agree a programme of productive opportunities and savings targets for 2022–2025. Through the focus on service transformation, productive opportunities and capacity building, the Programme Board seeks to support enhanced quality of patient care and effective allocation of resources against the backdrop of commitments to increase capacity within the system.

Supported by NHS Fife’s Programme Management Office, a project management approach is taken to oversee governance of the Portfolio of programmes prioritised through Fife.



- Co-ordination and review of all priority schemes across the Health Board to enable the cumulative impact to be assessed.
- Rigour in planning.
- Systematic tracking and transparency of each project initiatives’ performance.
- Supporting framework to raise issues and address them.
- Drive the pace of project delivery, performance and visibility through the introduction of project management standards.

A summary of the programmes relevant to the Workforce Plan, and how these programmes fit within the wider NHS Fife Portfolio is shown in the table below.

Productive Opportunities	Programme Alignment
<b>Optimising Day Case Capability</b> (Queen Margaret Hospital)	Integrated Planned Care Programme
<b>Theatre Utilisation</b> <b>Repatriation of Services</b>	Integrated Planned Care Programme
<b>National Treatment Centre</b>	Integrated Planned Care Programme
<b>Digital</b> – Outpatients & Long-Term Conditions	Integrated Planned Care Programme

**Ambulatory Interface Care** - Service Redesign including potential to create new staffing roles and pathways. Includes redesign of Front Door and Redesign of Urgent Care

Integrated Unscheduled Care Programme

### 2.3.7 Supplementary Staffing Spend

Supplementary staffing spend increased in 2021/2022, as NHS Fife bolstered its contracted resource to assist with the twin challenges of providing a Covid-19 response and the remobilisation of other services. Plans are underway to reduce supplementary staffing spend within the Acute Services Division over the duration of this plan, with a focus on the use of bank and agency Nursing and Medical locums. To support this work a multi-disciplinary action group has been established by the Director of Acute Services attended by key stakeholders including General Managers, professional leads, HR, staff side and finance.

Initial actions are focussing on:

- The governance of the supplementary staffing sign-off process to ensure a clear and consistent approach with the correct level of authorisation at all times.
- The development of a tracker for all medical locum activity and spend per Directorate which highlights clear end dates and exit strategies for all locums used.
- A sole source of information through the development of an easy-to-use template for all wards and department to allow vacancy, absence and supplementary staffing use to be seen at a glance.

Further improvement actions are anticipated once a clear baseline has been established.

### 2.3.8 Digital and Information

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery"<sup>15</sup> was endorsed by the NHS Fife Board in September 2020. The Strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various strategies and delivery plans.

During the creation and establishment of the Digital and Information Strategy 2019-2024<sup>15</sup>, there was no indication of the global pandemic which the NHS were faced with in March of 2020, this pandemic has significantly impacted delivery of our key ambitions in both a negative and positive manner. A significant impact during this period was the delivery of the IT infrastructure to support staff to work from home or more effectively in the hospital or clinical setting, with a range of new technologies, including but not limited to Microsoft Teams, Near Me, extended use of Patientrac and Morse and the implementation of systems supporting Test and Trace and Immunisation activity, being adopted at pace. These features provide improved resilience for service sustainability.

The work plans associated with the Digital Strategy have been aligned, through additional engagement and NHS Fife's SPRA process, to the NHS Recovery Plan<sup>3</sup> and the revised Digital Health and Care Strategy 2021<sup>14</sup>.

For the remaining 2 years of the Digital Strategy focus returns to the 5 key ambitions:

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service.
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at the point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments.
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring that the systems on which they operate are effective, efficient, and complement their working practices.

In support of our workforce, prioritisation has been given to the development of a Digital Enablement team to support our staff in their adoption of digital working and extended delivery of services through digital means. The enablement team consists of Senior Nursing, Midwifery and Allied Health Professional digital roles, digital facilitators and trainers and will be supporting our staff (and patients) in their adoption and use of digital capability.

This support of change will be critical for the key programmes that NHS Fife has committed to, which include:

- Selection and Implementation of Hospital Electronic Prescribing and Medicines Administration.
- Further development of the EPR Capability and Paperlite implementation.
- eRostering and delivery of the nationally selected system to support safe staffing.

As we prepare for the final years of the Digital Strategy, we will also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with Partnership and Workforce colleagues to provide this support.

### **2.3.9 Band 2/3 Healthcare Support Workers**

As a result of requests from both staff side and employers, the Job Evaluation Committee of the UK Staff Council have reviewed and agreed revisions to the job profiles for Nursing Clinical Support Workers. The revised profiles provide more clarification on the differentials between the Band 2 profile and the Band 3 profile.

We now need to apply these changes in our AFC Job Evaluation systems and processes in NHS Scotland.

Following the release of the revised profiles for Clinical Support Workers on 5 August 2021, the AFC Job Evaluation system requires all Boards to review the existing job descriptions of Band 2 Clinical Support Workers to determine if this grade is still appropriate.

In partnership with our local staff side colleagues, we are agreeing a process on how to review all existing Band 2 Nursing Clinical Support Workers job descriptions to ensure that they are up to date and reflect the role and responsibilities of the postholder as of 1 October 2021. There is an implementation plan to deliver this process within the current financial year.

### **2.3.10 Bank Consolidation**

An exercise was completed to gain an insight into the Nurse Bank and various local Banks across the organisation. Following an options appraisal, it was determined that there would be a phased progression to a single Staff Bank. This would reduce the number of banks to one with the following job families covered; Nursing and Midwifery, AHP (including Nutrition and Dietetics), Medical and Dental, Pharmacy, Spiritual Care, Mental Health, Admin and Clerical, Security, Catering, and Domestic Services. This model would ensure consistency for all Bank Workers, within a mature management structure with appropriate knowledge and expertise.

### **2.3.11 Equality, Diversity & Inclusion**

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBT staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality, Diversity and Inclusion Lead, who will support this work, in collaboration with H&SCP colleagues.

## Section 3 – Health and Social Care Services Across Fife: Now and in the Future

### 3.1 Fife’s Interim Workforce Plan 2021–2022

NHS Fife and Fife H&SCP published an Interim Joint Workforce Plan<sup>16</sup> in April 2021. This Interim Plan explained how health and social care services across Fife continued to respond to the Covid-19 pandemic and detailed a number of longer-term workforce drivers and workforce opportunities. These longer-term drivers and opportunities have informed the Workforce Plans (2022–2025) for NHS Fife and Fife H&SCP.

### 3.2 Transformational Programmes

#### 3.2.1 Fife Elective Orthopaedic Centre

Opening in Winter 2022, the new National Treatment Centre will support NHS Fife to increase Orthopaedic capacity by more than 700 procedures, promote best practice and innovation, enable cutting edge research to be carried out on site, and provide a platform where staff and trainees can be educated to the highest possible standards.

The service is already leading the way in innovative procedures including minimally invasive surgery, day hip replacement and computer-navigated surgery. This will be enhanced with the purpose-built Fife Elective Orthopaedics Centre with its integrated theatres, allowing digital images to be visible around the theatres. It ensures the surgical teams can position images from cameras, monitors, x-rays or arthroscopic equipment on the most suitable screens to get the best possible results.

The theatres have also been designed and future proofed to ensure they can support advances in surgical techniques such as the development of robotic assisted orthopaedic surgery for hip and knee replacements, and advances in intra-operative imaging. These technologies are in development and are likely to become a key part of future practice within the timeline of this Workforce Plan.

In addition to this, the service boasts close links to local universities for research and teaching, and regularly hosts undergraduate medical, nursing, physiotherapy professions. The new Centre will have two meeting rooms included for teaching and training. These will be linked to theatres, so students will be able to watch surgery in real time, via theatre cameras. This will support teaching of medical students and training all grades of medical staff.

#### 3.2.2 Vaccination and Immunisation Delivery

Transformation of immunisation services presents a real opportunity for NHS Fife and Fife H&SCP to demonstrate the benefits of collaborative working. In identifying different ways to deliver safe and sustainable immunisation services, this collaboration will deliver a collective vision for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life time.

The recent experience of the Covid-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives as detailed in the UK Covid-19 Vaccines Delivery Plan 2021<sup>17</sup>. Building on this experience is therefore important, to achieve the collective vision, as responsibility for delivering the service continues its move away from General Practice to NHS dedicated teams.

As immunisation service provision is modernised over the next three years, in line with the Immunisation Strategic Framework 2021–2024<sup>18</sup>, it is also essential that health inequalities are addressed in the model of delivery. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. For Immunisation programmes to be successful the final service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups and minimise the risk of incidence in preventable diseases at both an individual and population level, maximising the benefits associated with herd immunity. This model will be supported by robust digital systems.

NHS Fife and Fife H&SCP are progressing at pace to implement the priorities detailed within the Immunisation Strategic Framework 2021–2024<sup>18</sup>. This will ensure sustainable and skilled Children’s and Adult’s Immunisation teams designed to facilitate cross over between two previously distinct groups, capable of responding to instances of surge or increased activity impacting either team, and thereby safeguard the specific knowledge skills and experience of individuals, but also allow for increased opportunity for skill development for staff seeking to support across the wider Immunisation service.

### **3.2.3 Scottish Government Health and Social Care Directorates Policy**

The 2022–2025 Workforce Plans for NHS Fife and Fife H&SCP outline how the national policy commitments impacting on our workforce will be implemented. In addition to a number of long-term commitments referenced within the extant plans, this also includes the following programmes:

- Healthy Living and Wellbeing
- Integrated Unscheduled Care
- Preventative and Proactive Care
- Integrated Planned Care

### **3.2.4 Rehabilitation Services**

The impact and prevalence of Long Covid is yet to be understood, although it is apparent that its impact will be felt within Rehabilitation Services. Through the Post Covid Response Oversight Group, Community Rehabilitation has been reviewed to develop a more integrated service across day hospital, Intensive Care Unit, Community Ward and Community Occupational Therapy with a pilot being undertaken for patients suffering from symptoms associated with Long Covid Syndrome within Chest, Heart and Stroke specialities. The results of this pilot, and the recommendations made as to the appropriate workforce model, will be reviewed by the Oversight Group and factored into future iterations of this Workforce Plan.



### 3.2.5 Redesign of Urgent Care

The Redesign of Urgent Care (RUC) commenced in 2020, led by the Medical Director, and involves representatives across Acute Services, Health & Social Care Partnership and Fife Council. Whilst the work initially looks at safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, phase two of the programme has involved a review of all existing pathways to Unscheduled Care settings, identifying transformational changes that improve current patient pathways and capitalise on opportunities provided by digital healthcare.

Tasked with identifying and implementing a revised workforce model as part of this redesign, the RUC Programme sought to develop a sustainable workforce which would be able to oversee and adapt to the ever increasing number of Urgent Care pathways overseen by the Flow and Navigation Centre (FNC). This resulted in the investment of Emergency Nurse Practitioners, GPs with Special Interest in Emergency Medicine, Senior Advanced Nurse Practitioners (ANPs) and Rotational ANPs, with the rotational ANPs covering Acute Medicine, FNC and Urgent Care Services Fife, (Out of Hours GP Service). As part of the recently launched Urgent and Unscheduled Care Collaborative, which brings together a number of National Programmes, including RUC, further need to expand and develop this team will be assessed. This will include understand, based on future pathway development what additional roles can contribute to the navigation of patients to the right care, at the right time, to the right place, which includes preventing hospital presentation / admission.

### 3.2.6 Elective Care and Waiting Lists

The waiting list position in Fife has grown though the Covid-19 pandemic due to efforts to reduce the spread of coronavirus and prepare for potential increases in critical care demand. In addition to the postponement of non-critical elective care, there was a reduction in the demand for services from the general population. The full impact of this on services such as Elective Surgery, Cancer Care and Mental Health will only be known once services are mobilised and the population of Fife starts to engage with them.

Remobilisation plans are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing, that infection prevention and control procedures remain the same, and that a proportion of our workforce remain unavailable for work due to Covid-19 related absence.

To meet the workforce implications, a range of options are available to increase capacity including: additional theatre lists, in-source activity from external providers, 7 day working for some specialities, and mobilising supplementary staffing options to minimise impact of Covid-19 absences within the substantive workforce. In addition to these options, the new Fife Elective Orthopaedic Centre will support the management of elective orthopaedic activity in Fife by bringing together multidisciplinary musculoskeletal expertise within a purpose built facility described above.

### 3.2.7 Radiography Recovery Plan

Diagnostic Imaging services underpin the NHS Scotland Recovery Plan<sup>3</sup>, and one of its priorities is the reduction on waiting times for diagnostic tests. As covered above, the number of patients waiting 6 weeks and over for diagnostic tests has increased markedly during the course of the pandemic, and in January 2022, 3,000 patients were waiting 6 weeks and over for tests as demand for urgent and inpatient diagnostic tests increased.

The Scottish Government have set a target to increase diagnostic procedures by 90,000 by March 2026, with NHS Fife required to submit a 5-year plan to support both the recovery of waiting times and to meet the envisaged increased demand caused by the pausing of services.

To deliver on the commitments detailed within NHS Fife's 5-year plan, significant investment is required in order to increase the Medical and Allied Health Profession workforce. This in itself presents significant risk given the on-going recruitment challenges throughout the profession(s), a shortfall in the training pipeline numbers in order to satisfy current recruitment numbers, and concern that those new Registrants who will enter the labour market could potentially be consumed by the larger Teaching NHS Boards.

### 3.2.8 Women's Health Plan and Best Start

The Scottish Government's Women's Health Plan<sup>19</sup> for 2021–2024, and the Best Start: A Five Year Forward Plan continues to be the principle drivers for change within Maternity Services. Best Start in itself made 76 recommendations which would fundamentally reshape maternity and neonatal services, with Continuity of Care seen as a cornerstone recommendation, with a particular focus on high risk women and an increase in the number of babies born at home.

Due to delays caused by the Covid Pandemic, a full review of the recommendations are being undertaken taken account of current service provision, the financial implications of recruiting the numbers required to meet the full list of recommendations within both documents, in addition to the potential of recruiting the numbers of midwives required from the local labour market.

### 3.2.9 Cancer Services

Cancer patients interface across our full healthcare system, making cancer everyone's business. In 2019, 2,446 Fife residents were registered as having a new cancer. Cases of cancer in Fife have been increasing which reflects the growing and ageing population, this trend is expected to continue. Increasing numbers of cancer patients combined, new treatments, emerging technologies (e.g. robotic surgery) and patients living longer with cancer requires focus on the cancer workforce in order to enable sustainable service delivery. The cancer workforce consists of a range of professionals across the healthcare system; pharmacists, medical staff, nursing staff, Allied Healthcare Professionals, specialist support roles (Cancer Trackers and Multi-Disciplinary Meeting Co-ordinators) and managers.

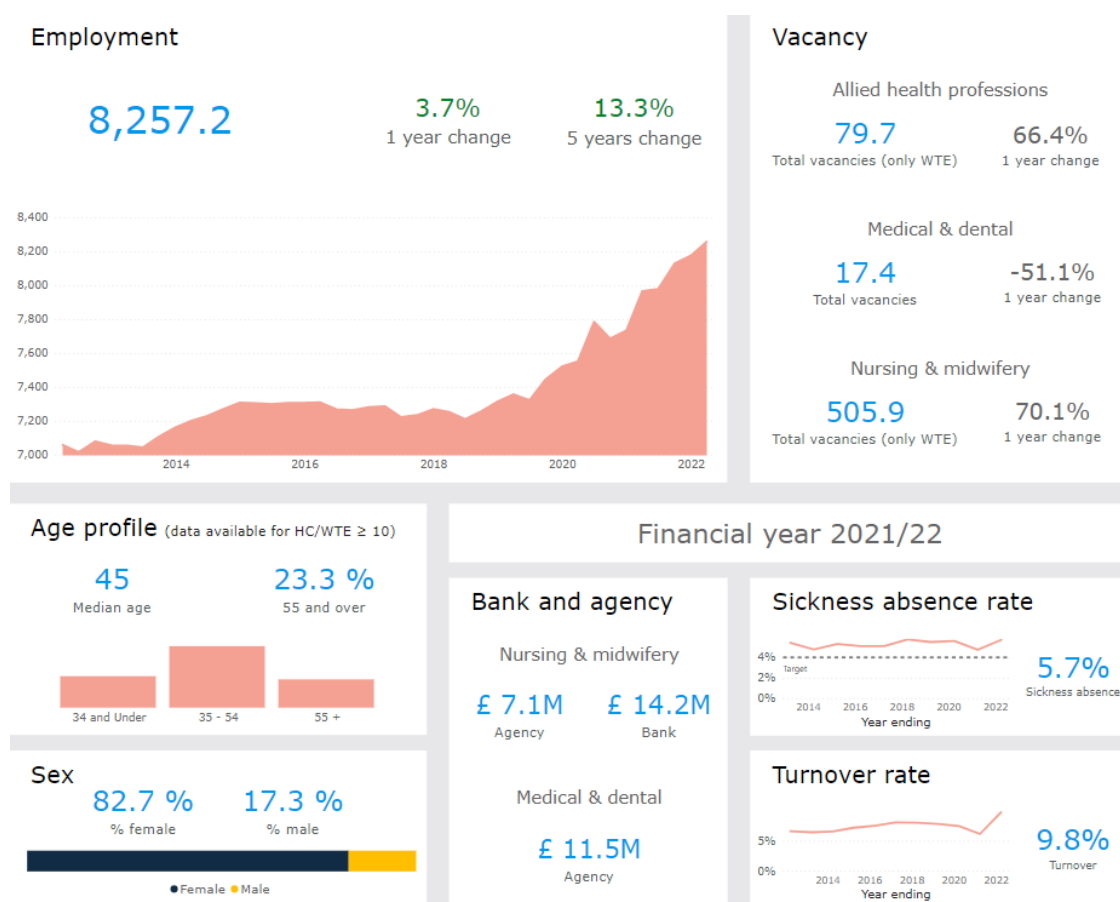
At a national level, the NHS Scotland NHS Recovery Plan 2021 – 2026<sup>3</sup> (August 2021) has committed to increasing the cancer nursing workforce, upskilling clinical nurse specialists and investment in chemotherapy staffing. Locally the NHS Fife Clinical Strategy 2016–2021<sup>20</sup>(currently under review) committed to reviewing the cancer multidisciplinary workforce to meet the needs of the service and develop a workforce that has the appropriate training and education to deliver specialist tasks, considering key roles and responsibilities and role development.

The NHS Fife Cancer Framework (which is nearing completion) commits to supporting NHS Fife to address cancer workforce sustainability, identify system-wide approaches in relation to wellbeing, education and training. The Framework aims to deliver effective cancer prevention, early diagnosis and high quality sustainable cancer care for those living with and beyond cancer.

# Section 4 – Workforce Capacity and Capability

## 4.1 Distribution of Current Workforce (based on data as at 31 March 2022)

The size of our workforce increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the Covid-19 pandemic. Whilst this has meant the Health Board employ a larger whole time equivalent (wte) resource, this expansion has occurred in areas which were responding directly to the pandemic, for example the Vaccination workforce, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

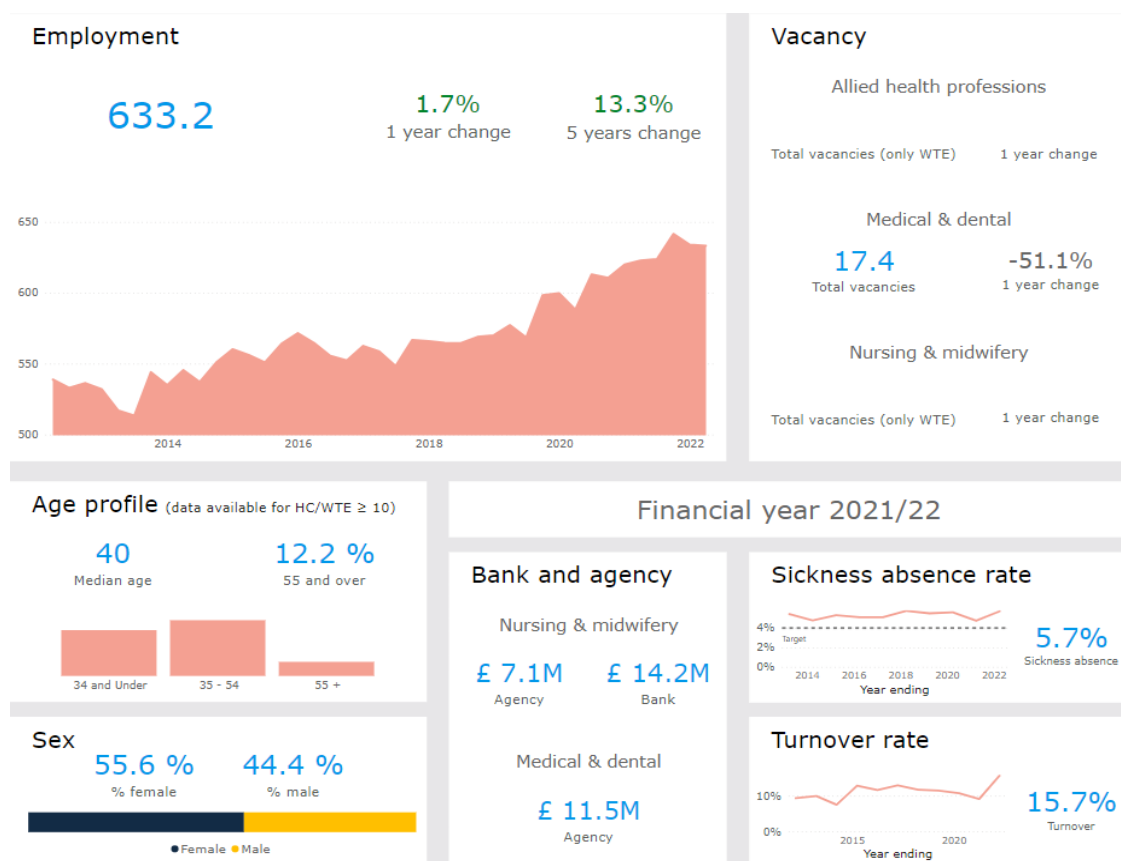


Source: turasdata.nes.nhs.scot

As part of the co-ordinated approach to service planning, all Directorates will be required to introduce workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future patient demand and projected staffing changes.

## 4.2 Medical Workforce

Over the previous five years, the trained Medical and Dental workforce has increased by 13.3% due to the success of recruitment campaigns, leading to a reduction in the wte vacancies over the same period, with notable growth in some specialties.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 15.7% for the 2021/22 financial year. This is 4.0% higher than the average turnover rate for NHS Scotland, and caused inflationary pressure on the supplementary staffing spend across the Job Family for those directly engaged by NHS Fife. Agency spend for 2021/22 was £11.5m, a yearly increase of 31.7%. Similar cost pressures are also being encountered within General Practice.

#### 4.2.1 Workforce Planning Governance

As a profession, Workforce Planning is overseen by the Associate Medical Directors and Clinical Directors, in conjunction with the Medical Workforce Operational Group. Over the course of this Plan, there is an aim to reinvigorate workforce planning to achieve a clearer understanding of the challenges being encountered within each individual Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level.

#### 4.2.2 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors. For example, Consultant vacancies continue to present challenges across NHS Fife within certain specialties, with reported vacancies at 6.1% of establishment as at 31 March 2022. Specialties with the highest vacancies have continued to include Clinical Radiology, General and Old Age Psychiatry, Anaesthetics and Laboratory specialties. There is no apparent easing of this pressure given a national shortage of candidates in certain specialties, the continued

reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements.

These factors highlight the need for change, and to consider vacancies as an opportunity to ensure a more resilient workforce through the introduction of alternative roles and automation.

These challenges are also exacerbated, in part, by generational shifts affecting the supply of labour. Candidates now entering the Medical and Dental profession have a stronger focus on achieving a work / life balance and seeking a job plan which balances both personal and career growth compared to their predecessors. The implications of this means that training pipelines need to allow for a greater output in headcount numbers to replace the wte loss within the current workforce, particularly given age demographics in some specialties and an increase in those making life decisions and leaving the profession early. For example, the BMA have recently calculated that the number of Doctors retiring early across the UK has tripled since 2008 ([Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#))<sup>21</sup>, listing one of the factors behind this being the Income Tax implications associated with the NHS Scotland Pension Scheme.

#### **4.2.3 General Practice Sustainability**

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. The widespread difficulty in recruiting new GPs to substantive posts is placing a growing number of practices in jeopardy with the risk of significant pockets of the population without ready access to general medical services. The inevitable return of independent General Medical Services (GMS) practice contracts to the Board exacerbates NHS Fife's challenge to recruit medical practitioners. Traditional solutions of locum tenens are rarely available and distributing a list to barely managing neighbouring practices risks further practice closures.

Fife has 53 General Practices, 4 of which have been returned to the Board and operate as 2C practices. Of the remaining 49, there are two confirmed for closure within the coming year and a further 20 trying hard-but failing to recruit replacement GPs with resultant rising list sizes and diminishing resilience in the event of further practice stressors, such as population growth and workforce illness. The prolonged period of disinvestment coupled with significant delay with the delivery of the PCIP 2018 contract has left General Practice behind as a career option for new medical graduates. That said, General Practice has embraced the MDT model, however, there remains a critical number of General Medical Practitioners required to provide sustainable and quality medical practice and we are all too frequently breaching that line.

Significant work has been done from the training side to redress several important contributors including the Undergraduate experience of General Practice, the creation of Foundation Year jobs and rotational training into General Practice, as well as the development of the ScotGEM post graduate medical course which has community based general practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a

General Practice career will enter the qualified workforce.

We need to carefully consider the actions that could encourage recently qualified GPs to enter the General Practice workforce, as well as supporting the current workforce to remain in practice to ensure we build a stronger workforce and turn the ebbing tide on the profession which has been at the heart of the delivery of UK medical practice since the inception of the NHS

#### **4.2.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The Strategic Planning and Resource Allocation (SPRA) 2022–2026 process has outlined a number of developments which will impact on the Medical and Dental Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- In response to increased cost associated with medical locums, particularly within specialisms hosted by the Emergency Care and Medicine Directorate, a review of the current recruitment model will be undertaken within the next twelve months. The objective of this review is to identify permanent solutions to a number of positions currently filled via supplementary / locum arrangements.
- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, will lead to increases within the wte resource of Medical Consultants and Clinical Fellows.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre (FEOC), bringing together multidisciplinary musculoskeletal expertise from across Fife, to provide outpatient, inpatient and short stay provision inclusive of a 3-theatre surgical complex will require further investment within the Consultant and Specialty Doctors, with active consideration of further investment in order to increase the procedures undertaken within the FEOC beyond the initial target.
- As outlined in Section 2, measures implemented across NHS Scotland to respond to the Covid-19 pandemic have resulted in a significant backlog in treatment. Addressing this backlog will require additional resources to be identified across a number of Specialism's, many of whom are already experiencing recruitment challenges, or are forecasting challenges as they look to implement the Health and Care (Staffing) (Scotland) Act.
- Delivery of the NHS Fife Cancer Framework will require the review of the medical workforce in order to identify gaps in collaboration with regional partners to develop a regional plan to ensure resilience and equity of care, incorporating the following specialties; Oncology, Haematology and Radiology.

#### **4.2.5 Actions to Sustain the Medical Workforce**

Clinical Leads, Clinical Directors, Associate Medical Directors and Service Managers are working together to mitigate the current risks facing the medical workforce. These mitigations include:

- Co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training (CCT).
- Continue the expansion of Advanced Practitioners (APs) in supporting roles and changes in mixed skill mix models throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care.
- Consideration of service areas which could benefit from the introduction a Medical Associate Professions (MAPs) workforce, such as the Physician Associates roles, as described in Section 5 of this Plan.
- Supporting eligible candidates to achieve CESR, (Certificate of Eligibility of Specialist Registration), strengthening the commitment to working in Fife in the longer term as a result of this support.
- Ensuring that NHS Fife has a positive, healthy working environment for new Consultants including appropriate rest facilities, access to Peer Support, highlighting the benefits of working in a District General Hospital setting, #Team NHS Fife and of living and working in Fife.
- Enhancing Multidisciplinary Team (MDT) / Allied Health Profession (AHP) led services by encouraging non medical prescribing, clinical decision making and more virtual MDT work with specialties e.g. Neurology / Pharmacy.
- Investment in and expansion of Hospital at Home / Community Services / Home First strategies in partnership with Council and Third Sector partners.
- Building on the success of the Rapid Access and Assessment Inpatient Unit within the Elderly service, supporting excellent discharge profiles. Consideration of service areas which could benefit from the introduction of Physician Associates roles, as described in later in this Plan.
- Highlighting and promoting the innovations within NHS Fife such as the Robotic Surgery Programme and the simulated training facilities at Queen Margaret Hospital and the new Elective Treatment Centre to increase interest in NHS Fife posts.



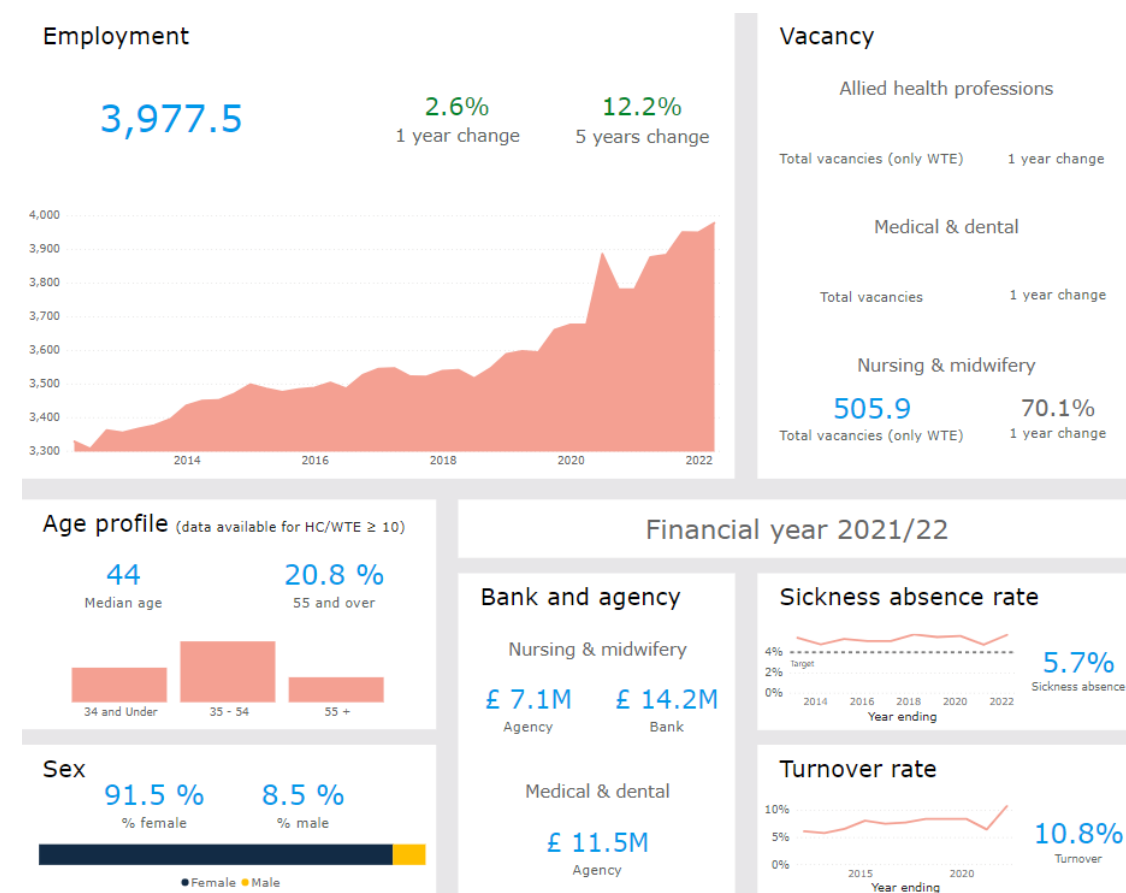
## 4.3 Nursing and Midwifery Workforce

### 4.3.1 Workforce Profile Overview

The Nursing and Midwifery job family has increased in previous five years, driven by a number of National Workforce Planning commitments and the implementation of the Nursing & Midwifery Workload and Workforce Planning Tools. More recently, this increase has been driven by the response to the Covid-19 pandemic and the appointment of a vaccination workforce responsible for administering an unprecedented vaccination programme within Fife.

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 10.8% for the 2021/22 financial year. This is 1.7% higher than the average turnover rate for the Job Family across NHS Scotland, and is likely to have been caused by a number of factors including the effects of those who delayed life decisions to retire during the pandemic doing so in 2021/22, plus an increased reliance on fixed term contracts linked to NHS Fife's management of the expectations caused by the pandemic.

Turnover, in addition to the impact of staff absence as a result of coronavirus, has led to considerable pressure on the supplementary staffing spend within the Job Family. Nurse Bank and Agency spend for 2021/22 was £21.4m, a yearly increase of 74.3%



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

### 4.3.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the Nursing and Midwifery Workforce Planning Group. This group is responsible for over-seeing work streams including the implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to reduce the demand on supplementary staffing across Nursing and Midwifery.

### 4.3.3 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, this increase is being matched by the number of vacancies recorded. Whilst these recruitment initiatives have successfully grown the wte strength of the profession, staffing challenges continue to be encountered within operational areas due to a combination of factors including age demographics, increased absence, and turnover.

Locally, there is a contrast in the success of recruitment campaigns aimed at Non-Registered Nurses and Midwives versus the recruitment of Registered Nurses and Midwives. Overall, there is a supply of suitable candidates to fill non-Registered vacancies from the local labour market. It should be noted that whilst this supply is available, there is a growing perspective that such recruitment is not increasing the wte resource engaged in these roles across the Health and Social Care Sector in Fife. The implications of this are that those services overseen by the Fife H&SCP, and in particular the third, independent and voluntary sectors, are becoming increasingly destabilised. Further analysis on this will be undertaken when the results of Scotland's Census 2022 are published.

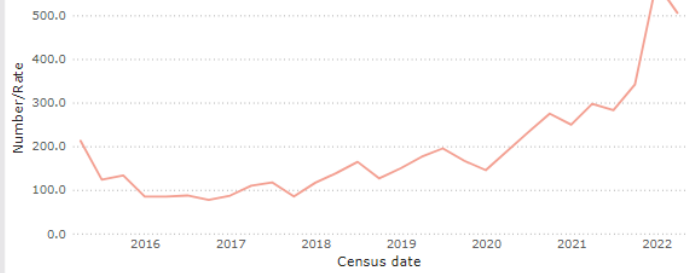
The success of recruitment campaigns aimed at the Registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand.

As highlighted in the diagram below, the total wte vacancies being advertised across NHS Fife has increased significantly since 2020.

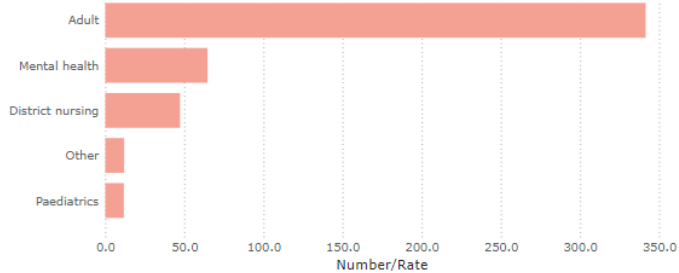
N&M vacancies by NHS board



N&M vacancies over time



Top five professions with N&M vacancies



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

In addition to vacancies, staff absence has proven problematic. Whilst NHS Fife recorded a reduction in sickness absence throughout the 2020 / 2021 financial year, this has increased in 2021 / 2022, and is exacerbated by Covid-19 related absences, recorded under the Covid-19 Special Leave provisions. The combination of sickness absence and Covid-19 related leave presents a further drain to the available resource across the profession.

The impact of these challenges has resulted in inflationary pressures on supplementary staffing, inclusive of Nurse Bank and Agency Nurse usage. Whilst there was a short-term reprieve from these pressures for the year ending 31 March 2021, largely because of the NHS increasing its resilience to the possible impact of the Covid-19 pandemic, supplementary staffing reliance is now exceeding pre-pandemic levels.

#### 4.3.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Nursing and Midwifery Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- Delivering key deliverables within the Primary Care Improvement Plan, notably the establishment of Community Treatment and Care (CTAC) plus Vaccination and Immunisation Services under the GMS Contract<sup>22</sup>, requires both significant investment and careful management to accommodate the multitude of current employment models and the requirement for greater synergy and flexibility within teams.

- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, and the introduction of new pathways to support patients presenting with mental health conditions or conditions which can be triaged to Minor Injuries, will require significant investment at Advanced Practice, Registrants and Health Care Support Worker levels.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre will lead to further investment at Advanced Practice, Registrant, and Health Care Support Worker levels.
- An initial review of the recommendations from 'The Best Start: five-year plan for maternity and neonatal care', the implementation for which is a priority over the course of this Workforce Plan, is estimated to require significant investment in the Midwifery job sub family. Full details of these are being considered, in conjunction with current service priorities and projections over the number of Midwives it will be possible to recruit in the coming years, and details will be incorporated into the annual 'interim workforce plan' submissions to Scottish Government.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal and Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to significantly increase the number of APs within the Nursing and Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.

#### 4.3.5 Actions to Sustain the Nursing and Midwifery Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Nursing & Midwifery Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

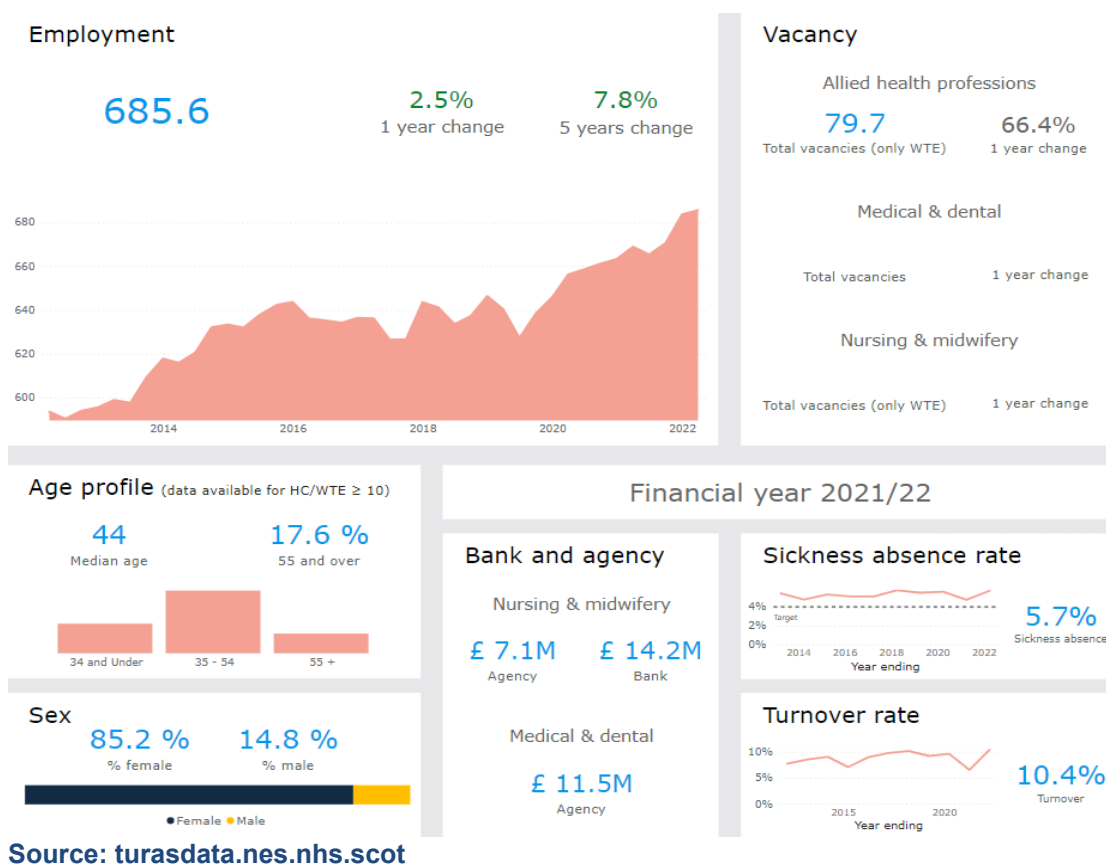
- Co-ordination of recruitment with local universities to maximise the number of newly qualified Registrants electing to work in Fife.
- Responding to the current recruitment difficulties, and limited success of national recruitment campaigns for Registrants, a programme has been established in conjunction with Yeovil District Hospitals NHS Foundation Trust, which will see overseas candidates recruited to, and supported in, vacancies throughout NHS Fife. The first recruits joined in early 2022, with an on-going recruitment programme continuing thereafter. The support offered to these candidates will include preparation for their Objective Structured Clinical Examination (OSCE) to ensure NMC registration requirements are met in full and moving forward continued collaboration with clinical services will ensure ongoing recruitment is targeted to current vacancies.

- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to employ in excess of 100 APs within the Nursing & Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.
- Responding to the Scottish Government's drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Associate Practitioner pathway is being developed. The development of this role across Nursing & Midwifery will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education institutes.
- Oversight of the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities, implementation of the national Care Assurance Improvement Resource (CAIR) by March 2023, and the Regional Workforce Dashboard.
- Active review of any opportunities which enable senior Nurses to focus their efforts on clinical service delivery, such as the recruitment of considerable ward administrative staff to Senior Charge Nurses.

## 4.4 Allied Health Professionals

### 4.4.1 Workforce Profile Overview

Allied Health Professions is the collective term used for several professional groups. Within Fife, AHPs are managed within the Acute Services Division and Fife H&SCP. Overall, the wte engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at major trauma, critical care expansion, mental health programmes and child health initiatives.



#### 4.4.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the AHP Senior Leadership Team. This group is responsible for over-seeing work streams, including the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to complement supplementary staffing across Allied Health Professions.

#### 4.4.3 Current Workforce Challenges

Although the wte resource across the job family has increased in recent years, this increase is being matched by the number of vacancies recorded. Whilst overall, these recruitment initiatives have successfully grown the wte strength within the overall Job Family, staffing challenges continue to be encountered within operational areas and within individual professions.

In Radiography, for example, the demand for Registrants, driven by a series of national and local priorities increasing the demand for diagnostic imaging services, will not be met by the future supply of newly qualified AHP Registrants. This supply and demand pressure is exacerbating sustainability pressures already faced within Radiography.

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy and Occupational Therapy services.

These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

Similar to other Job Families, the AHPs continue to review service delivery post Covid. For example, whilst hybrid outpatient models have allowed for service continuity throughout the pandemic, the virtual model together with social distancing for essential face to face consultations has notably reduced the capacity with consequential uplift in waiting times and the number of patients waiting over 12 weeks. Solutions to this will need to be identified to address the backlog of patients waiting on treatment, particularly given the important role AHPs will play in the post Covid recovery.

#### **4.4.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Allied Health Professions over the duration of this Workforce Plan. These developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, however developments of note include:

- The introduction of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup>, coupled with a range of developments including, as examples, the intention to introduce 7-day cover, the investment in the Fife Elective Orthopaedic Centre, and initiatives aligned with the Children’s Health & Wellbeing Strategy<sup>23</sup>, will require additional workforce resources in services managed within the Acute Services Division.
- Planned investment in Digital Imaging technology within the Radiography Service, in support of a range of commitments aligned to the NHS Recovery Plan 2021–2026<sup>3</sup>, will require the appointment of additional Radiographers throughout the timescales involved in this Workforce Plan.
- In support of the Children’s Health & Wellbeing Strategy<sup>23</sup>, investment will be made to the provision of Physiotherapy services supporting Neurodisabilities; Respiratory and Rheumatology, including the introduction of new Advanced Practice roles.
- The Scottish Government’s Women’s Health Plan 2021 to 2024<sup>19</sup> describes how Healthcare professionals must work with women to understand their individual circumstances, health needs and preferences in order that personalised and tailored care is provided. This will require AHP investment.
- In response to the Scottish Government’s commitment to increase the number of Paramedics employed across NHSS, work has progressed in partnership with the University of Stirling to identify educational placements for students undertaking the Paramedic Science degree programme within services such as Urgent Care, Emergency Department and a range of GP led services. This will allow NHS Fife to utilise the unique skills and expertise of a professional group typically employed by the Scottish Ambulance Service, in order to better meet the future health needs of the local population.

#### 4.4.5 Actions to Sustain the Allied Health Professions Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the AHP Senior Leadership Team in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

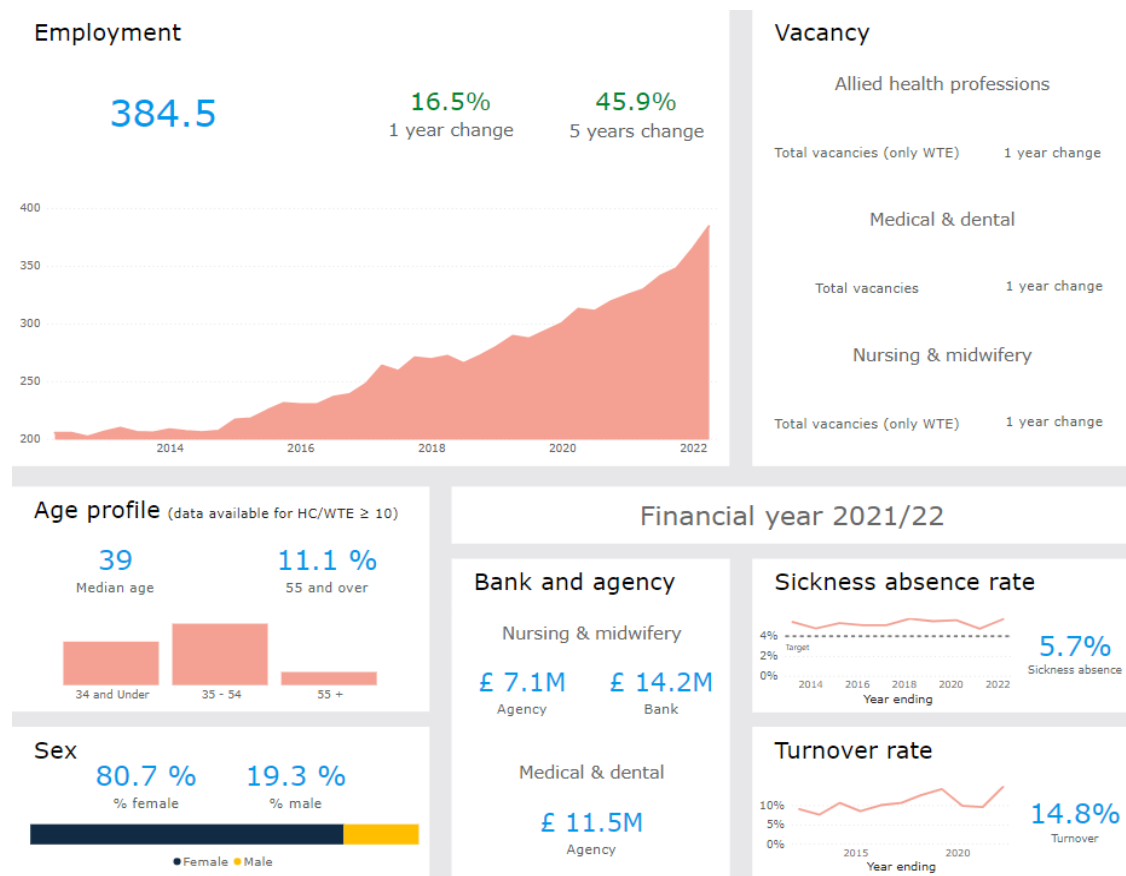
- To continue to improve and embed the co-ordinated recruitment programme which sees NHS Fife work in conjunction with local schools, colleges and universities, to promote both the Allied Health Professions and NHS Fife more widely.
- With increases in the number of providers of Allied Health Professional pre-registration academic programmes, actively engage with these providers to maximise the number of places and placement requirements within Fife.
- Responding to the current recruitment difficulties, particularly within Radiography, work in collaboration with Nursing & Midwifery colleagues and Yeovil District Hospitals NHS Foundation Trust to introduce a programme of international recruitment.
- Actively promote the Flying Finish Initiative which aims to enhance retention of highly experienced staff entering the latter stages of their professional careers, promote the retention of workforce knowledge and leadership capacity, reduce burnout, and enable seamless cross board working.
- In light of age demographics in particular positions and / or bands, review service sustainability strategies, particularly for Advanced Practice positions or those roles with single occupants, establishing succession plans as appropriate, and in other instances (for example Orthotics), work flexibly with existing external contractors to ensure contingencies are in place.
- Through the implementation of the Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup>, undertake a thorough review of the skill mix of AHP teams, ensuing collaborative working practices between professions and the introduction of Advanced Practice and Consultant level roles as appropriate.

#### 4.5 Other Therapeutic Services

##### 4.5.1 Workforce Profile Overview

Other Therapeutic Services combines four distinct professions: Pharmacy, Clinical Psychology, Optometry and Play Specialists. Pharmacy Services, which is responsible for providing services throughout acute, community and primary settings, is managed within the Corporate functions, with Clinical Psychology managed within Fife H&SCP. The wte engaged within this job family has increased in the previous five years. This increase has been driven by a combination of factors, including the GMS contract<sup>22</sup> and increased demand for clinical pharmacy input across services and an investment in Mental Health Services for Clinical Psychology.





Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

#### 4.5.2 Workforce Planning Governance

Within Pharmacy, where the professional group is managed within a single organisational hierarchy, Workforce Planning is overseen by the Senior Leadership Team. This group is responsible for over-seeing work streams including recruitment and retention initiatives, increasing independent prescribers within the service, implementation of initiatives and measures to increase the number of training grade and non-clinical posts and the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession

#### 4.5.3 Current Workforce Challenges

The wte resource within Pharmacy has increased significantly in recent years, making it the third largest clinical subgroup family after nursing and medical staff and this trend is projected to increase and possibly accelerate within the duration of this Workforce Plan. A series of NHSS commitments, for example, the continued implementation of the GMS Contract<sup>22</sup>, will lead to a significant increase in primary care staff over the next 12 months, with other increases linked to investments in Mental Health services and the introduction of a Hospital Electronic Prescribing System across inpatient and outpatient areas. These commitments, whilst supporting other health care professional groups and ensuring patients receive the most appropriate advice, will present sustainability pressures on the service.

The impact of significant changes to pharmacy initial and post graduate education programmes, and an increased demand for independent prescribers, is also being considered by the Senior Leadership Team. The introduction of a foundation training year post graduation, replacing the current pre-registration requirements, will result in revised learning outcomes for newly qualified pharmacists. The intention for all graduates to register as Independent Prescribers from 2026 will require further development of the current workforce to ensure good supervision and support for trainees from experienced prescribers during their period of learning in practice and early careers.

The Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> will also have an impact on Pharmacy Services, with a range of workforce & workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

#### **4.5.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The continued introduction of the GMS contract<sup>22</sup> will require further investment in the workforce supporting General practice.
- The introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system for inpatient areas will require further significant investment throughout the duration of this workforce plan, inclusive of IT and Data Analytic roles.

#### **4.5.5 Actions to Sustain the Pharmacy Workforce**

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore Pharmacy Services, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

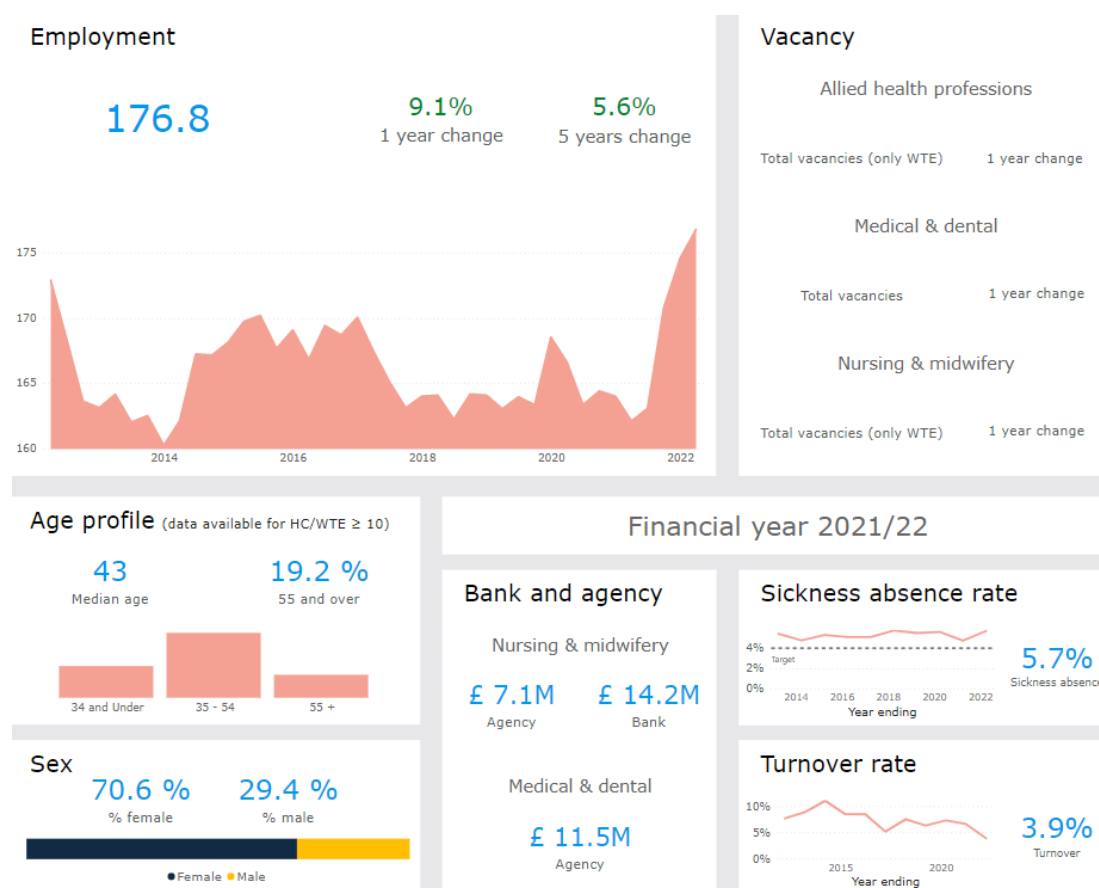
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup>, informing staffing decisions and ensuring adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including HEPMA, Automation, and Electronic Prescribing.
- Review of career pathways in the service, with the introduction of Modern Apprenticeships for Pharmacy Support Worker Roles.
- Increase number of training posts, including rotational and cross-sector posts, to attract more applicants.

- Revision of job plans to ensure all staff have protected for their own development and to support the development of others.
- Build Capacity to support newly qualified pharmacists graduating with an Independent Prescribing qualification from 2026.

## 4.6 Healthcare Scientists

### 4.6.1 Workforce Profile Overview

Healthcare Scientists combines a number of professions who play a vital role in the prevention, diagnosis, and treatment of a range of medical conditions. Within Fife, Biomedical Science Life and Clinical Physiology make up the majority of the directly employed staff engaged within this job family, although there are other integral roles within the Job Family including, for example, those engaged in Clinical Photography and Maxillofacial Prosthetics. Whilst the wte engaged in this job family has fluctuated, it has grown in the previous year in response to the Covid-19 pandemic. The rate of growth is slower than the rate seen in other job families.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

### 4.6.2 Workforce Planning Governance

Within Healthcare Sciences, where the profession group is managed within different organisational hierarchies, Workforce Planning is overseen by the relevant senior leadership team in each hierarchy. In conjunction with the Operational Workforce Planning Group, these groups are responsible for over-seeing work streams

including recruitment and retention initiatives, introduction of new roles and the implementation of the Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup>.

#### **4.6.3 Current Workforce Challenges**

The ambitious commitments detailed within the NHS Recovery Plan 2021–2026<sup>3</sup>, specifically the commitment to increase diagnostic procedures nationally by 90,000 and the focus on cancer services, will have an impact on this Job Family. These commitments are coupled by expected turnover pressures resulting from those employees who returned to the profession to support the NHSS response to Covid-19, or those delaying life choices to retire, leaving the service in 2022 / 2023.

Other challenges, particularly in relation to the Biomedical Science Life group, relates to the requirement to maintain a 24-hour, 7-day per week service. The frequency of the unsocial hours commitment for this group, in addition to their age demographics, is reflected in wider health and wellbeing considerations. This challenge is exacerbated given the relative size of the professional group when measured against similar services in Fife, or against the Biomedical Science Life groups engaged in neighbouring boards.

The Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup> will also have an impact on Healthcare Sciences Services, with a range of workforce and workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

#### **4.6.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The introduction of Digital Pathology will require additional clinical and non-clinical resources as we progress a key deliverable identified within the Regional Laboratory Medicine Collaboration.
- The upgrade to Q-Pulse, a series of integrated software applications designed to assist with information management of numerous quality activities including Laboratories, Pharmacy & Clinical Governance, will require additional resources to ensure the successful implementation of the project.
- Advances in current diagnostic testing, such as those linked Cardiac Physiology, Sepsis Testing and Qfit, will necessitate a greater resource in order to continue to meet increasing service demand.

#### **4.6.5 Actions to Sustain the Healthcare Science Workforce**

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Healthcare Science professions, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- In response to recruitment and training challenges in the Clinical Physiology job family, review of career pathways and the development of Support Worker roles within the profession to embed a more sustainable skill mix.
- Participation in the Scottish Government funded campaign to train additional Cardiology Physiologists across NHS Scotland, responding to increasing demand in diagnostic services.
- Continue the introduction of new roles within Biomedical Science Life, including Advanced Practice and Clinical Scientists, in order to alleviate continued pressures on the service by transferring tasks previously undertaken by Medical Consultants to other suitably skilled professionals.
- Continued engagement with local education provides, including Abertay University and Glasgow Caledonian University, to promote NHS Fife as an employer of choice.
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 20198, informing staffing decisions and ensuing adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including Digital Pathology, developments in Artificial Intelligence, QFit and Matrix-assisted laser desorption / ionization time-of-flight (MALDI-TOF)

#### 4.7 Workforce Risks

There are a number of interrelated workforce risks referenced throughout this section. Although Services have an ability to mitigate certain of these risks through their workforce planning and service redesign, this will be insufficient to make a telling contribution to ensuring their sustainability against a backdrop of increasing patient demand without support from the Scottish Government. For example:

- A number of specialities are experiencing current workforce challenges associated with an inability to recruit to registered health care profession vacancies from the local or national labour market. As the projected output of registered healthcare professions from Universities will not meet current workforce demand, there will continue to be a requirement for, and cost associated with, supplementary staffing solutions. Addressing the backlog caused by the Covid-19 pandemic will only heighten these pressures.
- There is no immediate solution to these workforce challenges. Although the increase in the number of placements on registered healthcare profession courses at higher education establishments is welcome, this action alone will be insufficient to address future workforce requirements. The commitment to increase the NHS Scotland workforce by 1% during the course of the current Parliament (circa 82.6 wte for NHS Fife), in addition to the other commitments detailed within the Integrated Health and Social Care Workforce Plan for Scotland, means that the number of registrants entering the labour market needs to significantly increase. Given the current recruitment deficit, predicted output from higher education establishments, in addition to those registrants

recruited internationally, is unlikely to fill the projected gap between service demand and the availability of a registered workforce.

- The benefits of regional collaborative working is referenced throughout this Workforce Plan, with further options for collaboration being explored, however there are limits to this approach. Where neighbouring services face greatly different challenges, greater collaboration runs the risk of destabilising services which are already under significant pressure.

## Section 5 – Building Future Organisational Capacity

As detailed within the National Workforce Strategy for Health & Social Care in Scotland (2022)<sup>4</sup>, building additional capacity within the NHSS workforce is integral to meeting our future needs. A means of achieving this is the introduction of the NHS Scotland Academy, offering accelerated training for a wide range of health and social care roles and professions. Importantly, the Academy offers an opportunity to existing staff to advance their current knowledge or learn new skills, using a range of residential, distance and virtual reality learning approaches.

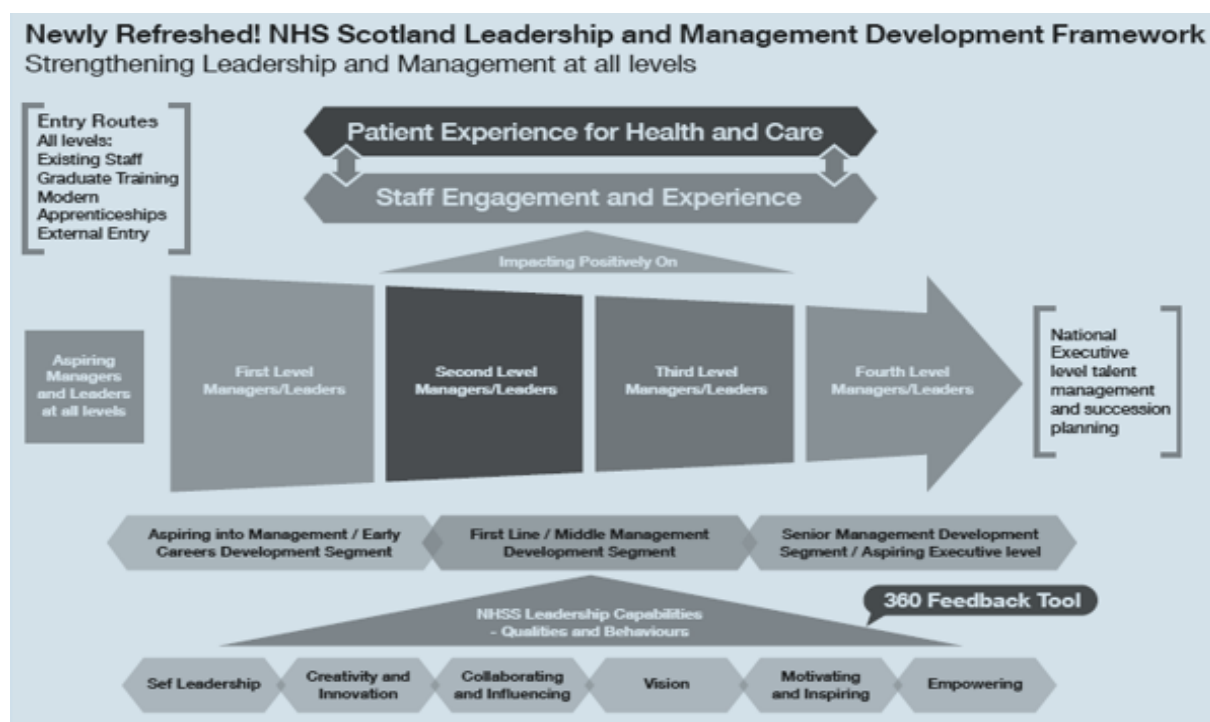
The Academy will add to existing educational programmes and respond to evolving and emerging workforce needs. By addressing recruitment gaps and training needs, it aims to help ensure the health and social care workforce is prepared for future needs in Scotland

Locally, this Academy will contribute to a range of programmes and approaches being progressed within NHS Fife. The following section provides an overview of some of this activity and its importance of shaping future organisational capacity and the direction of travel to meet the Five Pillars.

### 5.1 Leadership Development Framework

Launching in 2022, NHS Fife’s Leadership Development Framework supports staff to maximise their potential, by learning new leadership and management skills or refreshing existing skills. It provides the opportunity to staff to stretch themselves in their current role or to prepare for future career progression/succession planning.

The Framework is available to all staff interested in developing their leadership career, regardless of current role. It is built around four Leadership Levels, each identifying a phase of leadership development, and supports the overarching NHSS Leadership and Management Development Framework.



The framework brings together the range of local and national programmes and development opportunities under a single coherent model. Ensuring our staff have a clear understanding of the expectations relevant to their stage of development, the opportunities open to them and how this intertwines with NHS Fife's Culture, Vision and Values.



## 5.2 Values

NHS Fife is committed to recognising and valuing staff. A common set of values are to the benefit of everyone working in the organisation and most importantly to our patients and the communities that we support. Our workforce will need to be able to see how the embedding of these values will help us to deliver safe and patient focused care. We are looking to achieve long-term goals rather than short term behaviours.

Our values inform the decisions we take and how we work together, they must be at the heart of how we attract, recruit, develop, reward and retain people to work for NHS Fife.

Our culture is reflected by what we value, and we need to support and empower our workforce to give their best in an organisation where the values are evident every day. Phase One commenced in 2020, with other phases requiring more planning before coming on-stream at later dates.

It is important that we all have the same understanding of how we're expected to work. We all interpret things differently therefore moving the values from being conceptual (a single word) to tangibly described (a behaviour) enables our workforce to recognise that everyone's got a part to play. There will be a need to understand how each of our values affects them personally, benefits their team and the people of Fife. Over time and with reinforcement this will determine how employees act every day and become 'the way things are done around here'.

This framework should be a statement of who we are: what our patients can expect from us and what we expect from each other. In order to create a behaviour's framework that is 'lived' and 'understood' by the whole organisation there will need be a need for co-creation with the workforce to understand what is important/what matters to them. Our staff side colleagues will be key partners to drive this work forward.

The Behaviours Framework will:

- Define the behaviours that our staff must demonstrate, including what they should expect from colleagues and leaders.
- Help us recognise people who are doing a great job.
- Help identify training needs.
- Support career development.
- Helps us recruit people with the right behaviours.



In addition, the Board will continue to develop and offer support for employability opportunities for the workforce by exploring alternative approaches to retain the skills and experience of staff. In balance, employability opportunities for the development of the younger workforce will continue in offering apprenticeships, further developing links with schools, colleges and Higher Education providers. There is an ambition to continue to develop and grow our existing staff.

Alongside continued participation in international recruitment initiatives, promotion of career opportunities and further expansion of development roles will all increase the employability pipeline and ensure there is an on-going supply of people choosing to work for NHS Fife. This is against a backdrop of significant Band 5 Registrant vacancies, so it is clear that change is required to sustain service delivery.

### **5.3 LinkedIn Campaign**

NHS Fife is increasing the use of LinkedIn, which is the world's largest professional network with more than 830 million members worldwide, about how the company may be able to support the recruitment and retention of staff. Whilst this has previously not been used as regularly as our other social media accounts, such as Facebook, Instagram or Twitter, our Corporate Communications Department considers it a central resource going forward and are developing a programme of bespoke LinkedIn content.

Central to the success of any relationship with LinkedIn, will be the creation of a network of active ambassadors for NHS Fife - our employees sharing their successes, experiences, and opportunities. With this in mind, LinkedIn recently hosted a 'Rock Your Profile' session for NHS Fife employees, aimed at encouraging our staff to not only join the platform, but also helping them make their LinkedIn profiles the best they can be. This session was well attended and received positive feedback by attendees - similar sessions may be held in future.

### **5.4 Career Conversation Lite**

Expanding on the Project Lift support and Self-Assessment Questionnaire, we will support staff career and leadership development by offering Career Conversations. Career Conversation Lite (CCL) provides staff with the opportunity to explore their career to date and define the most suitable development route forward for them. Increasing their self-awareness, facilitating the understanding and appreciation of their career, and outline impactful career development areas.

### **5.5 International Recruitment**

The number of advertised vacancies throughout NHS Fife, and most noticeably vacancies within the registered Nursing and Midwifery Job Family, has increased significantly in current years. This has been caused by a number of interrelated factors including the age demographics of the current workforce, Scottish Public Pension Scheme reforms, the Covid-19 pandemic impacting on life choices, in addition to increased demands for staff.

In view of the sustained challenges in securing sufficient candidates to appoint to the registered health care professional roles from traditional labour markets

sources, it is increasingly recognised that recruitment options need to be extended beyond the UK job market.

In response, NHS Fife has been collaborating with Yeovil District Hospitals NHS Foundation Trust to progress International Recruitment. NHS Fife is also part of the Centre for Workforce Supply Short Life Working Group which aims to support and oversee the consultation on the roles and responsibilities required to deliver the Scottish Government's commitment of establishing a centre of expertise on international recruitment.

NHS Fife commenced a programme of international recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers over with start dates from March to June 2022. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 to 9 months.

Accommodation for recruits has been identified within the Fife Campus of the University of Dundee's School of Health Sciences and for 6 recruits within Queen Margaret Hospital. The availability of furnished accommodation which facilitates establishing communities, is close to good transport links and the main Acute Hospital site, will make NHS Fife very attractive to overseas candidates.

Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and engagement of the NHS Fife's Volunteering Services, Fife Equalities and Fife Voluntary Action, as well as those with lived experience as overseas recruits, will inform the development of a supportive network. Work has been completed to create a Welcome Pack and the role of how the volunteering services can assist with the wider support for each international nurse who joins NHS Fife.

## **5.6 Collaboration with Local Universities**

NHS Fife Board has an ambition to attain teaching Health Board status. With higher education institutions NHS Fife has the shared responsibility of training the next generation of healthcare workforce. Achieving this would deliver significant benefits to NHS Fife and support the Board aspiration to become an Anchor Institution. This ambition would deliver includes improved recruitment and retention. This would also augment our educational culture in NHS Fife and build on research and innovation opportunities.

## **5.7 Youth Employment and Employability**

It is recognised that the range of measures applied to manage the Covid-19 pandemic has exacerbated many inequalities, disproportionately affected young people and those with socio-economic disadvantages. Locally, these measures resulted in the suspension of volunteer and job experience opportunities, the halting of career fairs and related school activities, and delayed our establishment of a Modern Apprenticeship programme.

Over the duration of this workforce plan, and as part of our commitment to be an Anchor Intuition, NHS Fife aims to redress this impact. Our initial focus for Youth Employment and Employability will be on securing more funding to support the implementation and sustainability of future employability programmes aimed at

increasing the pathways for young people to engage with NHS Fife as part of the Young Person's Guarantee.

This sustainable vision will see better engagement with the range of No One Left Behind (NOLB)<sup>23</sup> funded employability opportunities, a commitment to widen modern apprenticeship and graduate apprenticeship programmes throughout NHS Fife, and working with key partners, increase the in-placement support offered to develop and retain participants.

## **5.8 Workforce Systems and Workforce Analytics**

Building organisational capacity will necessitate improvements in the collective workforce systems operated across NHS Fife. The current technological infrastructure of these systems consists of multiple stand alone system operated by a number of Directorates within the Corporate Services functions. National discussions to simplify this landscape across Human Resources, Management Accounts, Payroll and Procurement are at an early stage with the aim unlikely to be realised during the duration of this plan.

As an interim step, NHS Fife has joined with neighbouring Health Boards in the East of Scotland to introduce the Regional Workforce Dashboard. Extracting information from a range of corporate systems, this Dashboard provides improved access and visualisation on a range of indicators including Absence, Sickness Absence, and Supplementary Staffing usage. These analytics were enhanced through other bespoke solutions, such as the Covid-19 Absence Dashboard, that allowed NHS Fife to monitor and predict daily absence levels during the pandemic.

2022/2023 will also see an e-Rostering solution introduced across NHS Fife. A National Framework for e-Rostering was established to deliver a 'Once for Scotland' solution across NHS Boards, ensuring that staff will be treated, fairly and consistently in all Health Boards in Scotland. The solution, provided by Allocate will follow best practice and guidance and will be implemented across all staff groups within NHS Fife on a phased delivery plan which will begin in September 2022. This product will be owned within the organisation, and implemented by Digital and Information to support our workforce by ensuring equality of rostering practice, ease of management of absence and safe care of patients.

## **5.9 Specific Role Development**

### **5.9.1 Consultant Pharmacists**

There is the potential for the development of Consultant Pharmacist roles during the lifetime of this Plan. Whilst still being considered by Pharmacy leaders within NHS Scotland, it is anticipated that these roles will provide leadership for innovation within their practice area and across their organisation and beyond, taking a strategic role in the development of guidelines, policies and governance. They may implement policy for their area of practice, their organisation(s), and the profession. Consultant Pharmacists are expected to conduct and supervise research, driving practice forward and demonstrating improvement in care outcomes. They contribute to the development of research which delivers on local and national priorities.

Consultant Pharmacists will lead, design and deliver education and supervision and

contribute to curriculum development in partnership with Higher Education Institutions. They are expected to work to upskill staff across grades, professions and across organisational boundaries, to assure that optimal value is gained from medicines at a population level. Consultant Pharmacists actively seek to mentor and coach pharmacist colleagues and work to develop the consultant workforce, with succession planning for their role. Across all of these activities, these Consultants act as clinical leaders, enhancing the standing of Pharmacy professionals, advocating for patients and driving improvements in care. The innovation and boundary-spanning provided by such posts offers particular advantages for the continued investment in Pharmacy services.

## 5.9.2 Physician Associates

The use of transformation funds to develop the East Region Physician Associates (PA) Programme was agreed by the Chief Executives, HR and Medical Directors of Borders, Fife and Lothian in December 2018, to address the existing workforce gaps and other emerging delivery pressures to fulfil national commitments such as new GMS contract<sup>22</sup> implementation. The anticipated uplift in staffing for GMS was in the region of 700 wte across the East Region and therefore the use of PAs as a previously untapped resource for 'alternative healthcare roles' and 'urgent care' aspects of the Memorandum of Understanding 2<sup>14</sup> has been considered due to insufficient training pipelines in existing AHP, medical and nursing workforces.

The East Region Physician Associates Programme has progressed largely unaffected by Covid-19. In addition, a Band 8a Physician Associate Education Lead has been appointed and a Regional Medical Lead is also in place to oversee the ongoing development and governance of the East PA programme. A monthly teaching programme has been established for the PAs already in post with contributions from medical staff, ANPs and PAs. This programme is open to all East Region NHS and independently employed PAs as well as AHPs and ANPs.

The use of simulation training has also been introduced at induction and as an ongoing means of increasing training opportunities in core procedures. Audit and evaluation of the role is underway along with discussions with Radiology colleagues around the benefits of pending General Medical Council (GMC) regulation, to enable ionising radiation requests. It is hoped that PAs will be a regulated GMC profession during 2023, at which point prescribing and X-ray commissioning rights can also be achieved. These timescales tie in with the East Region sponsorship of 25 students, who graduated in the summer of 2021, sat their National certification exams and commenced employment in the region in 2022.

While NHS Fife did not secure the employment of PAs from the East Region sponsorship route, further work is now underway locally on the expansion of the PA role into General Practice, Mental Health, Urgent Care and Rheumatology, where workforce pressures are particularly evident. Employment of PAs within the Board so far has been opportunistic and whilst feedback has been extremely positive, there was no established funding route until recently.

NES are now leading the Medical Associated Professions commission and a national 'pump primed' approach to development would help support training capacity and the integration of these roles as a further branch of advanced practice.

Given the timescale for regulation of the profession and prescribing rights, there is now an even greater potential to expand the employment of PAs within the Board.

### **5.9.3 Advanced Practitioners**

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)<sup>24</sup>.

It is recognised that Advanced Practitioners play an important role in determining patient and system outcomes. There is growing evidence of the positive impact that Advanced Practitioners have on patient outcomes, including promoting access to care; reducing complications and reducing costs of care by improving patient knowledge; self-care management; and patient satisfaction (Scottish Government, 2021).

Advanced Practitioners are recognised as being integral to developing and sustaining the capacity and capability of the health and care workforce now and in the future. Consideration of the process of identification of potential trainee Advanced Practitioners earlier in the career journey, combined with robust business plans to support the development of these roles will help sustain this workforce. Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

### **5.9.4 Band 4 Roles**

Responding to the Scottish Governments drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Associate Practitioner pathway is currently being developed within the Nursing and Midwifery Job Family. The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education Institutes.

## Section 6: Broad Action Themes

As detailed within this plan, there are a wide range of workforce demands and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad themes that are being taken forward to mitigate potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate functions. The actions being taken within the Fife H&SCP are detailed separately within their Workforce Plan. The Partnership's Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

NHS Fife will continue to identify opportunities to expand the areas in which transformational roles are utilised and establish these roles as part of multidisciplinary teams; such as Advanced Clinical Practitioners, Physician Associates and a range of Health Care Support Worker roles. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce. This is complemented by the combined efforts of our Workforce Learning and Development, Medical Education and Practice and Professional Development Teams. We will continue to work regionally to build on existing managed clinical networks. The development of regional solutions to service sustainability will remain a feature of this Plan e.g. Cancer Services, Haematology and the South East Radiology Reporting Insourcing Solution. The importance of Digital and Information to support service sustainability and new developments is key.

Continued development career pathways and promotion of development opportunities will be key for our workforce. There will be a focus on staff well-being, communication, our values, application of the NHS Scotland Staff Governance standards and listening, to ensure the workforce continues to feel valued and make NHS Fife an employer of choice.

NHS Fife has a long-term commitment to supporting staff health and wellbeing. We are a committed health working lives employer with achieving and retaining the Gold Healthy Working Lives (HWL) Award. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics.

In recognition of a requirement to improve the depth of the approach, a plan for "Going Beyond Gold" was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture. The learning from this approach, coupled with the investment in health and wellbeing during the Pandemic, will form the foundation of the Staff Health & Wellbeing Framework, to be published by the Summer of 2022 and the requirement to provide robust mechanisms to support both staff and organisational resilience.

The pandemic period saw innovations in communication from senior management within NHS Fife, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented and a focus on our Staff Hubs. This work was guided by the principles of Psychological First Aid which recognises individual's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping mechanisms.

Adopting best practice, including trauma informed approaches, as we emerge from the pandemic will be key. This point in time provides a unique opportunity for NHS Fife and the communities we serve to reflect and to make change for the better.

There will be the continued support of staff through effective partnership working. We will continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower staff and teams and to improve their experience at work.

This section is not intended to be a detailed implementation plan. The more detailed implementation / Action Plan is attached to this Plan as an Appendix and will be developed and monitored on a regular basis throughout the year by the two Workforce Planning Groups within NHS Fife and the Fife H&SCP respectively.

## Section 7: Implementation, Monitoring and Refresh

The implementation of this Workforce Plan is the responsibility of the Chief Executive, Directors and General Managers within NHS Fife. Levels of partnership working are supported by the Local Partnership fora and the Area Partnership Forum. Performance scrutiny is provided by the management structure of NHS Fife and assurance through the Staff Governance Committee.

Whilst the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions which impact on NHS Fife staff engaged within the Health & Social Partnership. Working with colleagues from NHS Fife, Fife Council, the Voluntary and Third Sectors, these actions will be progressed via the appropriate governance arrangements.

This Plan is a live document that is flexible and adaptive in response to change and will complement the Fife H&SCP Workforce Plan, the future Fife Population Wellbeing Strategy<sup>1</sup>, our Workforce Strategy and our Annual Delivery Plans. This Plan will, therefore, remain a live document, continually under review.













# References

- <sup>1</sup> Population Health & Wellbeing Strategy 2022
- <sup>2</sup> Annual Delivery Plan 2022–2023 Scottish Government Guidance
- <sup>3</sup> NHS Recovery Plan 2021–2026
- <sup>4</sup> National Workforce Strategy for Health and Social Care in Scotland (2022)
- <sup>5</sup> CEL(2011)32
- <sup>6</sup> DL(2022)09
- <sup>7</sup> PROMiS National Health & Wellbeing Platform
- <sup>8</sup> Covid-19 Recovery Strategy for a Fairer Future
- <sup>9</sup> Scottish Government Public Health Priorities (2018)
- <sup>10</sup> Health and Care (Staffing) (Scotland) Act 2019
- <sup>11</sup> NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026
- <sup>12</sup> ONO UK
- <sup>13</sup> Fair work Convention
- <sup>14</sup> Memorandum of Understanding 2 -
- <sup>15</sup> NHS Fife “Digital and Information Strategy “Digital at the Heart of Delivery”
- <sup>16</sup> Interim Joint Workforce Plan in April 2021
- <sup>17</sup> UK Covid-19 Vaccines Delivery Plan 2021
- <sup>18</sup> Immunisation Strategic Framework 2021–2024
- <sup>19</sup> Scottish Government’s Women’s Health Plan 2021–2024
- <sup>20</sup> NHS Fife Clinical Strategy 2016-2021
- <sup>21</sup> [Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#)
- <sup>22</sup> GMS Contract Implementation
- <sup>23</sup> Children’s Health & Wellbeing Strategy
- <sup>24</sup> Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)






# Appendix – Summary of Actions across the Five Pillars of Workforce






## i. Summary of Short-term Actions Across Five Pillars of Workforce

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to anticipated service demand, expected changes in workforce or service delivery, the Health &amp; Care (Staffing) (Scotland) Act, Digital enhancements and opportunities.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including, for example, the introduction of transformation roles, regional / national collaboration and joint appointments.</p>	<p>Continue to increase the number of employment and employability programmes, such as Modern Apprenticeships and other such initiatives, in order to strengthen pipelines of candidates from the local community.</p> <p>Continue to work with local universities to maximise the number of registrants electing to work in Fife, including increasing research and teaching opportunities, hosting an increased number of undergraduate placements across all current and future professional disciplines.</p> <p>Review recruitment model for Consultant level Medical and Dental vacancies, ensuring alignment with Certificate of Completion of Training (CCT) timelines.</p>	<p>Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care.</p> <p>Work with all partners to support engagement with Higher Education, Local Colleges and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels.</p> <p>Seek to simplify investment in skills and training programmes from both internal and external suppliers, ensuring opportunities are aligned to developments in service design and strategic priorities.</p>	<p>Monitoring progress made in growing our workforce against a range of recruitment commitments set out in the NHS Recovery Plan 2021-26, and other associated publications.</p> <p>Review skill set and banding structure within Health Care Support Worker Roles</p> <p>Aligned to the review of the sustainability of Clinical Services, where relevant, consider measures to support retention of current senior clinical and non clinical staff</p>	<p>Continue to Support staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation, remobilisation and recovery.</p> <p>Implement career development conversations, enabling staff to access the most suitable development opportunity for them.</p> <p>In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices</p> <p>Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the appropriate forums.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Analyse and address the gap between the current provisions of workforce data, versus the needs of the various Workforce Planning Groups.</p>	<p>Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.</p> <p>Continue to explore and establish opportunities to showcase NHS Fife, including but not restricted to Participation in recruitment events, Use of Social Media, Training events</p>	<p>Continue to engage in appropriate local and national initiatives to support the recruitment and training within a range of professions with recognized shortages.</p>		

## ii. Summary of Medium-term Actions across the 5 Pillars of Workforce

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to Safe Staffing Legislation, Digital Opportunities and national difficulties in recruitment across certain professional groups / specialties.</p> <p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability pressures identified by the W&amp;WPT exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased capacity requirements; age demographics etc</p>	<p>As part of the Directorate level Workforce Plans, consider succession planning implications for range of critical roles, including specialist and advanced practitioner roles and above.</p> <p>Strengthen delivery of cancer services through introduction of comprehensive Systemic Anti-Cancer Therapy (SACT) service, and further enhancements within Acute Oncology</p> <p>Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&amp;I measures, including Digital Fitness Training; Information Governance and Security.</p>	<p>Build capacity to support newly qualified pharmacists graduating with an Independent Prescriber Qualification (2026) by ensuring existing IP pharmacists are fully integrated into multidisciplinary teams and maximising use of prescribing skills</p> <p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures</p> <p>Engage with the NHS Scotland Academy to provide pathways aimed at retraining / up-skilling the workforce to work differently, and for the creation of relevant Enhanced Practitioner Roles.</p>	<p>Measure progress against Scottish Government target to recruit additional 1% staff within next 5 years.</p> <p>Consolidation of discrete bank systems, managing supplementary staffing solutions, into single function providing greater efficiency and transparency.</p>	<p>Embed the Leadership Development Framework 2022, ensuring that the range of national and local programmes this framework incorporates are aligned to NHS Fife's Culture, Vision and Values</p> <p>Monitor trends in staff experience following implementation of the Health &amp; Care (Staffing) (Scotland) Act, and the impact this is envisaged to have of the range of indicators considered by Excellence in Care.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Establish a clearer understanding of the challenges being encountered within each individual medical Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level</p> <p>Review and assess the 2021 (Scottish) Census publications, determining the impact that this has on the assumptions underpinning this Workforce Plan.</p>				




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

To find out more about accessible formats contact:  
[fife.EqualityandHumanRights@nhs.scot](mailto:fife.EqualityandHumanRights@nhs.scot) or phone 01592 729130

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<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>14<sup>th</sup> July 2022</b>
<b>Title:</b>	<b>Fife HSCP Draft Workforce Strategy</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health and Social Care</b>
<b>Report Author:</b>	<b>Roy Lawrence, Principal Lead for OD &amp; Culture</b>

## 1 Purpose

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

- **Assurance** – The Staff Governance Committee are invited to consider this report, strategy and plan and be assured it has been developed in partnership with HR/workforce planners from NHS Fife and Fife Council and staff side to assure alignment with the NHS Fife Workforce Plan. The Integration Joint Board Workforce Strategy and Plan is being shared with the Staff Governance Committee ahead of being submitted to the Integration Joint Board on 29<sup>th</sup> July 2022 and to the Scottish Government on 31<sup>st</sup> July 2022.
- **Awareness** – A final draft strategy and plan will then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government to be endorsed for publishing on the Health and Social Care Partnership Website.

**This report relates to a:**

- Annual Operational Plan
- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Integration Joint Board (IJB) is required to approve a Draft Health and Social Care Partnership Three-year Workforce Strategy and Plan for submission to the Scottish

Government by the 31st July 2022. The Government published a National Workforce Strategy in March 2022, followed by written guidance through document 'DL 2022 (09)' in April 2022, which sets out 'NHS Scotland Boards and HSCPs: Three Year Workforce Plan Development Guidance'.

A Health and Social Care Partnership Workforce Strategy Group has undertaken a detailed process, engaging with Senior Managers, Staff Side and trade union colleagues and Workforce Planning Leads in Fife Council and NHS Fife to assure alignment to partner organisation workforce strategies. There has also been close engagement with the leads for the Third and Independent Sector to assure a whole Partnership approach to develop a Strategy and Plan that is co-produced and sets out the strategic priorities for the period.

The Strategy is structured around the 'Five Pillars' to Plan, Attract, Employ, Train, and Nurture the workforce, which is in line with National Workforce Strategy guidance and is focused on both short and medium-term actions to enable delivery of this strategy over the next three years.

## **2.2 Background**

The Partnership's existing Workforce Strategy & Plan approved by the Integration Joint Board in 2019 is due to be refreshed in 2022. A one-year Interim Joint Plan between the Partnership & NHS Fife was submitted to the Scottish Government in April 2021 in line with national direction.

A discussion took place with NHS Fife Director and Deputy Director of workforce in Autumn 2021 to consider how best to approach the IJB and NHS Fife plans and the approach that has been taken was agreed.

The significant engagement and consultation that has taken place on this three-year strategy is described in the route to meeting section. These forums represent the key stakeholders across the Partnership and the consultation and governance required to assure the IJB the content of the Strategy and Plan fully capture their views.

Following approval by the IJB the strategy will then be submitted to the Scottish Government. This will be reviewed and returned with feedback, by 31st August. The final, agreed Strategy and Plan will then be submitted to the IJB on the 30th September for endorsement of the final Strategy and Plan before being published on the 31st October 2022.

## **2.3 Assessment**

The strategy and plan reference the range of Partnership workforce priorities, organisational strategies and workforce activities that are in place across the Partnership,



through the NHS, Fife Council, Third and Independent Sectors. There is a clear focus on Integration and our interdependence in delivering the National Health & Wellbeing Outcomes and the Integration Joint Board Strategic Priorities, with our workforce across all sectors being the focus of this strategy.

The Strategy and Plan are structured under the following themes:

- Mission25 – Our Ambitious Vision
- Our Drivers and Our Future Context
- Our Structure and Culture
- Key Achievements
- Our Workforce
- Our Engagement & Participation Approaches
- Our Priorities aligned to the 5 pillars of Plan, Attract, Employ, Train, Nurture
- Monitoring & Review

The supporting Action Plan sets out our priority short and medium-term actions under the themes of Plan, Attract, Employ, Train, and Nurture. The Strategy represents our collective commitment to a 'Team Fife' culture and aligns with NHS Fife, Fife Council and Independent and Third Sector strategies and priorities, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

As the content has been driven by engagement with Senior Managers and agency leads across the Partnership, through joint working with and between NHS and Fife Council workforce planning colleagues and Trade Union Representatives, overseen by the Workforce Strategy Group, there is confidence this strategy meets the needs of our workforce and that a range of integrated actions will be delivered over the short and medium-term timeframes. The plan will be reviewed and reported to the Integration Joint Board on an annual basis, which enables it to be receptive to any significant changes that may arise over the next three years.

### **2.3.1 Quality/ Patient Care**

There is direct correlation to the workforce strategy and care delivery to and for the people of Fife. The strategy outlines plans to support addressing workforce capacity challenges through recruitment and retention plans. It also addresses the training, learning and development of the workforce. There is a focus on Integration and the National Health and Wellbeing Outcomes and the Principles of Integration that support the culture of continuous improvement. There will be clear alignment to the Health and Social Care Strategic Plan and the workforce strategy supporting “what” we need to achieve through transformation and service delivery and “how” we achieve it through our commitment to positive staff experience in Fife Health and Social Care Partnership.

### **2.3.2 Workforce**

This strategy is dedicated to our workforce. Thanks are extended to all staff working in Fife Health and Social Care Partnership and our partners. The strategy acknowledges the impact of the global pandemic on top of established workforce challenges across our sectors. The strategy also supports a forward-looking focus as we work towards recovery and remobilisation of services as well as balance the ongoing impact of COVID-19. It describes challenges and opportunities to support how we Plan, Attract, Employ, Train, and Nurture our workforce. This includes both short and medium-term actions. The strategy recognises the role of NHS Fife, Fife Council, Third Sector and Independent Sector as employers and also values the Team Fife culture we aim to support within the Health and Social Care Partnership. The valued role of Trade Union and staff side colleagues and the function of the Local Partnership Forum as part of the Staff Partnership Agreement is critical to supporting our workforce and this partnership working is core to the strategy.

### **2.3.3 Financial**

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce. Within the strategy there is reference to additional monies through growth in relation to investment in specific areas such as Social Work, Social Care, Winter Monies, Mental Health, Primary Care Improvement, Urgent Care and Transforming Roles. The workforce strategy is aligned with the developing refreshed Strategic Plan which will require transformation, change and redesign to meet the needs of the people of Fife. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development to support the workforce. The change within the Senior Leadership team has also supported commitment to Organisational Development and Culture activity, monitored through SLT operational governance processes.

### **2.3.4 Risk Assessment/Management**

The development of the workforce is identified within the Integration Joint Board Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.' This Strategy & Plan seeks to provide mitigation and assurance related to this risk. Through the monitoring of the delivery by the Workforce Strategy Group and reports to the Senior Leadership Team, Local Partnership Forum and Integration Joint Board there will be both operational and Governance oversight. The final strategy following Scottish Government Feedback will be submitted to the Integration Joint Board, through Committees.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has been completed and is available. The strategy outlines key issues including fair work, inclusive practices and working in line with organisations policies and procedures. The strategy also acknowledges the data available from Public Health and the commitment in accordance with partners to support the commitment to being an Anchor Institute.

### **2.3.6 Other impact**

None.

### **2.3.7 Communication, involvement, engagement and consultation**

The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and with key partners have had the opportunity to contribute, involving representatives from:

- NHS Fife Workforce Planning and HR Department
- Fife Council HR Department with workforce planning responsibility
- Operational Services and Professional Leads across the Partnership
- Professional Leads and Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the strategy with more detailed portfolio and sector specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery. The specific groups and forums consulted are described within the route to the meeting section of this SBAR.

### **2.3.8 Route to the Meeting**

#### **Engagement:**

There has been significant engagement following groups as part of the development of this strategy and plan. The groups have either supported the content, or their feedback has informed the development of the content:

- Workforce Strategy Group: 10/11/21, 8/12/21, 12/1/22, 16/3/22, 20/4/22
- Integration Joint Board (IJB) Development: 10/12/21
- Local Partnership Forum (LPF): 14/12/21
- Meetings with Senior Leadership Team (SLT) colleagues
- Meetings with NHS & Fife Council workforce planning teams
- Senior Leadership Team (SLT): 27/6/22
- Extended Leadership Team (ELT): 28/6/22

### Consultation:

Prior to the submission of the Partnership's revised Strategy & Plan to the Scottish Government on the 31st July, the draft Workforce Strategy and Plan must be endorsed by the IJB, having been consulted on through the following forums:

- It was sent for consultation to NHS Fife & Fife Council workforce planning leads, Independent Sector and Third Sector Leads on 28th June 2022
- Senior Leadership Team 27th June
- Extended Leadership Team 28th June
- Workforce Strategy Group 29th June
- Quality & Communities Committee 5th July
- Executive Directors Group 7<sup>th</sup> July
- Financial Performance & Scrutiny Committee 8th July
- NHS Staff Governance Committee 14th July
- Local Partnership Forum 20th July
- Integration Joint Board 29th July

The final version of the document will take on board the comments from discussion at the above forums and will be formatted with design input. Consideration is also being developing a condensed version that will be able to be shared more widely with staff.

## 2.4 Recommendation

- **Assurance** – The Staff Governance Committee are invited to consider this report, strategy and plan and be assured it has been developed in partnership with HR/workforce planners from NHS Fife and Fife council and staff side to assure alignment with the NHS Fife workforce plan. The Integration Joint Board Workforce strategy and plan is being shared with the Staff Governance Committee ahead of being submitted to the Integration Joint Board on 29<sup>th</sup> July 2022 and to the Scottish Government on 31<sup>st</sup> July 2022.
- **Awareness** – A final draft strategy and plan will then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government to be endorsed for publishing on the Health and Social Care Partnership Website.

### 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Fife Health & Social Care Partnership Draft Workforce Strategy and Action Plan 2022 – 2025.

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**Fife Health and Social Care Partnership**  
**Workforce Strategy & Plan**  
**2022-2025**

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## MESSAGE FROM THE CHAIR

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This Workforce Strategy has been developed with the aspirations of our refreshed Strategic Plan at its core, as we work through our ambitions of Recovery and Transformation of Health and Social Care Services. Ensuring that we are aligning all these strategies is key to supporting our collective priorities in the coming three years towards the change and improvement we wish to see by 2025 – referred to in our strategy as “Mission 25”.

Fife Integration Joint Board is incredibly proud of the Health and Social Care Workforce in Fife. It has been humbling to hear how our people, as our collective workforce, have adapted throughout the COVID-19 pandemic embracing a ‘Team Fife’ approach and demonstrating integrated working at its heart. The dedication, commitment, and professionalism of all our people to care for and support the people of Fife has been, and continues to be, extraordinary.

This strategy is ambitious for the people working in Health and Social Care and for the people that we care for. Key to transformation of our services is developing a sustainable, skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, a commitment to integrated working and wellbeing support. We are facing a time of great change, challenge and opportunity for Health and Social Care, whilst also recognising and valuing the roles of other services that support citizens' needs through delivering preventative and primary care, community care and complex and critical care for the people of Fife.

This strategy has been a collaborative endeavour with strong engagement with our partners in NHS Fife, Fife Council, Third and Independent Sectors and with our staff groups and Trade Unions. Huge thanks to all involved in providing this forward focused strategy for the Workforce in Fife Health and Social Care Partnership.



**Christina Cooper**  
Chair - Fife Integration Joint Board



## FOREWORD

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Fife Health and Social Care Partnership aims to enable the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities and using our collective resources effectively to underpin how we transform how we provide services. This strategy aims to recognise not only “what” we do but “how” we will approach this which includes demonstrating our values of being person-focused, having integrity, being caring, respectful, inclusive, and empowering, with kindness.

We cannot achieve any of this 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 with integrating services and ensuring we care and support people in Fife.

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.

I am also grateful to our colleagues within our trade unions and staff side who have championed staff and partnership working and undertake a critical role in supporting our commitment to staff governance and wellbeing.

This strategy outlines ambition to enable a range of actions planning for and attracting, developing, supporting, and delivering the recovery, growth and transformation of our workforce. This is critical to Fife’s recovery from the COVID-19 pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.

We will report on the delivery of this Strategy on an annual basis, and it will also be thread through the Integration Joint Boards annual performance report and the Local Partnership Forum Annual report reporting not only our data, but also telling our collective story of both Workforce and Organisational Development in Fife Health and Social Care Partnership. Story telling is an important part of our journey to help develop and deliver a collective vision and I am proud to be part of our story with you.



**Nicky Connor**

Chief Officer - Fife Integration Joint Board  
Director of Health and Social Care

## INTRODUCTION

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The approach to this strategy is based on workforce planning approaches across partner agencies. The NHS follow the six-step workforce planning methodology to enable Integrated Workforce Planning. Other partners have worked with operational services to understand their workforce needs and develop mitigating actions. All partners have linked the workforce planning activity to the Scottish Government's Five Pillars framework as recommended. There are actions that will be taken over the short, and medium term to support the tripartite ambition of recovery, growth and transformation of health and social care. We are aiming to:

- Create the conditions through which our workforce, by extending our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Fife's population demographics and the demands on health and social care services
- Transform the ways in which our workforce is trained, equipped, and organised to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

In each of the sections of this strategy there will be actions associated with the Five Pillars of how we: **Plan**; **Attract**; **Train**, **Employ** and **Nurture** our Workforce.



These are the areas where we can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce and enable delivery of our Health and Social Care Strategic Plan for 2022-2025.

The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and with key partners have had the opportunity to contribute, involving representatives from:

- NHS Fife Workforce Planning and HR Department
- Fife Council HR Service responsible for the workforce planning for the Council
- Operational Services and Professional Leads across the Partnership
- Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector

- Fife College

This group will continue to oversee the delivery of the strategy with more detailed Portfolio and Sector Specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery. There will be Quarterly reports to the Senior Leadership team and an Annual Report to the Integration Joint Board (IJB) as the basis to assure delivery of the priorities and the actions that have been taken to Plan; Attract; Train, Employ and Nurture our Workforce in line with the Strategic Plan.

## MISSION 25 - OUR AMBITIOUS VISION

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The fundamental ambition of our Workforce Strategy for 2022 – 2025 is to inspire our people (our workforce) to strive to achieve the best outcomes for the people of Fife, to assure our workforce that their wellbeing is at the heart of our leadership approach and that they are supported within their workplace, wherever that is, across the whole of our Partnership.

Our workforce is our greatest asset and through our Workforce Strategy we seek to demonstrate this through a range of strategic and operational actions that are based on three key priorities:

- Our plans have an integrated focus and whole system approach
- Priorities are co-designed with staff, trade unions, partners and people who receive services.
- Together we are ambitious and person-centred with a clear focus on outcomes

We recognise the workforce challenges facing our Partnership and these have been amplified by the COVID pandemic: from our desire to improve personal outcomes for the people of Fife, to the financial and operational requirements to enable system redesign and high-quality delivery, the challenges associated with recruitment, retention and turnover in specific posts, the need to support our people's mental health and wellbeing within the workplace, and the cultural and leadership capacity and capabilities needed to deliver these.

We have undertaken a whole system leadership redesign approach to focus on whole system working and develop systems leaders, to enable the transformation required to meet our overarching ambition of continuous quality improvement for the people of Fife and our integrated workforce.

To date we have embedded a change in organisational structure to enhance working together on a regular basis by being part of a team together. This is defined under operational portfolios to enable a focus on Preventative and Primary Care Pathways, Community Care Pathways and Complex and Critical Care Pathways. This is supported by Business Enabling Services supporting strategic planning, performance, commissioning, finance, corporate services and Organisational Development, as well as a strong commitment to professional standards and quality across all professions. This will enable more integrated team working, increase relationship building across our teams and the development of new pathways of care.

In all areas of our work in the Health and Social Care Partnership we focus on a strong Golden Thread between the following areas:

- **Setting Direction:** Our Vision, Purpose and Strategy and our Organisational Leadership and Culture
- **Delivery:** Engaging Stakeholders, including our workforce, Creating Sustainable Value and Driving Transformation.
- **Outcomes:** Including our Strategic and Operational Delivery and Performance and Stakeholder Perceptions, including our workforce.

To support this in practice there are a range of success statements co-designed by our Extended Leadership Team, which included representation from all services. These statements encapsulate the outcomes we aim to achieve by asking the following:

***‘What will success look like for our Partnership if we improve...’***

- Our **Leadership** Ability & **Organisational Culture**
- Our opportunities for our **Workforce** to thrive
- Our ability to **Transform** our services
- Our **Standards** of Practice Excellence & Quality
- Our **Reputation** with our Citizens and our Staff
- Our ability to empower our **Local Places** to influence the service they receive
- Our performance in affecting people’s lives **Earlier to Prevent** the need for hospital and **reduce** the need for health and social care services
- Our ability to get the best value from our **Financial** resources and **Sustain** our services

This Workforce Strategy sets out our approach to generating success across all the areas described in the success statements. We will only achieve our vision if we ensure we have a workforce that is equipped with the capacity, skills, knowledge, and capabilities to deliver the best health and social care outcomes for the people of Fife. This reinforces the importance of the Five National Pillars of how we: Plan; Attract; Train, Employ and Nurture our Workforce.

Co-production is at the heart of all we do to generate belief in our common purpose; to deliver the outcomes of Integration which enable the people of Fife to live independent and healthier lives. This involves championing and role modelling a “Team Fife” culture – ‘One voice, one Health & Social Care Partnership, working with all our Partners across NHS Fife, Fife Council, Third and Independent Sectors, and valuing the importance of working collectively across all sectors to enable joined up care for the people of Fife.

We are achieving this by prioritising engagement and providing clarity on work being undertaken to define who is **Leading** any programme, involving all key **Critical Contributors**, ensuring support by key stakeholders being **Signed Up** and keeping people **Informed** throughout. This approach has, and will, transform our ability to work with clarity, at pace, to deliver this strategy and bring a common approach to all our transformation.

## OUR DRIVERS AND OUR FUTURE CONTEXT

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2022-2025 brings alignment between Fife Integration Joint Board's Strategic Plan, Workforce Strategy and Medium-Term Financial Change Plan. This emphasis on delivering improved outcomes for the people of Fife whilst recognising both the challenges and opportunities associated with workforce challenges and financial sustainability, the need for transformation and the potential for public reform.

People are at the heart of Integration. Within the **Nine National Health and Wellbeing Outcomes** (The Public Bodies (Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce. These require us to ensure that 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 and that the resources (financial and staffing) are used effectively and efficiently in the provision of health and social care services. As legislative outcomes we will report on progress in our annual Workforce Strategy Report.

Published in March 2022, the **National Workforce Strategy for Health & Social Care in Scotland** acknowledges the efforts of our Partnership staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community, in Scotland. It sets out a national framework to achieve the collective vision for "a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do". This national strategy has provided the framework for our strategy in Fife Health and Social Care Partnership.

Key to delivery of this is leadership. The **Ministerial Strategic Group Review of Progress (November 2019)** highlighted that the pace and effectiveness of integration needs to increase and without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. Health and social care services should be characterised by strong and consistent clinical and care professional leadership. Listening to our workforce, responding to their experience and being visible as leaders have been core values strongly evidenced throughout the COVID-19 pandemic and what we must build on further as we progress through recovery and transformation.

The important role of Integration Joint Boards in supporting Integration and how this connects with workforce planning was further emphasised **Audit Scotland's Report** (2019) on 'Making Integration a Success', that 'IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans.' This workforce strategy is well connected to both NHS Fife and Fife Councils plans with active engagement with the Third and Independent Sector.

As well as strategy we need to focus on the **management and mitigation of risk** as they are directly linked. The Integration Joint Board has a key role is overseeing and being assured that Strategic Risks, some of which are related to workforce, are being addressed and managed. This is more fully described in the Integration Joint Boards Risk Management Policy and the connection to partners is defined in the Integration Scheme. We will meet these challenges through work we will undertake in defining risk appetite, updating risk management approaches, and developing capacity and capabilities around risk and corporate governance.

Fife Integration Joint Board's **Medium-Term Financial Strategy** will promote the financial sustainability of Fife Health and Social Care Partnership over the medium term between 2022 to 2025. This Medium-Term Financial Strategy will consider the resources required by the Fife Health and Social Care Partnership to operate its services and those it commissions over the next three financial years and estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions needed to support financial sustainability and associated workforce planning in the medium term.

This is critical when we consider **Fife's Changing Population and demographics**. Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities, and ensure existing and new services meet the needs of our population.

The health and wellbeing of people in Fife is influenced by many factors including age, sex, hereditary factors, social determinants, psychology as well as health system factors, including the quality and accessibility of care. However, as important in generating our health and wellbeing, are the conditions in which we live and work, for example, our education, employment, income, social networks, housing, and broader socio-economic, cultural, and environmental factors. These determinants are experienced unequally in our society with corresponding impacts on health outcomes and life expectancy.

Public Health Data is key to our knowledge of our population needs. We know that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 people lived in Fife. Analysis of the population data is therefore crucial. For example, and similar to the picture across Scotland, inequalities are apparent in a range of indicators when reviewing differences between the people living in the most and least deprived areas (quintiles) in Fife including life expectancy, health life expectancy and mortality. Data also highlights the burden of disease impacts with drugs, cancers and COPD being higher in our most deprived communities and Alzheimer's, heart disease, back pain and cerebrovascular disease in our least deprived communities. Due to correlation between population health loss and the age of the population, population projections should also be considered when determining future service pressures and how this drives our workforce requirements and workforce development and opportunities for early intervention and joint working across partners.

These population trends help us understand the National, Regional and Local priorities and explain what underpins our organisational priorities and why we place great value on being "Team Fife" and working with partners towards the aspiration of being an Anchor Institution, promoting the wellbeing of the population we serve in collaboration with the Third and Independent Sector.

The **COVID-19 pandemic** has been one of the greatest public health challenges we have faced with significant consequences on health and wellbeing for the population of Fife and impact on workforce. The pandemic and social restrictions are likely to have long term impact on our health and wellbeing. Measuring, responding to, and supporting recovery from the COVID-19 pandemic is unpredictable as we continue to learn from and respond to the ongoing impact of the pandemic. Fife Health and Social Care partnership now have well established mechanisms to support the COVID response, establish command structures if required and support enacting business continuity, mobilisation, remobilisation, and recovery as required and in partnership with trade union and staff side colleagues. The wellbeing of staff is at the core of this recovery and remobilisation plan.

The Scottish Government **COVID Recovery Strategy** is a broad strategy to support a fairer post COVID future for Scotland and brings opportunity through the commitments that are aligned to workforce such as opportunity for children and young people to have access to study, work experience and volunteering. The Strategy also highlights the need for investing and supporting the development of adults for upskilling and retraining opportunities. This may bring opportunity to access career opportunities into health and social care workforce.

The coming years will see preparation and readiness for **public sector reform through the National Care Service**. The bill was approved by the Scottish Parliament in June 2022 and has a direct connection to the delivery of Integrated services and to the future of our workforce. This will remain an active discussion internally and externally with further information being available in due course.

We are committed to our current and future workforce to ensure **Fair Work**. Although progress in this area was disrupted by the pandemic, the Partnership was able to deliver on a number of the Fair Work First commitments, for example payment of the real Living Wage. Further commitments, aligned to the Fair Work Convention's recommendations to achieve a collective vision of a Fair Work Nation by 2025, will be embedded in our future focus. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, and a commitment to paying the Real Living Wage. We will continue to work closely with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel costs on our workforce. There is opportunity through the Plan for Fife to work closely with Partners in NHS Fife and Fife Council to collectively support the aspiration to be an Anchor Institute which recognises that our longer-term sustainability is directly linked to the population we serve, which includes topics such as widening access to work and learning across partners and how we best use our buildings and spaces in support of both our workforce and our communities.

Now, more than ever the **Health & Wellbeing** of our Workforce is, and will continue to be, of critical importance. We recognise the significant impact the pandemic has had, and we are committed to the promotion and maintenance of the physical and psychological wellbeing of our workforce. We recognise that our workforce is our most valuable asset and are seeking to embed individual and organisational wellbeing in everything we do. A Wellbeing Strategy Group has been established which will lead partnership working in this area over the coming years to improve health and wellbeing for our workforce and to embed wellbeing as a central part of our strategy and strategic priorities. An example of innovation in this area is the commissioning of a large-scale project involving the University of Hull, Centre for Human Factors relating to Stress Management and Prevention. The project is in its early days but will feature as a priority in relation to how we will nurture our workforce.

The ongoing impact of COVID-19 alongside non-pandemic related absence levels, high vacancy levels and recruitment challenges continue to impact on the ability to deliver effective and efficient front-line services. Our aim continues to be to **promote attendance and support the health and wellbeing of the workforce**, through delivery of a range of key priorities. Our Human Resource and Wellbeing and Absence teams continue to support managers in absence management with a focus on health and wellbeing. This is monitored closely through the Local Partnership Forum and Senior Leadership Team.

There are an increasing number of **strategies with key drivers impacting on workforce**. This list is not exhaustive but examples include the Implementation of Health and Care (Staffing) (Scotland) Act safe staffing; Delivery of Excellence in Care across all sectors; reviewing the recommendations of "Setting the Bar" informing caseloads, career pathways



and practice for social work; the mental health renewal and recovery priorities; Transforming Roles within Nursing and Allied Health Professions; The Nursing 2030 National Strategy; the General Medical Services Contract (Memorandum of Understanding 2); Macmillan Improving Cancer Journey; Action 15 for mental health, National Covid Recovery Strategy; and the Independent Review of Adult Social Care (the Feeley review). There will continue to be new priorities and strategies defined internally and externally which will be added to updates of the Action Plan delivery.

## OUR STRUCTURE & CULTURE

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To deliver reform, transformation and sustainability Fife Health and Social Care Partnership was restructured to create clearer, more service user aligned care pathways that enable the people that need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards and business enabling and support services.

These portfolios include:

- **Primary and Preventative Care:** Service delivery across Primary Care and Early Intervention and Prevention.
- **Community Care:** A range of services across Community Hospitals, Care Homes and peoples' own homes, promoting independence and enabling people to stay well at home and in a homely setting.
- **Complex & Critical Care:** Including the delivery of Mental Health, Learning Disability and adult/older adult Social Work
- **Professional Quality Standards and Regulation:** This is integrated professional leadership in support of delivery Nursing, Medicine and Social Work working collaboratively with leads in Allied Health Professions, Pharmacy and Psychology.
- **Business Enabling:** Services that support our delivery including Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.

Cross portfolio working and engagement across partners is essential to supporting joined up care and championing our whole systems approach. This is enabled through an Extended Leadership Team and bringing teams together across portfolios in conjunction with business partners on areas of common priority.

This structural change is not only about how services and teams are managed, but also how we connect effectively across our key networks with Social Work, Criminal Justice, Housing, Community Planning, Corporate Teams, Acute Services, Third Sector and Independent Sector Services. This will enable whole systems working and provide a strong platform to be integrating care in the hearts of our localities through creating the right conditions, developing the networks amongst our front-line teams across all the portfolios above, role modelling the values necessary to support and lead Integrated Working, and developing Systems Leaders across all levels and all agencies in Health and Social Care in Fife.

Much of this is underpinned by the values and culture outlined earlier in this strategy defined in Mission 25 – our ambitious vision. This brings together valuing our workforce, respecting the unique and complimentary roles of our people, being professionally curious, generating our collective learning across services and supporting a culture that feels safe and empowering. This places high emphasis in our strategy not only on workforce planning, but capacity and capability building and focus on relationships and organisational development.

To meet this ambitious vision, we will provide the **Leadership and Organisational Development** needed to support our personal, team, service and system improvement and build the collective wisdom needed to meet our future challenges. The design of this strategy recognises that we need to continue our successful day to day delivery of services alongside our leadership of change for tomorrow, by ensuring that organisational development interventions are aligned to desired organisational outcomes and priorities. The role of organisational development will be to work alongside our workforce to understand and lead ongoing change with a focus on Integration. We will work across organisational boundaries

to better understand workforce needs, resourcing and solutions. This will help create an environment which supports people to take part in co-designing services and enables the workforce to deliver those services. All of this will be underpinned by a commitment to continuous quality improvement to keep learning, adapting to what we find, and improving our services, experience, and culture.

## KEY ACHIEVEMENTS

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Ahead of describing our future priorities it is important to celebrate all that has been achieved since the last Integration Joint Board Workforce Strategy was published in 2019. There have been many successes, and the following are only a range of examples from across our portfolios.

**All of the Fife Health and Social Care workforce have been extraordinary throughout the COVID-19 pandemic.** Going above and beyond each and every day, working flexibly, often in different roles and or in new ways to sustain critical services for the people of Fife. The pandemic has impacted on both work and home lives, and nobody anticipated that it would last this long and is indeed not yet over. We recognise and value all the efforts of our staff.

Despite these challenges our amazing teams have **taken forward a range of transformations.** This includes a sustainable vaccination programme supporting COVID and Flu Vaccination and the transition of the vaccination transformation programme as part of the General Medical Services Memorandum of Understanding (MOU2). We have created a dedicated unit for stroke rehabilitation within the Queen Margaret Hospital, providing alignment with National Institute of Clinical Excellence and Royal College of Physicians stroke guidelines to deliver responsive specialised stroke rehabilitation by a multidisciplinary team, creating career pathways for specialist interest in stroke care. Cancer patients' interface across our full healthcare system, making cancer everyone's business. The Cancer Framework, led by NHS Fife commits to supporting workforce sustainability, identify system-wide approaches in relation to the wellbeing, education, and training to deliver effective cancer prevention, early diagnosis, and high-quality sustainable cancer care for those living with and beyond cancer.

**Through the creativity of staff, we have redesigned services** including the re-design of the Community Nursing Service to reflect the changing demographic, which will improve our recruitment opportunities as the service has become an attractive career prospect across both registered and non-registered staff. The Community Outreach Team has remodelled to provide a Hospice at Home model, where staff are working in different ways delivering end of life care in the preferred place of death. This new enhanced model has driven improved collaborative working with partners across Primary Care, Social Care, and the Third Sector, reducing acute hospital admissions and supporting many more families within their homes. We have also demonstrated bed reductions of between 25% and 27% in inpatient settings and growth within our community teams. Other examples include the development of Community Mental Health Teams and a focus on both Child and Adolescent Mental Health and Psychological Therapies.

Our people have embraced **new ways of working** such as digital opportunities improving triaging, access, and service delivery through increased use of digital & eHealth technology. Many services have utilised 'Near Me' and 'Just Checking' to ensure people receive the right service in the right place. The Redesign of Urgent Care (RUC) initially focuses on safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, and phase two of the programme will involve the review of all existing pathways to Unscheduled Care settings, identifying transformational changes that will improve current patient pathways and capitalise on opportunities provided by digital healthcare across all parts of our system.

We have **developed new roles** such as Senior Practitioner roles within Community Occupational Therapy supporting clear pathways for referrals, meaning that those who require a service will be called by one of the team within 24 hours. Our people have taken a lead role in progressing pan-service / organisational clinical and service developments including Post COVID-19 syndrome, Neurodevelopmental Disorders, creating a Trauma-informed Culture, Primary Care Mental Health and Wellbeing, Localities work and staff wellbeing. We have developed a Perinatal Mental Health Service. We created a new Principal Lead for Social Work post working within the Senior Leadership Team and new career pathways in Social Work and Social Care.

**Shared skills and expertise** such as the role podiatry teams have led in relation to lower leg and foot ulcers. An innovative digital dysphagia training provided by dietetic services. Joint working across Mental Health and Learning Disability Services. Promotion of self-management within specialist services including Rheumatology, innovation within Sexual Health, and Neurodevelopmental pathways. New ways of working in Adult Resources, Care Homes, day care and care at home. Our care home support services with multi-disciplinary and multi-agency teams working together to support staff and residents across all 74 care/nursing homes in Fife. The development of a 'Care at Home Collaborative' across both statutory and independent sector to improve Partnership working and service delivery.

We have **prioritised investment** into our workforce to expand our capacity and capabilities including where Hospital at Home are leading the way on measuring acuity and dependency of patients and capacity. Recent investment will support expansion of the Hospital at Home teams' capacity to accept increased referrals from a wider range of services. As a result of this investment Intermediate Care Teams will support seven days a week access to the service. Our Care at Home service has supported re-design to align with our localities and increase collaboration across AHP's, District Nurses and GP's. We have increased the number of Mental Health Officers to build capacity and improve flow from hospital by increasing our capability to generate assessments for people in hospital, improve alignment with locality teams and develop career pathways. Investment also enabled a test of change related to enhanced weekend rates for the Independent Sector in Fife and developing Primary Care services in Fife.

We have **increased our capacity and accessibility**, such as the Single Point of Access service to deliver seven days a week, direct access to professional advice and referral to the Palliative Care Team. Service Manager monthly 'Question Time', an online drop-in space where practitioners can discuss what's important for them and connect with peers. There has been a wide-ranging recruitment and organisational change process that has included increasing our Consultant Psychiatrists in CAMHS (Child and Adolescent Mental Health Services), Addictions, Rehabilitation and Mental Health, developing Advanced Practitioner roles in Unscheduled Care and upgrading skilled staff in Care Home Liaison and Epilepsy Specialist Nursing. There has been significant focus on supporting timely discharge from hospital and promote a home first approach through the development of strategy focused on our collective efforts to reduce delayed discharge.

In addition to the examples presented earlier in this strategy we have **developed our leadership** in a range of services with examples like bitesize sessions with care at home staff, monthly forums to promote a whole service approach, sharing learning and improving resilience around supporting complex case discussions and panels. The senior leadership team have a regular programme in place to visit services and meet with teams to ensure connection with front line health and social care staff. This is being extended to Integration Joint Board members to support senior leadership visibility across the Partnership in response to feedback from the iMatter survey.

Children's Services have **developed the workforce** to support the introduction of new Child Protection guidance as well as continuing to implement Getting It Right for Every Child and The Promise. The Health Promotion Team have developed capacity and capabilities in relation to improving health and wellbeing and to mitigate and prevent health inequalities by supporting the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. The Third Sector engages with staff through the Third Sector Health and Social Care and Mental Health Forums, which seeks to bring together the voice of many dozens of Third Sector organisations and the tens of thousands of people they support. Our range of Forums continue to allow staff to share lived experience, relevant knowledge, information, and expertise which is then used to inform the work of the Partnership.

We have placed priority on **staff health and wellbeing**. There has been increased focus and emphasis on staff health and wellbeing and this is promoted every week in the Directors Brief. It is a standing agenda item on the Local Partnership Forum, and a wide range of supports are promoted. Examples include practical supports such as physiotherapy and mental and emotional wellbeing/counselling. Partnership wide promotion of learning and development in 'Trauma Informed' practice, mental health awareness for managers, coaching skills, 'Good Conversations' have supported improved understanding and practical support for our people. Through various channels we have ensured our workforce have access to information, guidance, and support for wellbeing, including mental and emotional wellbeing, back care, reducing stress and healthy eating.

Championing **Trauma Informed Practice** as a key value of how we support and develop our staff in the workplace and begin the development of planning and developing trauma informed services.

We **celebrate success** including the highlighting significant staff achievements at the Integration Joint Board. This involves ensuring shared good practice across forums and we have also presented at national events such as the Unscheduled Care Collaborative and Scottish Care Conferences.

We demonstrate how we **value partnership working** across sectors and with Trade Union and staff side colleagues through the Local Partnership Forum, which has met with increased frequency whilst pressures and challenges for the workforce have been so great. The Local Partnership Forum has produced annual reports over the past 2 years which are presented to the Integration Joint Board.

**In alliance with the Independent Sector** we have developed a Care at Home Collaborative, covering around 45% of all independent provision in Fife, with the aim of improving connectivity and quality across the care at home profession within Fife's Partnership. The sector has also been working closely with the Care Inspectorate around safe and effective staffing legislation as a consultative partner. The Independent Sector have worked to improve connections by reaching out to the workforce to source their views on a range of topics including the newly established Models of Care forum, where changes to operation are identified as imminent, at risk or subject to future change, and work with independent organisations to plan their change of conditions and engage locally with Partnership colleagues such as Community Nursing / GP services and the Care Inspectorate. This and other forums ensure their voice is included in our future thinking and that the sector is able to advocate for their workforce with local and national partners.

**Within the Third Sector** a significant piece of work involved managing the Fife Communities Mental Health and Wellbeing Fund which saw distribution of £1.36m to 119

local organisations to deliver projects that focus on improving the mental health and wellbeing of adults. It is a priority objective to support the Third Sector to engage with their workforce on policy development and design, as well as support staff to grow their skillset and resilience so that they are prepared to face any challenges that arise over the next three years. New strategies are emerging, including around participation and engagement, and how services are commissioned which is being actively reviewed. We will continue to play a key role in engaging with the Third Sector workforce to influence strategy and policy over the next three years.

Our main way of engaging with staff is through our Third Sector Health and Social Care and Mental Health Forums, which seeks to bring together the voice of many dozens of third sector organisations and the tens of thousands of people they support. Our Forums continue to allow staff to share lived experience, relevant knowledge, information, and expertise which is then used to inform the work of the Partnership

## Our Workforce

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The size of our workforce employed by NHS Fife and Fife Council in services delegated to the Health and Social Care Partnership has increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the COVID-19 pandemic.

Whilst this has meant a larger whole time equivalent (WTE) resource, this expansion has occurred in areas which were responding directly to the pandemic, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

As part of the co-ordinated approach to service planning, all portfolios are required to develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.

### Overview

Combining the SSSC Workforce Report for 2020, published in August 2021, with NHS Fife's workforce data provides a high-level overview of the workforce in the Health & Social Care Sector within Fife, from which certain indicators can be identified.

On 7th December 2020, the head count was 12,939 employees collectively engaged in the Health and Social Care Sector within Fife. The employer status is broken down in Diagram 1:

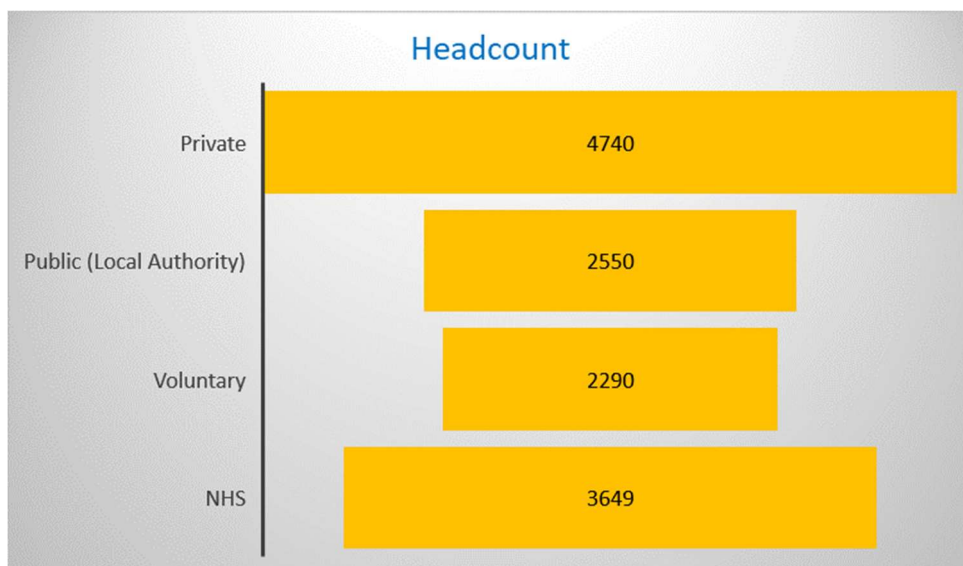


Diagram 1 (source: Scottish Social Services Council (SSSC) Workforce Data Report 2020, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

Due to the contractual arrangements applied within NHS Scotland, where several professions retain independent contractor status, there were just under 600 contractors providing key health services within the Primary Care setting including general practitioners, dentists, community pharmacists and optometrists.



The SSSC Workforce Report provides an indication of the size and scope of the Private and Third Sector, which combined accounts for 54% of the collective workforce within the Sector. This part of the report excludes NHS services.

**As of December 2020, there were 214 registered care services in Fife**

- 107 within the independent sector
- 73 within the voluntary and not for profit sector
- 34 within the public sector

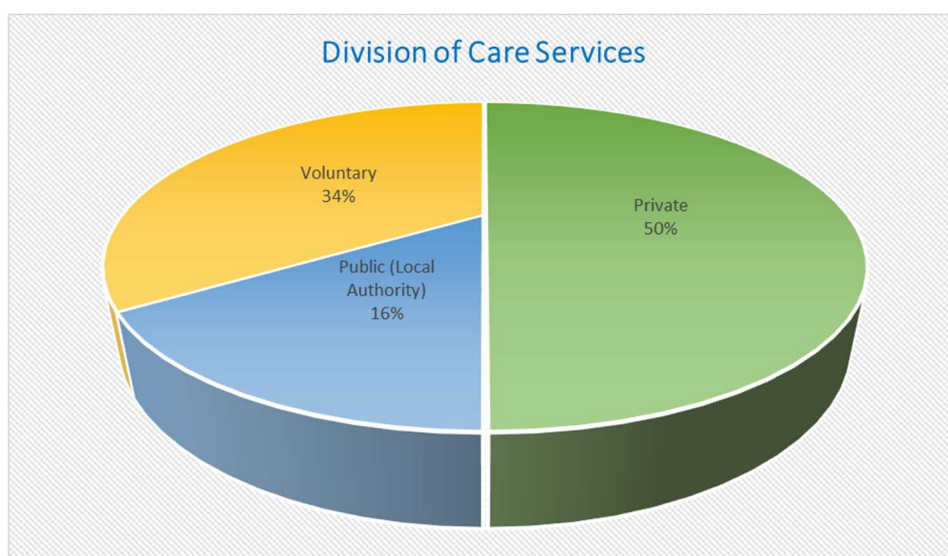


Diagram 2 (source: Scottish Social Service Sector: Report on 2020 Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf> )

### **Fife Health and Social Care Partnership**

Consistent with the findings of part two of the National Health and Social Care Workforce Plan published in December 2017, providing an integrated analysis of the collective workforce resource in the Partnership is challenging. Limited information is available on the terms and conditions applicable on the private and voluntary sector employers, and the job categorisation between Fife Council and NHS Fife is different, built around differing terms and conditions for each employer.

The significance of the role played by the Independent and Third Sector organisations in registered care provision within Fife is emphasised by the size of the combined workforce and number of care providers within services overseen by the Partnership. With 7030 employees, these providers represent 53% of the total workforce resource.

The age demographic of the workforce within the Partnership is consistent with that engaged across the sector within Fife.

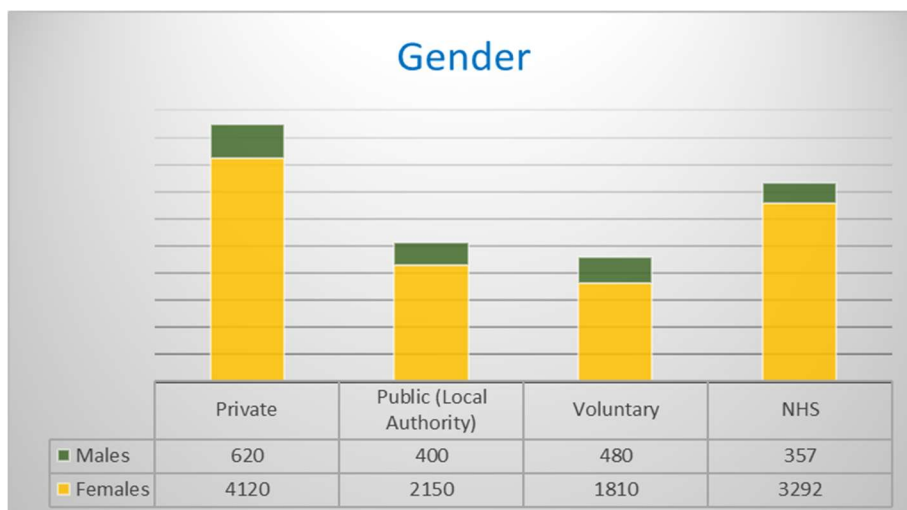


Diagram 3 (source: Scottish Social Service Sector: Report on 2020 Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf> )

When comparing partner organisations, the table below highlights the apparent ability of the private sector to attract younger workers aged between 16 and 24. However, there remains a predominance in the age demographic within the Partnership towards people between the ages of 45-64.

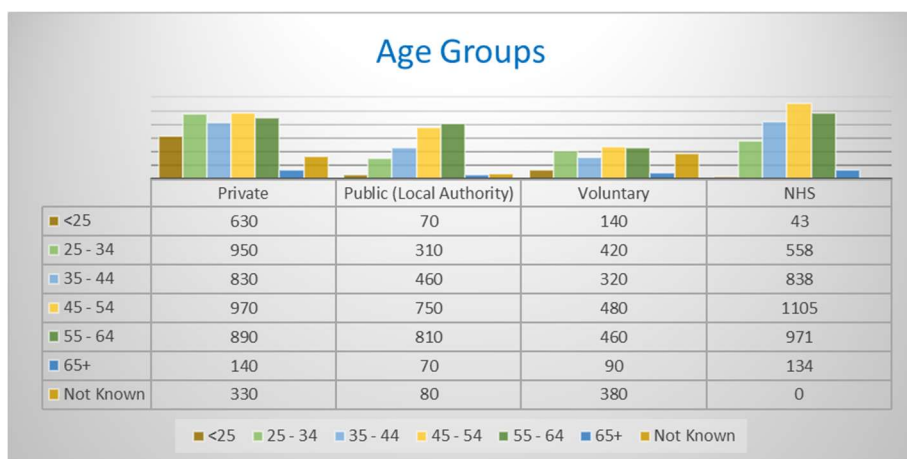


Diagram 4 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf> )

On 7th December 2020, 6921 employees, 53% of the workforce, were engaged on a part time work pattern.

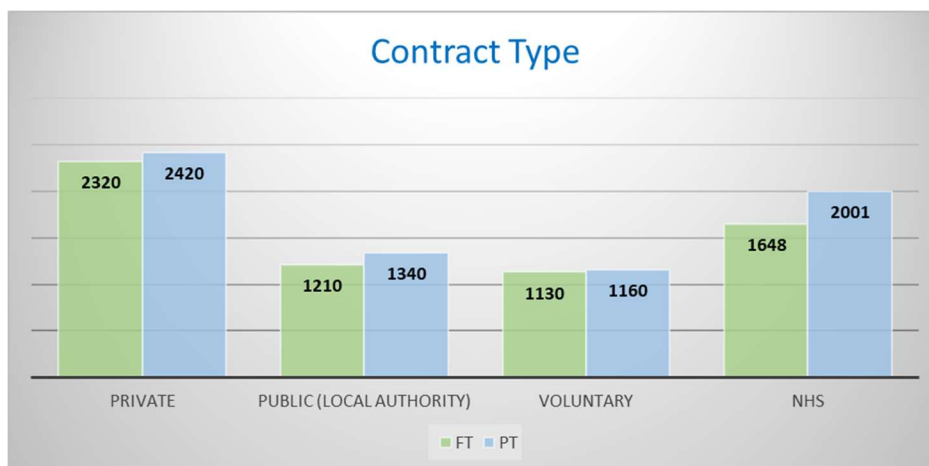


Diagram 5 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf> )

In comparison to the profile across the Health and Social Care Sector, there are certain important workforce planning considerations identified from a review of the available workforce data published on employees engaged in services overseen by the Partnership.

For example, accounting for 6.5% of the collective resource, there are comparatively few employees within the 16-24 age range.

## NHS Profile

The following data demonstrates the NHS delegated workforce profile for employment, vacancy, and age profile.

## Health and Social Care Partnership Staff in Post by WTE – April 2021 to March 2022

### WTE (Staff in Post) by Financial Structure

Hover over column titles and click [-] or [+] to expand or contract the financial structure.

Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,024	1,013	1,007	1,006	999	1,002	1,004	990	994	999	1,006	1,015
Complex And Critical Services	975	964	964	950	955	966	969	966	966	975	989	994
Health And Social Care Other	6	5	8	8	7	7	7	7	7	7	7	7
Hscp Delegated Covid-19	177	208	214	207	203	197	185	177	176	180	176	165
Primary Care + Prevention Serv	913	918	918	925	924	934	938	940	936	933	940	943
Professional/business Enabling	14	18	20	20	21	22	28	29	30	29	32	33
Grand Total	3,108	3,126	3,131	3,115	3,109	3,128	3,130	3,109	3,108	3,122	3,151	3,158

## Health and Social Care Partnership Staff in Post by Headcount – April 2021 to March 2022

### Headcount (Staff in Post) by Financial Structure

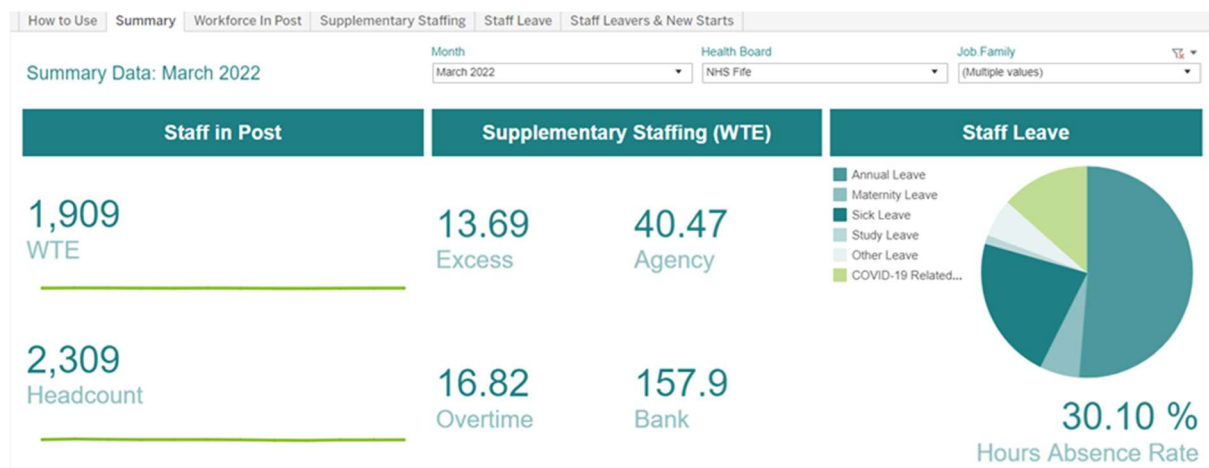
Hover over column titles and click [+] or [-] to expand or contract the financial structure.

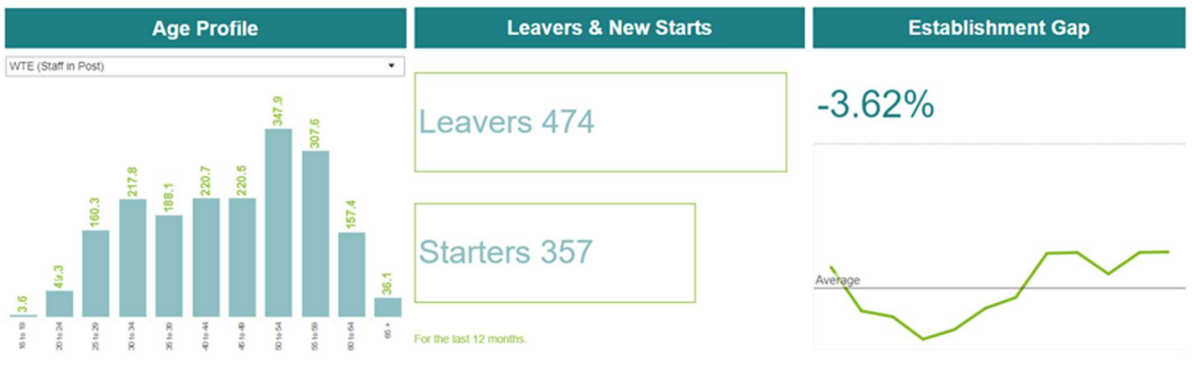
Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,351	1,340	1,270	1,267	1,263	1,258	1,255	1,239	1,240	1,247	1,256	1,268
Complex And Critical Services	1,138	1,135	1,114	1,097	1,116	1,121	1,116	1,115	1,110	1,138	1,142	1,145
Health And Social Care Other	6	5	9	9	8	8	8	8	8	8	8	8
Hscp Delegated Covid-19	311	379	309	302	293	285	271	251	248	256	251	236
Primary Care + Prevention Serv	1,296	1,303	1,202	1,210	1,209	1,225	1,215	1,223	1,209	1,209	1,208	1,215
Professional/business Enabling	21	24	23	24	24	25	31	32	33	32	35	36
Grand Total	4,123	4,186	3,927	3,909	3,913	3,922	3,896	3,868	3,848	3,890	3,900	3,908

### Current Workforce Challenges

Although the WTE resource across job families has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors, including a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements. There are specific challenges in relation to recruiting carers and promotion of care as a career development opportunity, Challenges in relation to growth required across both managed and primary care services for a range of specialities including Allied Health Professionals, Nursing, Medicine and Dental.

### Nursing Workforce

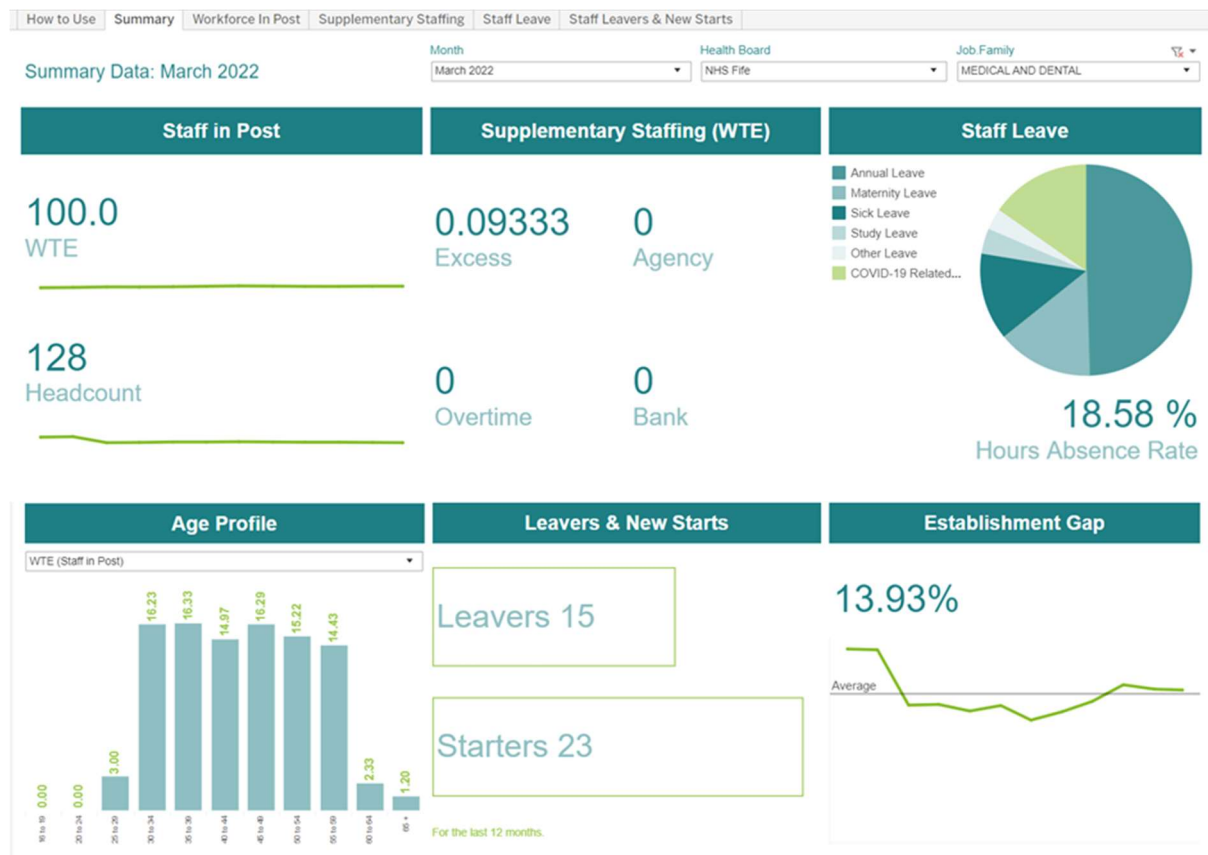




The requirement to support surge capacity and whole system demands has necessitated increased nursing workforce challenges within inpatient areas across Community Hospitals, Mental Health and Learning Disability Services. There has also been significant demand on this workforce as a result of the COVID response, including the vaccination programme. Due to vacancies, there are specific challenges within Mental Health and Learning Disability services. Supporting staffing safely has required an increased utilisation of supplementary staffing (bank and agency) across all these areas. There are also some more specialist areas that have been challenging to recruit to including children’s services, nurse practitioners and advanced practitioners, Child and Adolescent Mental Health Services and Hospital at Home. Some of the measures being explored are skill mix, “grow your own” development programmes for health visitors, school nurses and nurse practitioners and advanced nurse practitioners. The success of recruitment campaigns aimed at the registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand. Whilst the above data refers to the Partnership, there are registered nurses working within the Third and Independent Sectors who are also experiencing challenges recruiting registered nurses. We are committed to collaborative working to support across all sectors.

We have taken actions to sustain the Nursing and Midwifery Workforce including a response to the Scottish Government’s drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, where we are developing a Band 4 Assistant Practitioner pathway and implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities and implementation of the National Care Assurance Improvement Resource and Transforming Nursing Roles.

## Medical and Dental Workforce



There continues to be challenges in the supply of the Medical and Dental workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present challenges across certain specialties in particular in Mental Health and Rheumatology.

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. Fife has 53 General Practices, 5 of which are managed by the Board and operate as 2C practices. The widespread difficulty in recruiting new GPs to substantive posts is placing a significant pressure on General Practice. There has also been a reduced number of available locum tenens. This identified as a significant workforce risk with regular reports on the actions being taken through the Primary Care Improvement programme in line with General Medical Services Memorandum of Understanding (MOU2).

The development of portfolio roles such as GP Fellows with a special interest in frailty has sought to attract GP's to Fife looking for portfolio careers. Further work is planned to identify other portfolio job opportunities.

Significant work has been done from the training side to improve the experience and options available at different points in medical training, including the undergraduate experience of General Practice, increasing the number of Foundation Year jobs available within general practices and rotational training into General Practice, as well as the development of the ScotGEM Post Graduate Medical course which has community based General Practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

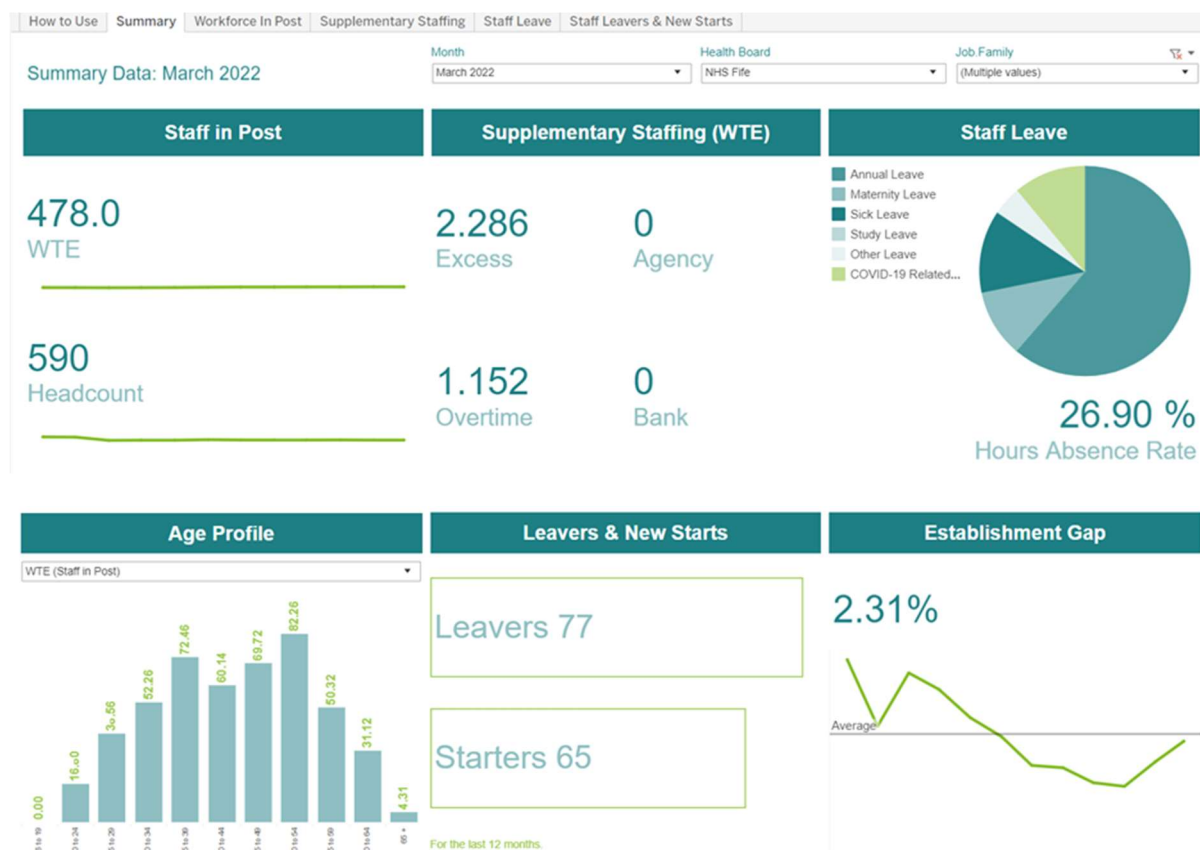
We are undertaking a range of actions to sustain the medical workforce including co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training and supporting candidates to achieve the Certificate of Eligibility of Specialist Registration (CESR), strengthening the commitment to working in Fife in the longer term as a result of this support.

Within Dentistry the recruitment challenges have been exacerbated by the fact that no dental students graduated last year due to effects of Covid on face-to-face training. General Dental Practices are mainly independent; however work is ongoing to increase the training and education opportunities. There are currently 14 training practices which take newly qualified dentists and support them through their first year after graduation. There are also plans for an Orthodontic Managed Clinical Network led by one of the Consultant Orthodontists.

This work supports across a range of specialities including Psychiatry, Rheumatology, and Primary Care to support new ways of working and multidisciplinary teams.

Work is underway to increase the number of training opportunities for physician's associates within Fife as part of the East Region (Fife, Lothian and Borders). Work is also continuing to develop substantive Physicians Associate posts within specialities and general practice. This work is likely to accelerate once the Physicians Associate role becomes regulated by the General Medical Council (GMC) which is likely to start in 2023.

## Allied Health Professionals Workforce Profile Overview



Allied Health Professions is the collective term used for several professional groups. Overall, the WTE engaged within this job family has increased in the previous five years. This

increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at mental health programmes and child health initiatives

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy and Occupational Therapy services. These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

### **Advanced Practitioners**

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence and Research and Development.

Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

### **Developing Non-Registrant Career Pathways**

Responding to the Scottish Governments drive to expand and develop the Band 2-4 workforce within health and social care, a Band 4 Assistant Practitioner pathway is being developed within the Nursing and Midwifery Job Family. The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care.

Work is ongoing in relation to the development of Integrated Posts to have multi-skilled workers interfacing across both Health and Social Care Services. There are examples of where this works well in teams such as the Integrated Community Care and Support Services. There is scope to develop this further providing wider career opportunities and supporting the commitment to having Integrated Services at Locality Level.

### **Partnership Support Services**

There are a range of roles within the health and social care partnership that support service delivery and without whom front line care to the population would not be possible. We have essential administrative staff who work within medical records, appointments, receptions, hospitals, health centres and care homes. Access to personal and professional development, alongside the range of wellbeing supports in place are accessible to all of our workforce.

### **Carers**

Scotland's Census based in 2010 indicated that there were 34,428 unpaid carers within Fife, half of whom spend over 20 hours a week providing unpaid care supporting and complementing the activities of the Partnership. The contribution of unpaid carers is extraordinary and hugely valued within the Health and Social Care Partnership. Significant work is ongoing in relation to the implementation of the Carers Act. With an estimated 1 in 7 employees across the UK holding carer responsibilities, the importance of providing a supportive working environment is embedded within our Carers Strategy for Fife. Building on this work, partner organisations are encouraged to explore the benefits of obtaining Carer



Positive Accreditation throughout the Partnership. We are also supporting the principles of fair work and flexibility and set out expectations through the commissioning process that all contractors are delivering fair work practices.

### Actions to Support the Third Sector

We will continue to work with Fife Voluntary Action (FVA), as the third sector interface in Fife, to keep third sector staff and volunteers up to date with policy and planning developments, as well as opportunities to engage and influence.

FVA will continue to bring together the voice of hundreds of third sector organisations and the tens of thousands of people they support through a variety of third sector forums, meetings and thematic events, in particular the Health and Social Care Forum, so that lived experience, relevant knowledge and expertise contribute fully to the work of the Partnership.

We will continue to work with FVA to identify training and learning needs and help promote opportunities made available through the Partnership and work with FVA to engage with the wider third sector on all aspects of strategic planning, service design and service delivery.

### Recruitment and Retention

We recognise that to meet the challenges ahead within Fife’s Health and Social Partnership we need to continue to develop a sustainable, skilled workforce with career pathways and a belief that the work they do makes a difference.

We have significant levels of vacancies across social work and social care and are working across all partners to develop improved responses to these difficulties in recruitment.



Diagram 6 (source: Fife Council Workforce Data 2022)

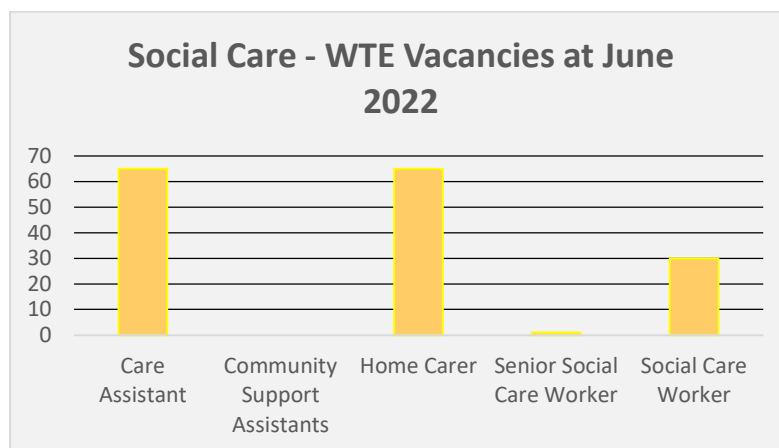


Diagram 7 (source: Fife Council Workforce Data 2022)

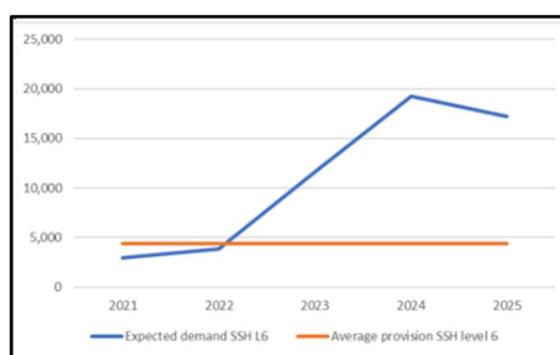
These diagrams represent vacancies across social work and social care. At present we have:

- 3 FTE vacancies within a workforce of 113 (105 FTE) Social Workers (just under 3%)
- 6 FTE vacancies within a workforce of 40 (38 FTE) SW Senior Practitioners (just under 16%)
- 30 FTE vacancies within a workforce of 405 (333 FTE) Social Care Workers (9%)
- 65 FTE vacancies within a workforce of 399 (320 FTE) Care Assistants (just over 20%)
- 65 FTE vacancies within a workforce of 701 (512 FTE) Home Carers (just under 13%)

However, recruitment of staff into social care and social work roles has proved difficult, with an average of 14% of advertised roles being filled.

This risk has also been documented by the Scottish Social Services Council's (SSSC) Workforce Skills Report 2021, highlighting the expected shortfall in qualified staff:

*Diagram 8 (source: SSSC Consultation – A Register for the Future)*



The pandemic demonstrated the dedication and flexibility of our workforce as we mobilised existing Health and Social Care staff and volunteers, building a 'Team Fife' culture, to ensure we could continue to deliver to key services the people of Fife.

A wide range of activities to attract the workforce we need are underway using the increasing range of media available, whole system developments to simplify and speed up the recruitment process, and existing employability schemes. We need to continue to demonstrate that a career in care is an attractive option for young people choosing their career pathway from school, or people changing career later in their lives.

### **Youth Employment and Apprenticeships**

A nationally recognised demographic challenge highlights the ageing workforce as a risk to health and social care and the need to increase the number of young people employed in health and social care. Within social care we have an ambitious target of the 5% of our workforce being in the 16–24-year-old age category by 2024, which also has a positive impact on our communities by reducing levels of youth unemployment and helping to address socio-economic disadvantages.

Our priority in this area is to deliver a youth employment approach that incorporates career pathways, social inclusion, Foundation / Modern Apprenticeship Schemes, and closer liaison with schools, pupils and parents. We have already put in place a wide range of measures with our schools and local employers utilising national and local employability schemes and partner agencies to develop pathways to a career in care and we will continue to widen the reach of these.

We have programmes in place to support Foundation Apprenticeships with schools, which are being adapted to deliver within one year to reduce the number of students leaving the course early. We are working with Fife College Employer Advisory Board to support measures to align academic calendars with employment 'hotspots' throughout the year. This work also promotes career pathways into Modern and Graduate Apprenticeships and maximises undergraduate placement opportunities.

## **Qualifications and Learning and Development**

The opportunity for our workforce to develop positive career pathways to support best outcomes for the people of Fife is underpinned by their ability to access the relevant professional development that will support their aspirations. We will continue to ensure that we can enable our workforce to access the qualifications that they need to meet national registration requirements and support their wider career aims within the Partnership.

At present we are engaged in consultation led by the SSSC to improve the process that drives the registration of the social care workforce to increase flexibility of movement across the sector and the time it takes to qualify and register.

Within NHS Fife there are a range of learning and development actions in place between NHS Workforce Development Team, Medical Education and Practice and Professional Development Teams in collaboration with NHS Education for Scotland, including building on existing regional managed clinical networks. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce.

Learning and development plans across social work and social care are developed annually in line with regulatory body requirements and service priorities. Our staff have access to a range of learning opportunities to ensure safe practice and professional competency alongside providing support for personal development. Supervision is promoted and focused work is being progressed to support the implementation of this across the system. A key priority is to widen our collaborative learning and share resources across our whole system and we have introduced a range of actions, facilitated through our Workforce Strategy Group, to ensure the widest possible opportunities exist for staff across the whole Partnership.

## **Appraisal, Personal Development Planning and Supervision**

Ongoing support for reflective practice is crucial to ensuring our workforce have the personal and professional support to deliver a high-quality service. At present we have differing approaches across the Partnership that meet professional requirements and national guidance.

During the pandemic it was recognised nationally that the formal Personal Development Plan and Review (PDPR) process within health was not monitored. Fife Health and Social Care Partnership have reintroduced an expectation that we prioritise this to support our workforce to develop.

Our Principal Social Work Officer is undertaking a review of professional supervision across social work and social care to ensure the model still meets the needs of our workforce, recognising the opportunities to align our approach across the Partnership more widely, whilst continuing to meet national requirements.

There is also Medical Professional Leadership in place to support medical appraisal and work planning to meet national requirements.

## **Brexit**

The small percentage of EU nationals in social care who were working in the service pre-1st January 2021 have continued to do so. However, with the national shortage of social care workers in various roles, we expect the removal of free movement will impact on our ability to attract EU nationals, more so where the role does not meet the criteria for skilled work visas potential workers may be discouraged. We are focused on opportunities for recruitment including potential for international recruitment and will work closely with partners regarding this.

## OUR ENGAGEMENT & PARTICIPATION APPROACHES

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This Workforce Strategy and Plan aligns with the Partnership's '**Integration Joint Board Participation and Engagement Strategy for Fife 2022-25**' which aspires to develop a service for participation and engagement where people who use services and staff at all levels are involved and supported through services that deliver person centred and high-quality care. We aim to work with the population, including our workforce, around how we co-produce, plan, design, and deliver our services. This includes ensuring our workforce can shape our future design, one of our key principles being that those who are affected by change are involved in the change.

The Strategy identifies seven key areas of activity that underpin a successful approach, which link together to form an overall framework based on consultation activity gathering views, knowledge and experience utilising social media, planning with people, and supporting systems

### Leadership Visibility

There are a range of ways in which we represent and engage with our workforce. This includes leadership visibility and walkabouts, discussion at management teams, Local Partnership Forum, and staff meetings. The Extended Leadership Team provides opportunity for all services to be engaged in the Senior Leadership of the Partnership.

### iMatter

We are committed to valuing and empowering our workforce and supporting them to work to the best of their ability, recognising that improved staff experience is critical for delivery of the Scottish Government's Health and Social Care Delivery Plan to provide better care, better health, and better value. Our most recent iMatter survey delivered an excellent 61% response from Health and Social Care Staff in Fife - our highest ever. Our Employee Engagement Index was 76, in the 'Strive & Celebrate' categorisation.

We recognise the importance of capturing staff experience and have introduced a range of measures to improve accessibility and quality of experience, including an ability to participate via text and a range of resources to improve the action planning process. We have also worked with our Local Partnership Forum to develop an Action Plan that addresses key elements of staff feedback to improve future results.

Our Council colleagues also introduced a recurring annual **Heartbeat Survey**, which includes social work and social care staff, and further embeds our commitment to hearing the voices of workforce to shape our culture and future organisational change.

### The Local Partnership Forum

A key partner in the delivery of this Strategy is our Local Partnership Forum (LPF). The LPF were consulted early in the design and representatives joined our Workforce Strategy Group. Meetings were also held with the co-chairs and Joint Trade Union Secretary to update on progress and consult on development. Ongoing consultation with the LPF will be crucial to ensuring this Strategy adapts to future challenges and continues to meet the needs of our workforce.

## **Equality, Diversity and Inclusion Action Plans**

There is significant work ongoing on a range of matters that are key to supporting our workforce including the diversity of our people and our commitment to support our staff in relation to the 9 protected characteristics in the Equalities Act. Discussions are ongoing with Partners to provide support aligned to the action plans of our partners as the employers.

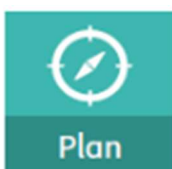
## OUR PRIORITIES

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The priorities in our workforce plan for the next three years have been developed in partnership, including with third and independent sector partners, and will build on what has been achieved to date whilst having a focus on defining the workforce needed to support our future challenges and supporting the health and wellbeing of our people. These align with our service planning for remobilisation and recovery, whilst acknowledging that we must safely manage living with COVID and be flexible to the undoubted future challenges in this.

This will consider not only the data and planning for our workforce but also the priorities defined in the Fife Health and Social Care Partnership Strategic Plan, including the role of early intervention and prevention across the life course, considering health inequalities and our commitment to deliver services within the localities of Fife co-produced with the people that we work with and care for.

The priorities defined by services and informed by our data are defined under each of the 5 Pillars - Plan; Attract; Train, Employ and Nurture our Workforce. The Action Plan in Appendix 1 will further define these priorities into short term and medium-term goals.



### **We will strengthen our workforce planning by:**

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our workforce, strategic and financial plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards.



### **We will attract people into careers into Health and Social Care by:**

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine and Nursing, including collectively accountability and assurance.



### **We will support the training and development of our workforce by:**

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.



- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services through skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.



**We will increase our employment into Health and Social Care by:**

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.



**We will nurture our workforce by:**

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE Springboard, Project Lift Systems Leadership Programme and SSSC Leading for the Future.

- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

## MONITORING & REVIEW

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The implementation of this Workforce Strategy and Three-Year Plan is the responsibility of the Integration Joint Board. The Board includes the Chief Officer, who holds responsibility for delivery in the role of Director of the Health and Social Care Partnership supported by the Senior Leadership Team (SLT).

The Director of Health & Social Care is responsible for a range of delegated services within the integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with the Senior Leadership Team, is responsible for working with colleagues from NHS Fife, Fife Council, the Voluntary and Third Sectors, to take forward actions via the appropriate governance arrangements.






This Strategy and Plan is a live document that is flexible and adaptive and able to respond to change and is an underpinning element of the **Partnership's Strategic Plan 2022-25**. The Strategy complements Fife's **NHS Workforce Plan**, **Fife Council's Our People Matter Strategy**, the future **Fife Population Wellbeing Strategy**, and the **Scottish Government's National Workforce Strategy**.

A key part of our commitment is to support a "**Team Fife Culture**" and to ensure alignment with NHS Fife, Fife Council and Independent and Third Sector Strategy, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

The plan will be reviewed three times a year at four monthly intervals to reflect and react to organisational change and systemic pressures. A monitoring and review forum will be established, reporting to the Workforce Strategy Group, to support the implementation of the plan and ensure information remains current and will report annually to the Integration Joint Board, Quality and Communities, and Finance, Performance and Scrutiny committees as well as the Local Partnership Forum.

# Summary of Actions across the Five Pillars of the Workforce Journey




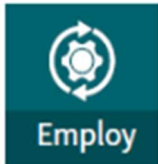

## i. Summary of Short-Term Actions:

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Analyse and address the gap between the current provisions of workforce data, to ensure it meets the needs of the various Workforce Planning Groups, pressure points and priorities aligned to our Strategic Plan, Medium Term Financial Strategy and our Strategic Needs Assessment.</p> <p>Develop data gathering methods with the Third and Independent sectors to reflect the current position which supports workforce and locality planning using real time data.</p> <p>Commit to support continued attendance on the Models of Care Forum, to review staffing remodelling and data harvesting to inform future workforce planning.</p> <p>Develop, with college partners, improved</p>	<p>Continue to increase the number of employment programmes, such as Foundation, Modern and Graduate Apprenticeships and other initiatives, to strengthen our talent pipeline of candidates from the local community.</p> <p>Engage with young people in our workforce to find and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Partnership.</p> <p>Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.</p>	<p>Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care (e.g. Nurse Led Models).</p> <p>Continue to engage in national initiatives for recruitment and training including those within a range of professions who have recognised shortages.</p> <p>Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors.</p> <p>Work with all partners to support engagement with Higher Education, Local Colleges and Professional</p>	<p>Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).</p> <p>Develop succession pathways that reflect the Integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments.</p> <p>Build on the connections with Fife College Industry Advisory Board to configure approaches that better supports access to higher education including the introduction of variable start dates.</p>	<p>Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.</p> <p>Implement career development conversations, enabling staff to access the most suitable development opportunity for them.</p> <p>Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decision-making forums.</p> <p>Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the right forums.</p> <p>Raise awareness of</p>

<p>approaches that link delivery of courses with recruitment needs for Partnership organisations.</p> <p>Design a revised induction programme that supports a positive start, improved morale, and the retention of our workforce.</p> <p>Plan where to invest in our welfare, wellbeing, and health for best return on investment.</p> <p>Plan to reduce sickness absence levels particularly attributed to MSK and stress.</p> <p>Access funding routes to develop learning and development with awarding agencies and partners.</p> <p>Analyse resource implications and effect on overall service sustainability from those services that need to redesign from a 5 day to 7-day service (e.g., Allied Health Professions, Hospital at Home).</p> <p>Develop 'Flexibility Works' to help consider flexible working options for front-line employees.</p> <p>Develop career pathways and succession planning to support the future pipeline of our workforce and creates a culture of continuous improvement.</p>	<p>Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.</p> <p>Review the recruitment model for consultant level medical and dental posts, establishing options to identify permanent solutions to range of roles filled via supplementary staffing / locum arrangements.</p> <p>Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.</p> <p>Increase active engagement in undergraduate placement provision.</p> <p>Continue to explore and provide opportunities to promote the Health &amp; Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, Training events</p> <p>Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes to mitigate the shortage of applicants.</p>	<p>and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.</p> <p>Implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources.</p> <p>Developing our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.</p> <p>Building internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas.</p> <p>Deliver a Leadership Programme for our leaders beyond the Extended Leadership Team, involving the Third and Independent Sectors.</p> <p>Develop a range of 'Innovation Hubs' to take forward key strategic areas for improvement across the</p>	<p>Continue to review marketing approaches that reflect regulatory requirements when recruiting.</p> <p>Work to improve the information we hold about employee's equality information.</p> <p>Create the new Social Work advanced practitioner career pathway and quality improvement service design. Employ three Quality Improvement Officers and new Advanced Practitioners in key strategic areas.</p> <p>Review skill set and banding structure within Health Care Support Worker Roles.</p> <p>Review measures to support retention of current senior clinical and non-clinical staff.</p> <p>Implementation of Once for Scotland Policies.</p> <p>Implementation of GMS Contract (MOU2) including Community Care and treatment, Pharmacotherapy, and vaccine transformation.</p>	<p>managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention.</p> <p>Raise awareness of employees to the resources and supports available to them and how to access these.</p> <p>Support our workforce to request a referral to physiotherapy and / or counselling provider.</p> <p>Communicate and implement our pledge relating to the Miscarriage Association's Pregnancy Loss to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy.</p> <p>Implementation of the Career Conversation Lite program, enabling staff to establish the most suitable development opportunity for them.</p> <p>Continue to promote and implement iMatter and Heartbeat surveys and Action Plans.</p> <p>Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group.</p> <p>Support readiness for the</p>
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<p>Continue to develop locality working and co-production with our communities.</p> <p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health &amp; Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working, joint appointments etc.</p>	<p>Introduce the Princes Trust 'Get into Health and Social Care' 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways.</p> <p>Targeted and creative recruitment campaigns in social care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression.</p>	<p>Partnership.</p> <p>Develop learning specifically for managers and supervisors about health, safety / wellbeing to develop confidence when discussing stress prevention / management for our workforce linked to the HSE's 6 management standards.</p> <p>Continue to promote and grow new roles, such as:</p> <ul style="list-style-type: none"> <li>- non-medical Consultants,</li> <li>- Associate Specialists (AS's) and Physician Assistants (PA's),</li> <li>- Advanced Practitioner (AP's),</li> <li>- Band 4 HCSW</li> </ul> <p>Develop, with college partners, learning opportunities that reflect the needs of the workforce, including wider use of digital access.</p> <p>Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home / homely setting through Hospital at Home, palliative care, and social care and supports Quality Assurance and Improvement.</p>		<p>implementation of the safe (health and care) Staffing (Scotland) Act 2019.</p> <p>Support the implementation of Excellence in Care.</p> <p>Review the implications of Setting the Bar for social work and develop a Partnership response.</p> <p>Develop and implement Equality and Inclusion Initiatives including Equally Safe at Work since being confirmed on to 'Close the Gap's Equally Safe at Work' programme to work towards bronze accreditation over the next 18 months.</p> <p>In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices.</p> <p>Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions.</p>
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ii. Summary of Medium-Term Actions:

 <p>Plan</p>	 <p>Attract</p>	 <p>Train</p>	 <p>Employ</p>	 <p>Nurture</p>
<p>Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.</p> <p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models.</p> <p>Integrate services supporting</p>	<p>Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services.</p> <p>As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.</p> <p>Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance.</p> <p>Further our support to recruit and retain a diverse workforce.</p> <p>Attract the right number of employees to deliver our services to our communities.</p> <p>Develop approaches for youth apprenticeship and employability.</p> <p>Developing approaches that</p>	<p>Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.</p> <p>Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&amp;I measures, including Digital Fitness Training; Information Governance and Security (including Records Management, Caldicott, Freedom of Information); Data Quality, in a way that supports a future workforce and upskills the current workforce.</p> <p>Draw upon Apprenticeships and Placements (Student and Work Experience) when undertaking operational workforce planning succession planning to ensure a supported and positive learning experience.</p> <p>Expand locality-based training programmes that</p>	<p>Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources.</p> <p>Work to improve the information we hold about employee's equality information.</p> <p>Demonstrate our commitment to equality of opportunity for our LGBTQ+ community throughout recruitment and employment approaches.</p> <p>Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.</p> <p>Measure growth and recruitment in line with national direction and investment including:</p> <ul style="list-style-type: none"> <li>Care at home</li> <li>Care homes</li> <li>Mental Health Recovery and</li> </ul>	<p>Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices.</p> <p>Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.</p> <p>Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.</p> <p>Increase awareness for managers on the supports / tools / resources available and the relevant HR policies, procedures, and guidance available.</p> <p>Support our workforce to</p>

<p>multi-disciplinary and multi-agency working to improve outcomes for the people of Fife in line with the Health and Social Care strategic Plan.</p> <p>Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.</p> <p>Ongoing commitment to partnership working through the Local Partnership Forum in line with the Staff Partnership Agreement to support excellent relations with our workforce to make the Partnership an attractive place to work.</p> <p>Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.</p> <p>Develop new workstyles to support more flexible and inclusive working across the Partnership.</p> <p>Consider how our policies develop the culture we aim to have and how they support managers to manage health, wellbeing, and equality.</p> <p>Establish a clearer understanding of the challenges being encountered within specialities to consider the flow of career grade,</p>	<p>facilitate medium-term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.</p>	<p>support pathways in health and social care.</p> <p>Review employee training relating to equality, diversity and inclusion and health and safety.</p> <p>Further develop Managers and Supervisors to support and manage health and wellbeing of the workforce.</p> <p>Further develop Managers and Supervisors to understand equality and diversity protocols and resources.</p> <p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures.</p> <p>Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners.</p> <p>Implement Training Passport across sectors.</p> <p>Development and delivery of locality-based training programmes.</p> <p>Support for a digitally enabled workforce.</p> <p>Drive the implementation of Trauma Informed Practice</p>	<p>Renewal</p> <ul style="list-style-type: none"> <li>• Vaccination transformation</li> <li>• Primary Care Improvement (MOU2)</li> </ul> <p>Implementation of a new Social Work Career Pathway.</p> <p>Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.</p>	<p>take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.</p> <p>Developing an engagement programme across our workforce to inform the creation of a set of shared values.</p> <p>Integrate wellbeing fully into Partnership training programmes.</p> <p>Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.</p>
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<p>training pipelines, and assess the fragility and sustainability of each service, at Directorate level.</p> <p>Continued engagement with the Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.</p> <p>Review of business continuity plans to support resilience in line with the learning post COVID.</p>		<p>and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.</p>		
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<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>IPQR Review Update</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Authors:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

This is presented to the Staff Governance Committee for:

- Approval

This report relates to:

- Integrated Performance and Quality Report

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

- Safe, Effective and Person Centred

## 2 Report Summary

### 2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

The first report presented to the Board on 29 March 2022 described the format of the IPQR and this paper focusses on which metrics are to be included within IPQR in 2022/23.

### 2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually.

The first paper covered the new Public Health section, use of Statistical Process Control (SPC) Charts and pie charts and integration of improvement actions with RMP/SPRA process. This paper is to focus on which metrics are to be included within IPQR in 2022/23.

## 2.3 Assessment

The IPQR provides performance reporting to the Board and is a key element in effective governance through providing performance against key reporting. The purpose of bringing together performance and quality indicators in the IPQR is to provide the board a sense of performance across the whole health and care system.

The IPQR has historically contained the Scottish Government HEAT Standards but over time this has been extended to include quality and safety measures and relevant local metrics. The indicators included in the IPQR are high level system metrics that form part of an overall performance framework that include operational KPIs that are monitored through the performance review process at operational level.

Some discussion took place around performance metrics that are published on a yearly basis like drug related deaths and post diagnosis dementia support. These metrics are not included in the IPQR as they can not be monitored regularly throughout the year but are presented to the relevant committees after publication as a separate item.

The IPQR group have examined each section in detail and discussed the most important and relevant metrics to include as well as the connectivity between the metrics, risk and other quality measures and agreed these would be included in the new version of the IPQR.

This part of the SBAR will review each of the IPQR sections in turn and propose metrics for inclusion and removal.

### **Risk Management**

Risk management is a critical to the effective running of the organisation and will be included in future IPQRs following this review. The risk section will report on the corporate risks for NHS Fife and will replace the current Board Assurance Framework.

Work is ongoing to sign off the corporate risks and once agreed through the governance structure, a risk section will be added to the IPQR from late summer 2022 with references to risks throughout the performance and improvement actions sections.

### **Review of Indicators**

#### *Clinical Governance Metrics*

This is the first time the Clinical Governance section has been reviewed since it was included in the IPQR a few years ago.

Additional metric to be included will be in relation to open actions from Adverse Events which will be linked to the review of the adverse events policy. Meetings have already taken place around data availability with inclusion anticipated in 2022/23 Q2.

Metric relating to Caesarean Sections SSI is to be paused until further notice as mandatory SSI surveillance has been paused since the start of Covid-19 pandemic. Data received is not validated and does not follow NHS Fife methodology. Services are continuing to monitor cases and carry clinical reviews, if necessary.

## Clinical Governance Metrics

Major & Extreme Adverse Events	Retain
Adverse Events Actions Open	*NEW*
HSMR	Retain
Inpatient Falls	Retain
Inpatient Falls with Harm	Retain
Pressure Ulcers	Retain
Caesarean Section SSI	Paused
SAB - HAI/HCAI	Retain
SAB - Community	Remove
C Diff - HAI/HCAI	Retain
C Diff - Community	Remove
ECB - HAI/HCAI	Retain
ECB - Community	Remove
Complaints (Stage 1 Closure Rate)	Retain
Complaints (Stage 2 Closure Rate)	Retain

### *Operational Performance*

The group discussed the ongoing inclusion of 18 weeks RTT in the IPQR as this is not routinely performance managed as the Scottish Government focus on the delivery of the three component areas of this target – outpatients, TTG (inpatients/daycase) and diagnostics. On referencing other NHS board performance reports, the 18 week RTT is no longer being reported.

It was agreed to replace Delayed Discharge counts from the scorecard with bed days lost metric to include code 9 reasons which includes Guardianship and ward closures. The existing performance metric focusses on standard delay codes however there are a high number of delays lost due to code 9 reasons.

The group discussed the revision of Information Governance metrics but it was felt that the proposed metrics were operational and not relevant for inclusion.

Source for Antenatal Access information will change from SMR02 to Antenatal Booking Collection (ABC). This was established in response to the pandemic to monitor the impact of COVID-19 on pregnant women. The data are collected from the clinical information systems, used by the midwives who 'book' the pregnant woman for maternity care. The data include all bookings, rather than only those resulting in a delivery, and are available within a few weeks of the booking appointment, rather than a month or more after delivery. Data from this new source is available from April 2019 onwards.

## Operational Performance Metrics

IVF Treatment Waiting Times	Retain
4-Hour Emergency Access	Retain
Patient TTG	Retain
New Outpatients	Retain
Diagnostics	Retain
18 Weeks RTT	Remove
Cancer 31-Day DTT	Retain
Cancer 62-Day RTT	Retain
Detect Cancer Early	Retain
Freedom of Information Requests	Retain
ALL Delayed Discharge Bed Days Lost	*NEW*
Standard Delayed Discharge Bed Days Lost	Retain
Delayed Discharge (# Standard Delays)	Remove, figure in drilldown
Antenatal Access	Retain, new source

### *Public Health & Wellbeing*

This is a new section in the IPQR since the creation of the Public Health and Wellbeing Committee in 2021. The two new areas to be included are the vaccination and screening programmes.

There is agreement to include Covid-19 vaccinations in IPQR, this will be fluid and based on relevant cohort. Uptake of flu vaccination will also be included when programme restarts in Autumn. Inclusion in IPQR will replace the production of standalone reports for these topics.

Childhood immunisations for 6-in-1 by 12 months and MMR2 by 5 years are also to be included.

Screening indicators are still being explored.

### Public Health and Wellbeing metrics

Smoking Cessation	Retain
CAMHS Waiting Times	Retain
Psychological Therapies Waiting Times	Retain
Alcohol Brief Interventions	Retain
Drugs & Alcohol Treatment Waiting Times	Retain
Dementia Post-Diagnostic Support	Retain
Dementia Referrals	Retain
Covid-19 Vaccination	*NEW*
Flu Vaccination (Sept to Feb)	*NEW*
Childhood immunisation 6-in-1 by 12 months	*NEW*
Childhood immunisation MMR2 by 5 years	*NEW*

### *Staff Governance*

There has been previous discussion about the inclusion of additional metrics in the Staff Governance section. Not all workforce measures lend themselves to routine performance reporting. These will therefore be reported separately e.g. iMatter annual reporting or through provision of Workforce Information reporting introduced in the last year and provided to EDG, Area Partnership Forum and Staff Governance Committee.

However, following discussion at EDG there is agreement that PDPR compliance should be included as soon as possible in addition to our current reporting on Sickness Absence, with discussion already taking place about data availability and visualisation. Core training and Establishment Gap reporting will be explored during 2022/23 for inclusion in due course.

### Staff Governance Metrics

Sickness Absence	Retain
PDPR	*NEW*
Core Training	Proposed for future
Establishment Gap	Proposed for future

In terms of Sickness Absence, we note that the existing Board targets were set up to the end of 2021/22, and to date there is no direction about the updating of Scottish Government directed national targets. It is also worth noting the potential implications of any change to the present COVID absence recording and reporting in the course of this year.

### **2.3.1 Quality/ Patient Care**

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

### **2.3.2 Workforce**

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

This report contributes to the well informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

The IPQR reports on the financial position of the Board, this section is also under development.

### **2.3.4 Risk Assessment/Management**

The IPQR considers organisational risks and there will be a risk section in the IPQR going forward.

### **2.3.5 Equality and Diversity, including health inequalities**

The IPQR considers the appropriate equality and diversity impact.

### **2.3.6 Other impact**

n/a

### **2.3.7 Communication, involvement, engagement, and consultation**

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

### **2.3.8 Route to the Meeting**

A previous version of this paper was considered by EDG on 6 December 2021 and the Board on 26 March 2022.

This second paper has been considered by the IPQR Review Group, EDG on 7 June 2022 and the following committees:

- Clinical Governance Committee – 1 July 2022
- Public Health and Wellbeing Committee – 4 July 2022
- Finance, Performance and Resource Committee – 12 July 2022

## 2.4 Recommendation

The Staff Governance Committee is invited to:

- **Note and agree** to the proposed update to the IPQR from the IPQR Review Group

## 3. Appendices

- Appendix 1: Membership of IPQR Review Group

### Report Contact

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Susan Fraser  
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## **Appendix 1: Membership of IPQR Review Group**

Bryan Archibald, Planning and Performance Manager

Gemma Couser, Associate Director of Quality and Clinical Governance

Susan Fraser, Associate Director of Planning and Performance (CHAIR)

Ben Hannan, Director of Pharmacy and Medicines

Andy MacKay, Deputy Chief Operating Officer

Fiona McKay, Head of Planning, Fife HSCP

Maxine Michie, Deputy Director of Finance

Emma O'Keefe, Deputy Director of Public Health

Kevin Reith, Deputy Director of Workforce

Nicola Robertson, Associate Director of Nursing

Torfinn Thorbjornsen, Information Services Manager

Arlene Wood, Non Executive Director

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Bryan Archibald, Head of Performance</b>

## 1 Purpose

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

- Assurance

**This report relates to the:**

- Integrated Performance & Quality Report

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

- Safe, Effective and Person Centred

## 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 (with certain exceptions due to a lag in data availability) up to the end of April 2022.

The initial version of the June report (sent to the CG and PHW Committees following EDG on 16 June), did not include any financial information.

### 2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper. Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

Following the workshop, a new Public Health & Wellbeing section was incorporated previously with the report now including Statistical Process Control (SPC) charts for applicable indicators. Following review, the list of indicators has been amended with further additions relating to Adverse Events, Immunisations and PDPR to follow in due course. Improvement actions will also be included following finalisation of Annual Deliver Plan for 2022/23.

## 2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife worked according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and will now progress to incorporate the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which is currently being finalised before being submitted to the Scottish Government at the end of July.

The Staff Governance aspect of the report covers Sickness Absence, and its current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (5.14% in April, excluding COVID-19-related absence)

In order to support the position in relation to sickness absence, an Attendance Management Taskforce has been established. This group includes all Executive Directors and staff side colleagues. The purpose of this taskforce is to provide Executive leadership to identify and agree specific priorities and actions to support health and wellbeing activity across the NHS Fife workforce, taking account of national workforce policies, procedures, and best practice.

The work of the Taskforce is being complemented by an Attendance Management Operational Group. The intention of this group is to add value in the short term to attendance management activity, ensuring consistency of application across the Board and identifying areas of best practice that may be appropriate to be adopted more widely.

### 2.3.1 Quality/ Patient Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

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

### 2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

### 2.3.4 Risk Assessment/Management

Not applicable.

### 2.3.5 Equality and Diversity, including health inequalities

Not applicable.

### 2.3.6 Other impact

None.

### 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 June IPQR will be available for discussion at the round of July Standing Committee meetings. As specified in Section 2.1, above, the CG and PHW Committees received a version of the report which did not include financial information. The full report is available to the FPR and SG Committees.

### 2.3.8 Route to the Meeting

The IPQR (less Financials) was ratified by EDG on 16 June and approved for release by the Director of Finance & Strategy. The update (including Financials) was similarly approved for release after EDG on 7 July 2022.

## 2.4 Recommendation

The Staff Governance Committee is requested to discuss and take **Assurance** from this report.

## 3 List of Appendices

None

### Report Contact

Bryan Archibald

Head of Performance

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# **Fife Integrated Performance & Quality Report**

**Produced in June 2022**

# Introduction

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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).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

## I. Executive Summary

- a. National Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Projected & Actual Activity
- e. Assessment

## II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance
- d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains further data presented in tables and charts, incorporating Statistical Process Control (SPC) methodology where applicable. Improvement actions will be sourced from Annual Delivery Plan and will be incorporated into the report in due course.

Statistical Process Control (SPC) techniques 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 focusses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

**MARGO MCGURK**  
Director of Finance & Strategy  
7 July 2022

Prepared by:  
**SUSAN FRASER**  
Associated Director of Planning & Performance

# I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against National Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards (where appropriate). There is also an indication of 'special cause variation' based on Statistical Process Control methodology.

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and data presented in SPC charts where appropriate. The Risk section will be introduced in the next few months.

NHS Boards are currently developing an Annual Delivery Plan (ADP) for 2022/23 to articulate the ongoing recovery of services following the COVID-19 Pandemic. Once agreed, actions relevant to indicators within IPQR will be incorporated accordingly and updated routinely to report to Standing Committees, Board and the Scottish Government.

## a. LDP Standards & Key Performance Indicators

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The performance status of the 27 indicators within this report which currently have agreed targets is 7 (26%) classified as **GREEN**, 5 (19%) **AMBER** and 15 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory. The indicator 4-hour Emergency Access is displaying 'special cause variation' for April based on data for past 24 months with performance of 77.5% exceeding lower control limit.

Note that the RAG status of the two Finance measures is not available this month.

There were notable improvements in the following areas in April:

- Rate of falls of all Inpatients continuing a downward trend towards the new target for FY 2022/23
- % bed days lost due to patients in delay continuing a downward trend towards target
- Sickness Absence rate at its lowest monthly level since April 2021

Additionally, it has now been a full 2 years since the Cancer-31 DTT performance fell below the 95% Standard.

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in 90% where we are able to compare our performance nationally (20 out of 22 measures) we are delivering performance within either the upper quartile or the mid-range.

## c. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-22	24		▲	▲		●
	HSMR	N/A	Year Ending	Dec-21	1.02		▲	▼		● YE Dec-21
	Inpatient Falls	6.91	Month	Apr-22	7.09		▲	▲		●
	Inpatient Falls with Harm	1.65	Month	Apr-22	1.81		▲	▼		●
	Pressure Ulcers	0.89	Month	Apr-22	0.94		▲	▲		●
	SAB - HAI/HCAI	18.8	Month	Apr-22	17.6		▼	▼		● QE Dec-21
	C Diff - HAI/HCAI	6.5	Month	Apr-22	7.0		▼	▲		● QE Dec-21
	ECB - HAI/HCAI	33.0	Month	Apr-22	28.1		▲	▼		● QE Dec-21
	Complaints Closed - Stage 1	80%	Month	Apr-22	72.7%		▲	▼		● 2020/21
Complaints Closed - Stage 2	50%	Month	Apr-22	5.9%		▼	▼		● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-22	100.0%		◀▶	◀▶		●
	4-Hour Emergency Access	95%	Month	Apr-22	77.5%	○	▼	▼		● Apr-22
	Patient TTG % <= 12 Weeks	100%	Month	Apr-22	55.9%		▲	▲		● Mar-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-22	53.9%		▲	▼		● Mar-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-22	63.0%		▲	▼		● Mar-22
	18 Weeks RTT	90%	Month	Apr-22	70.4%		▲	▲		● QE Mar-22
	Cancer 31-Day DTT	95%	Month	Apr-22	98.0%		▲	▲		● QE Dec-21
	Cancer 62-Day RTT	95%	Month	Apr-22	84.9%		▲	▲		● QE Dec-21
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%		▲	▲		● 2019, 2020
	Freedom of Information Requests	85%	Month	Apr-22	97.6%		▲	▲		●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Apr-22	12.0%		▼	▲		● QE Dec-21
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-22	6.5%		▲	▲		● QE Dec-21
	Antenatal Access	80%	Month	Mar-22	82.1%		▼	▼		● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	May-22	(£5.4m)		—	—		●
	Capital Resource Limit Performance	£24.8m	Month	May-22	£1.6m		—	—		●
Staff Governance	Sickness Absence	4.00%	Month	Apr-22	5.14%		▲	▼		● YE Mar-22
Public Health & Wellbeing	Smoking Cessation (FY 2021/22)	473	YTD	Feb-22	288		—	▲		● QE Sep-21
	CAMHS Waiting Times	90%	Month	Apr-22	71.1%		▲	▲		● QE Mar-22
	Psychological Therapies Waiting Times	90%	Month	Apr-22	76.5%		▼	▼		● QE Mar-22
	Drugs & Alcohol Waiting Times	90%	Month	Feb-22	89.3%		▲	▼		● QE Dec-21

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

SPC Key	
○	Special cause variation, out with control limits

Change Key	
▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key	
●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available



## d. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment

(NOTE: Better/Worse may be higher or lower, depending on context)

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-22	May-22	Jun-22	Jun-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	1,012	1,012	1,012	3,036	3,053	3,087	3,087
	Actual	816	1,087		1,903	0	0	0
	Variance	-196	75		-1,133	-3,053	-3,087	-3,087
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	6,180	6,186	6,201	18,567	18,806	19,132	19,166
	Actual	6,036	7,603		13,639	0	0	0
	Variance	-144	1,417		-4,928	-18,806	-19,132	-19,166
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	497	497	497	1,491	1,491	1,491	1,491
	Actual	460	543		1,003	0	0	0
	Variance	-37	46		-488	-1,491	-1,491	-1,491
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,996	3,996	3,996	11,988	11,988	11,988	11,988
	Actual	4,759	4,486		9,245	0	0	0
	Variance	763	490		-2,743	-11,988	-11,988	-11,988

## e. Assessment

CLINICAL GOVERNANCE		Target	Current
<b>HSMR</b>		<b>1.00</b>	<b>1.02</b>
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.</p>			
<b>Inpatient Falls</b>	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	<b>6.91</b>	<b>7.09</b>
<p>Falls data/trends continue to be reviewed focussing on areas with higher incidence to support improvement work. The 2021/22 target (a rate of 7.68 falls per 1,000 Occupied Bed Days) was met but note the work required to drive this down. The new target reflects the ambition of SPSP to reduce falls by 30% by 2024 with the approach of a 10% reduction per year being envisaged. The Steering Group is currently updating the workplan to drive the activity toward this year's target for reduction. Imminent changes in Infection Control guidance is expected to reduce some of the environmental challenges that have presented over the last two years.</p>			
<b>Pressure Ulcers</b>	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	<b>0.89</b>	<b>0.94</b>
<p>As we mobilise out of the pandemic and significant pressures continue across the system, the 25% reduction in pressure ulcers (grade 2 to 4) targeted for this FY is thought to be achievable and stretching. Whilst the data continues to show a random pattern, there has been a favourable downward trend over the past 3 months, with the previous 2 months being below the median. ASD have seen a month-on-month reduction in harms over the past 3 months with HSCP seeing the same pattern over the past 2 months. The pressure ulcer report continues to be shared with clinical teams and is one data source used for triangulation in order to drive improvement. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p>			
<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	<b>18.8</b>	<b>17.6</b>
<p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. There was a single PVC SAB in March and there have been 3 PWID SABs in 2022 to date; positively, there has been no Renal haemodialysis line related SABs since October 2021.</p>			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	<b>6.5</b>	<b>7.0</b>
<p>NHS Fife is on target to achieve the 10% reduction by March 2023 although there have been 10 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been 2 recurrences of infection in 2022.</p>			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	<b>33.0</b>	<b>28.1</b>
<p>NHS Fife is on target to achieve a 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets. There have been 13 CAUTIs in 2022 to date.</p>			
<b>Complaints – Stage 2</b>	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	<b>50%</b>	<b>5.9%</b>
<p>There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services. The Patient Relations team continues to face capacity and staffing levels, which have been exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work. In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies.</p>			

OPERATIONAL PERFORMANCE		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>77.5%</b>
<p>Attendance has continued to be high (a 4-week average of 223 daily attendances), impacting on the 4-hour access target. Escalation actions through OPEL, including additional surge capacity, remains in place within ASD and HSCP to accommodate the additional inpatient demand. The emergency department continue with plans for remodelling to allow for expanded assessment provision and a new approach to enhanced triage and redirection to QMH MIU is being reviewed.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>55.9%</b>
<p>Performance in April has improved slightly. Day case elective activity increased in March due to additional waiting list initiatives, but inpatient surgery continues to be restricted to urgent and cancer patients due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,601 patients on list in April, 50% greater than in April 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April and core activity remains restricted.</p>			
<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>53.9%</b>
<p>Performance in April has improved slightly following additional waiting list activity; however, core capacity remains restricted due to the ongoing need for physical distancing and the pressures of unscheduled care on outpatient capacity in some specialities. The waiting list has increased, with 22,594 on the outpatient waiting list, 12% higher than in April 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 567 in March mainly in Gastroenterology, General Surgery and Vascular Surgery specialties. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April. Following updated infection prevention and control guidance it is anticipated that there will be a reduction in the need for physical distancing. However, the impact of this will be monitored and sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.</p>			
<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>63.0%</b>
<p>Performance improved slightly in April. The improvement has been in Radiology with 67.7% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 42.8% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has reduced in April to 5,714 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p>			
<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>84.9%</b>
<p>April continued to see challenges, but there was a slight improvement in performance. The number of referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to COVID-19 staffing issues and lack of resources, with particular capacity issues in some specialties. Breast, Oncology and Urology (Prostate) are currently our most challenged pathways. Improvements are being made at the start of the latter to reduce waits between steps and improve patient experience. The range of breaches (majority in Prostate) was 2 to 34 days (average 13 days).</p>			
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	<b>5%</b>	<b>6.3%</b>

**OPERATIONAL PERFORMANCE****Target****Current**

The number of bed days lost due to patients in delay continues to follow a downward trajectory following a spike in February, due largely to the significant covid wave the system has endured and subsequent demand pressures on H&SCP exits. Encouragingly, despite these pressures the position is only 1.3% over target 5%.

The H&SCP continues to operate with approximately 44 surge beds and regularly maintains occupancy levels above 110%. On top of this, referrals to the VHK Integrated Discharge hub have never been higher which is putting continued strain on community services. Despite this however we note that the latest Public Health Scotland Data (3<sup>rd</sup> May 2022) placed NHS Fife as having the lowest number of patients in delay per 100,000 Age 18+ population of the 11 Mainland Health Boards.

**FINANCE****Forecast****Current****Revenue Expenditure**

*Work within the revenue resource limits set by the SG Health & Social Care Directorates*

**(£10.4m)****(£5.4m)**

At the end of May the board's reported financial position is an overspend of £6.453m on Health Retained. This overspend comprises: £2.061m core overspend (of which £0.855m relates to Acute Set Aside overspend); £1.735m opening financial gap; and as yet unfunded Covid-19 costs of £2.657m (including £1.078m Public Health Test and Protect costs).

The Health Delegated position reflects a core underspend of £1.043m.

**Capital Expenditure**

*Work within the capital resource limits set by the SG Health & Social Care Directorates*

**£24.8m****£1.6m**

The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2. The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position.

**STAFF GOVERNANCE****Target****Current****Sickness Absence**

*To achieve a sickness absence rate of 4% or less*

**4.00%****5.14%**

The sickness absence rate in April was 5.14%, a reduction of 0.45% from the rate in March. The COVID-19 related special leave rate, as a percentage of available contracted hours for April, was 2.46%.

To ensure focus on this issue an Attendance Taskforce has been established which will facilitate actions and drive improvements to ensure NHS Fife works to achieve the sickness absence performance target.

Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change.

PUBLIC HEALTH & WELLBEING		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>473</b>	<b>288</b>
<p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery in Linburn and North Glen GP practices and Lochgelly Community centre. In addition, the mobile unit has been in Cowdenbeath, Templehall and Glamis Centre to build up service awareness and to reach our more vulnerable communities. Successful quits are currently sitting at 288 with room for improvement before final verification at the end of June. A range of service awareness opportunities and benefits of quitting happened on No Smoking Day on 9<sup>th</sup> March which saw an uplift in referrals of 14% during that week.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>71.1%</b>
<p>RTT performance has been maintained at the projected level as work on the longest waits continues. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to young people presenting with Acute/High Risk presentations. The process to fill vacant posts continues with a total of 16 posts either in the recruitment process or out to advert across a range of professions that contribute to CAMHS. The longest wait initiative has been implemented through the offer of additional hours and reallocation of PMHW clinical capacity in order to re-align the current position with the predicted position which was negatively impacted by staff absence and cancelled appointments during January and February.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>76.5%</b>
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year and this remains the case in the first 4 months of 2022 so far. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			

## II. Performance Exception Reports

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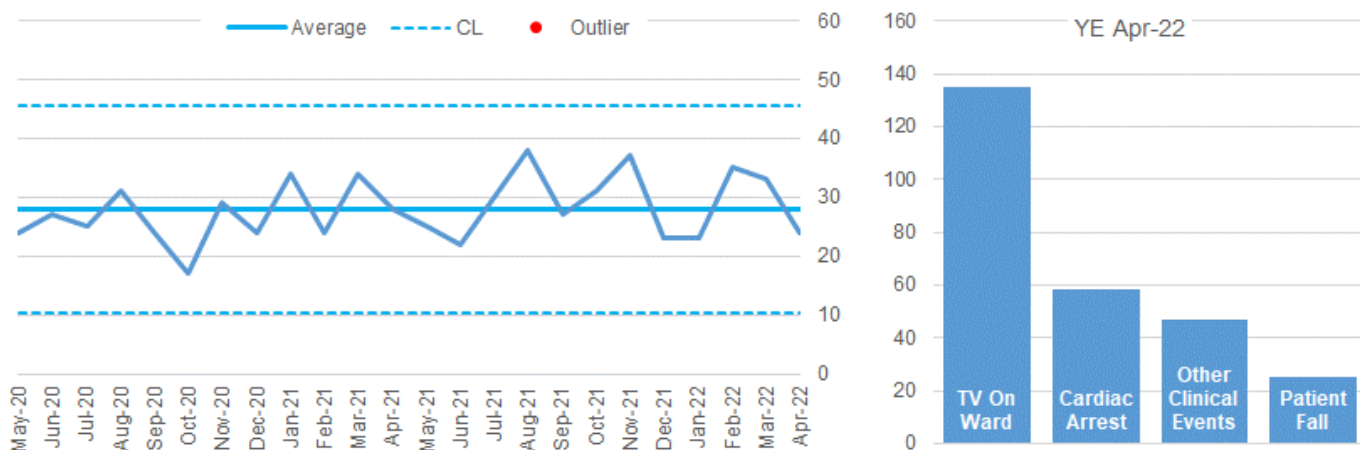
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# CLINICAL GOVERNANCE

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

	Month	2021/22												2022/2
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
<b>ALL</b>	<b>NHS Fife</b>	1373	1352	1422	1455	1400	1397	1444	1497	1503	1289	1451	1202	
	<b>Acute Services</b>	649	606	630	616	611	649	635	598	615	514	670	518	
	<b>HSCP</b>	682	695	741	801	747	692	750	837	853	725	717	634	
	<b>Corporate</b>	42	51	51	38	42	56	59	62	35	50	64	50	
<b>CLINICAL</b>	<b>NHS Fife</b>	1012	937	1011	958	967	952	1020	973	945	898	1052	822	
	<b>Acute Services</b>	600	547	569	551	538	569	584	538	569	463	616	474	
	<b>HSCP</b>	388	366	412	386	402	353	407	396	361	406	399	328	
	<b>Corporate</b>	24	24	30	21	27	30	29	39	15	29	37	20	

#### Commentary

Incident numbers in March showed a slight increase, but decreased in April to the lowest level in the past 12 months; overall combined figures for the two month period is in keeping with monthly averages.

The sub category 'Transfer - In-Patient Transfer Problems' specifically relating to communication and delays, showed a significant increase in March. This sits within the 'Access / Appointment / Admission / Transfer or Discharge incidents' category, which is the only category showing any significant variation within March and April.

There were 30 Local Adverse Event Reviews and 6 Significant Adverse Event Reviews completed with formal sign off during March and April.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

### IMPROVEMENT ACTIONS

**New improvement actions for will be incorporated following approval of Annual Delivery Plan**

## HSMR

*Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*

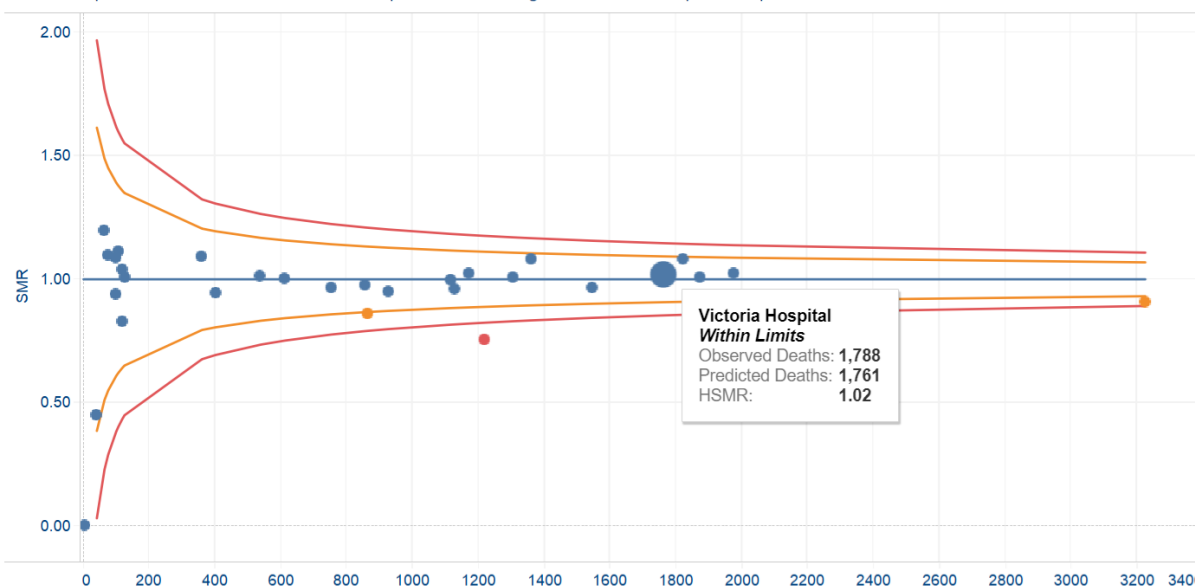
### Reporting Period; January 2021 to December 2021<sup>P</sup>

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.

#### HSMR by Scotland: January 2021 to December 2021

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



### Commentary

Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.

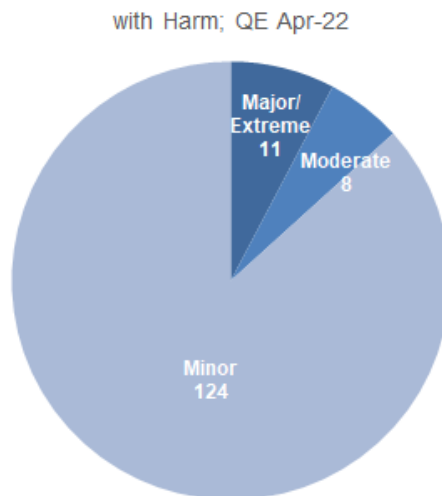
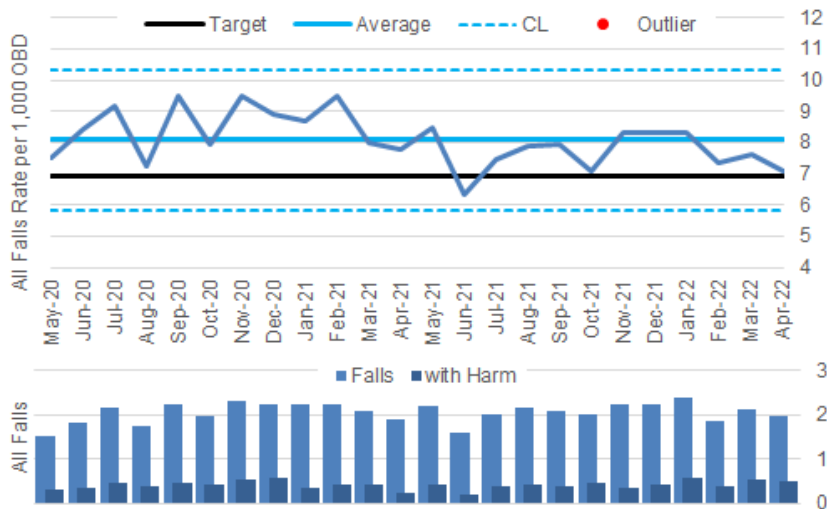


## Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2023) = 6.91 per 1,000 OBD

### Local Performance



### Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	8.45	6.32	7.45	7.88	7.93	7.08	8.32	8.29	8.33	7.33	7.62	7.09
Acute Services	8.38	6.14	7.17	8.17	7.61	8.51	8.71	8.55	9.47	7.55	7.18	8.17
HSCP	8.52	6.47	7.70	7.63	8.21	5.85	7.97	8.06	7.34	7.16	8.01	6.14

### IMPROVEMENT ACTIONS

#### 20.3 Falls Audit

**By Aug-22**

As part of the work plan update there will be an annual audit programme set which will include the Care and Comfort Clock Audit and the Falls Intervention Plan

#### 20.5 Improve effectiveness of Falls Champion Network

**By Aug-22**

This work remains on hold due to staffing challenges, with contact being maintained with existing champions. This work will remain a focus in the forthcoming work plan.

**New improvement actions for will be incorporated following approval of Annual Delivery Plan**

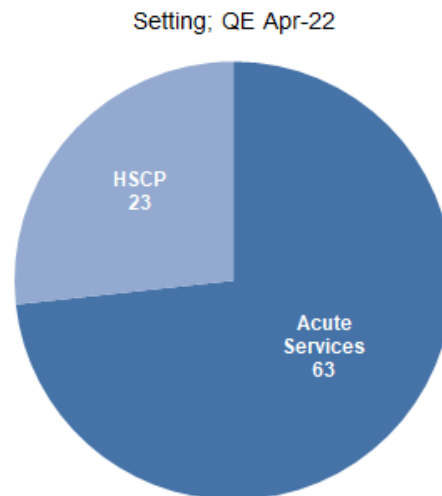
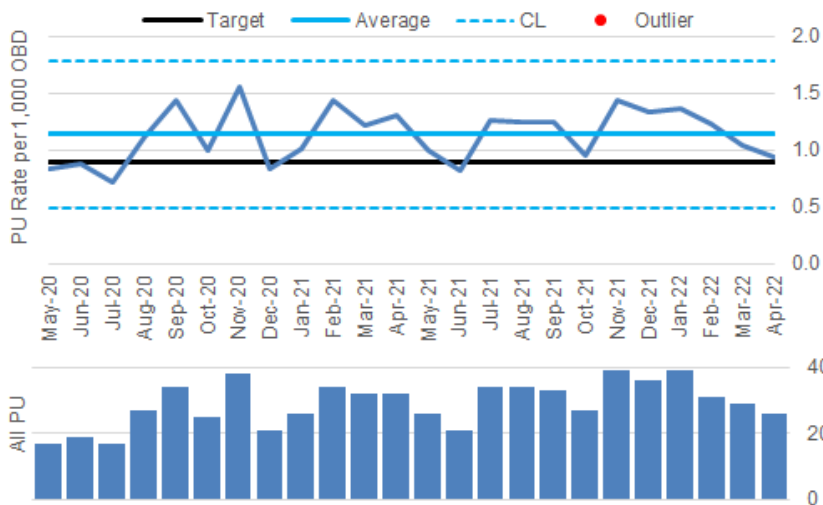
# CLINICAL GOVERNANCE

## Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2023) = 0.89 per 1,000 OBD

### Local Performance



### Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	0.99	0.82	1.26	1.25	1.24	0.95	1.44	1.33	1.36	1.23	1.03	0.94
Acute Services	1.60	1.58	2.13	2.36	2.10	1.44	2.54	2.24	2.25	1.84	1.76	1.45
HSCP	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.58	0.72	0.40	0.48

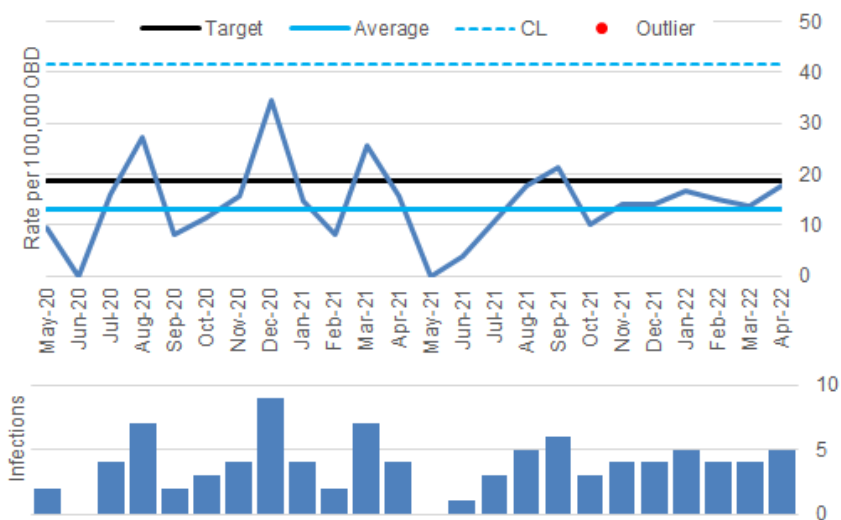
### IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

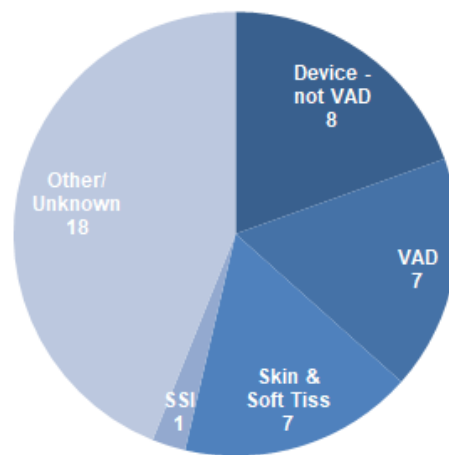
## SAB (HAI/HCAI)

*Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*

### Local Performance



Infection Source; YE Apr-22



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	6.3	18.7	20.6	17.8	6.3	16.6	12.8
<b>Scotland</b>	20.3	17.3	18.9	18.4	18.6	18.3	17.3

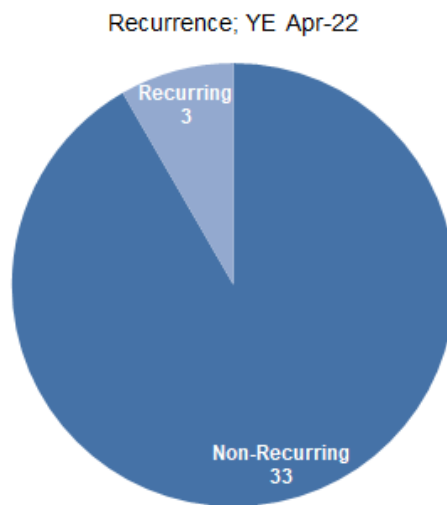
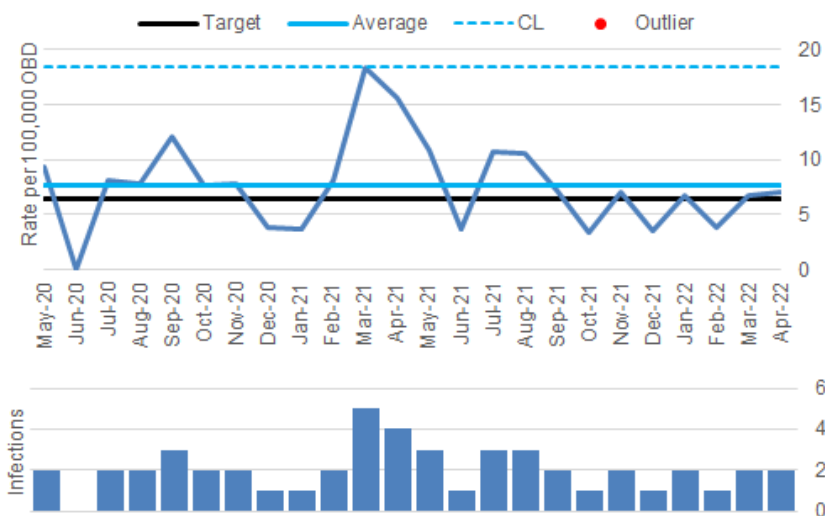
### IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

## C Diff (HAI/HCAI)

*Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*

### Local Performance



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	7.9	9.3	7.7	14.0	10.0	9.5	4.6
<b>Scotland</b>	15.4	17.4	16.4	15.8	14.6	16.8	13.3

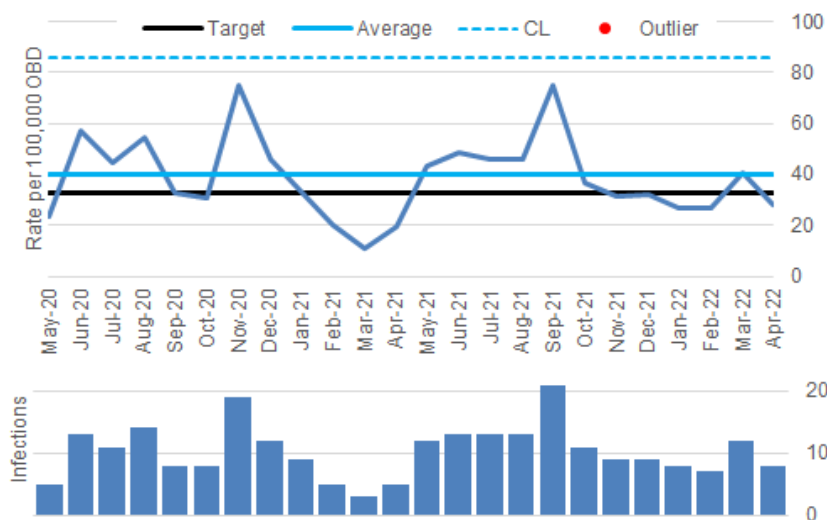
### IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

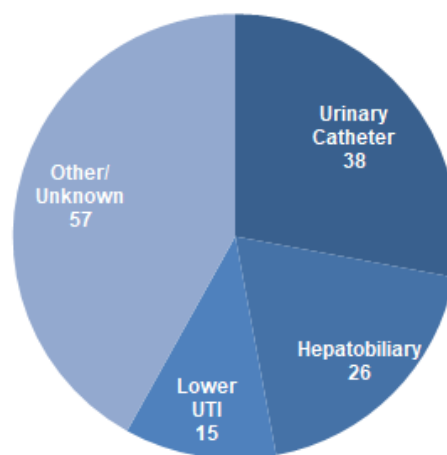
## ECB (HAI/HCAI)

*Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*

### Local Performance



Infection Source; YE Apr-22



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	36.4	45.3	50.3	21.6	37.6	60.3	33.6
<b>Scotland</b>	39.7	42.0	40.9	34.7	38.2	41.4	34.1

### IMPROVEMENT ACTIONS

#### 20.1 Optimise communications with all clinical teams in ASD & the HSCP

**By Mar-24**

Monthly ECB reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance and a DATIX is submitted for all catheter associated ECBs, prompting an LAER by the patient's clinical team.

NHS Fife is currently on target for achieving the 25% target reduction by the end of March 2023; a further 25% reduction of HCAI ECBs is to be achieved by March 2024.

#### 20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

**By Mar-24**

The UCIG meeting met in May, when initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife were discussed. They cover analysis and update of process, training/education/promotion and quality improvement work.

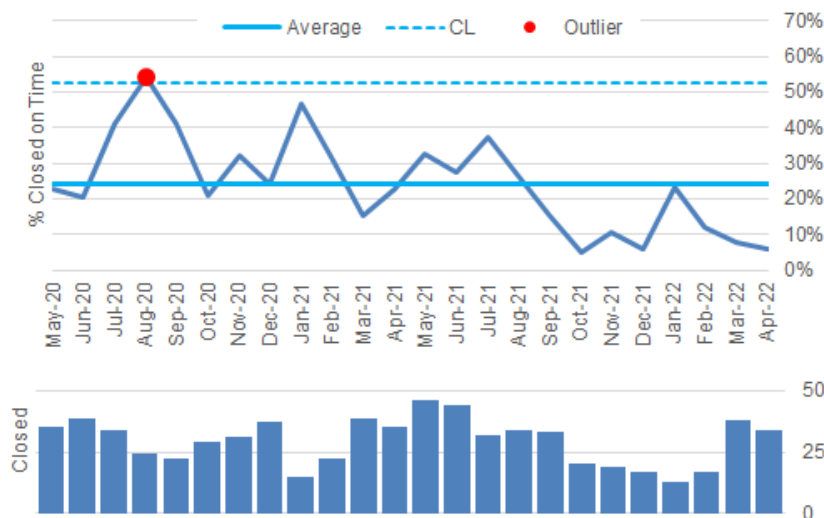
A new eCatheter insertion & maintenance bundle on Patientrack is due to be trialled by Urology before being rolled out across the wards within the ASD & HSCP. This will ensure optimum catheter care is delivered across NHS Fife resulting in a reduction of CAUTIs within the hospital setting.

**New improvement actions for will be incorporated following approval of Annual Delivery Plan**

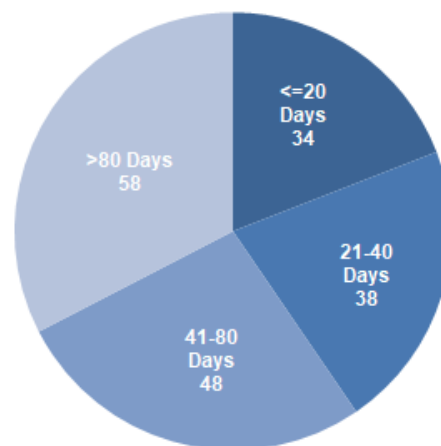
## Complaints | Stage 2

*At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024*

### Local Performance



Open Complaints; Apr-22



### Performance by Service Area

		2021/22												2022/23
		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	% Closed on Time	32.6%	27.3%	37.5%	26.5%	15.2%	5.0%	10.5%	5.9%	23.1%	11.8%	7.9%	5.9%	
	% Acknowledged (3 days)	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	88.2%	
Acute Services	% Closed on Time	23.3%	21.4%	26.1%	31.6%	21.7%	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	
HSCP	% Closed on Time	53.8%	16.7%	50.0%	16.7%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	

### IMPROVEMENT ACTIONS

#### 22.1 Review complaint handling process and agree measures to ensure quality

**By Sep-22**

An overall review of the existing complaints handling process by Quality Improvement and Patient Relations teams continues, with a new digital monitoring system in development. This will significantly reduce duplication and negate the need for manual counting to ascertain complaints status.

In March, the Patient Relations Team focused on clearing their backlog of complaints, which was successful in reducing these numbers considerably; however, this has steadily increased again and we once more face a significant backlog of cases requiring drafting and/or progression. This is due to the ongoing increase in complaint numbers, as well as current staffing challenges.

However, the Patient Relations team have recently taken on several temporary staff members from the Contact Tracing team, who are currently receiving training in complaints handling, with a focus on stage 2 response drafting. The aim is for these additional staff members to support the Patient Relations Officers with drafting, which will help to reduce and maintain the number of cases waiting to be drafted, as well as helping to manage overall caseloads.

A new Head of Patient Experience has been appointed to the lead team and will commence in July 2022. The team will be re-branded as the Patient Experience Team and will not only focus on complaints handling (once all backlogs are cleared) but will also proactively lead on obtaining realtime patient feedback to improve patient experience and reduce complaints moving forwards.

#### 22.2 Improve education of complaint handling

**By Sep-22**

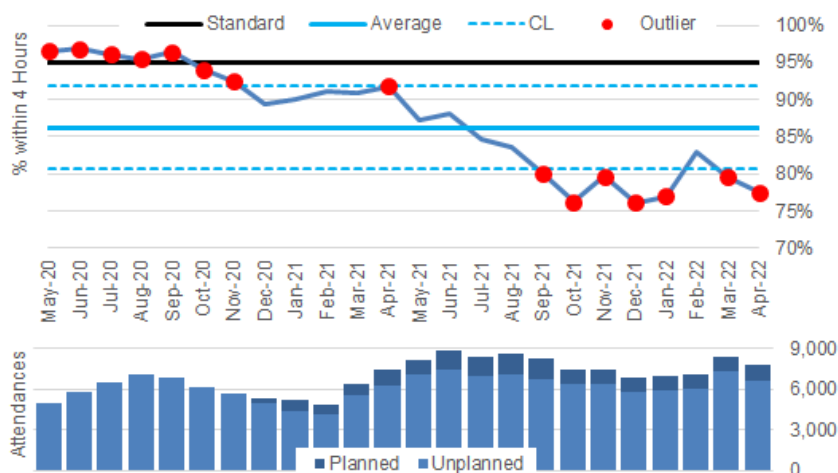
There is an existing aim to improve overall quality by recommencing the delivery of education programmes, such as induction and bespoke training sessions, across all Clinical Services. However, this plan remains on hold at present due to the pressures and capacity within the team as well as the ongoing response to COVID-19. Patient Relations is engaging with the Organisational Learning Group to share learning from complaints, address common themes and target improvements.

**New improvement actions for will be incorporated following approval of Annual Delivery Plan**

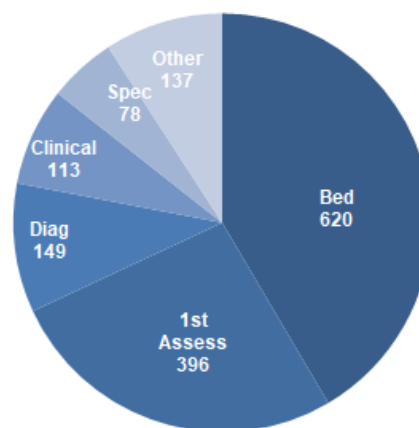
### 4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

#### Local Performance



Breach Reason; Apr-22



#### National Benchmarking

	2021/22												2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%	
Scotland	87.2%	85.1%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%	

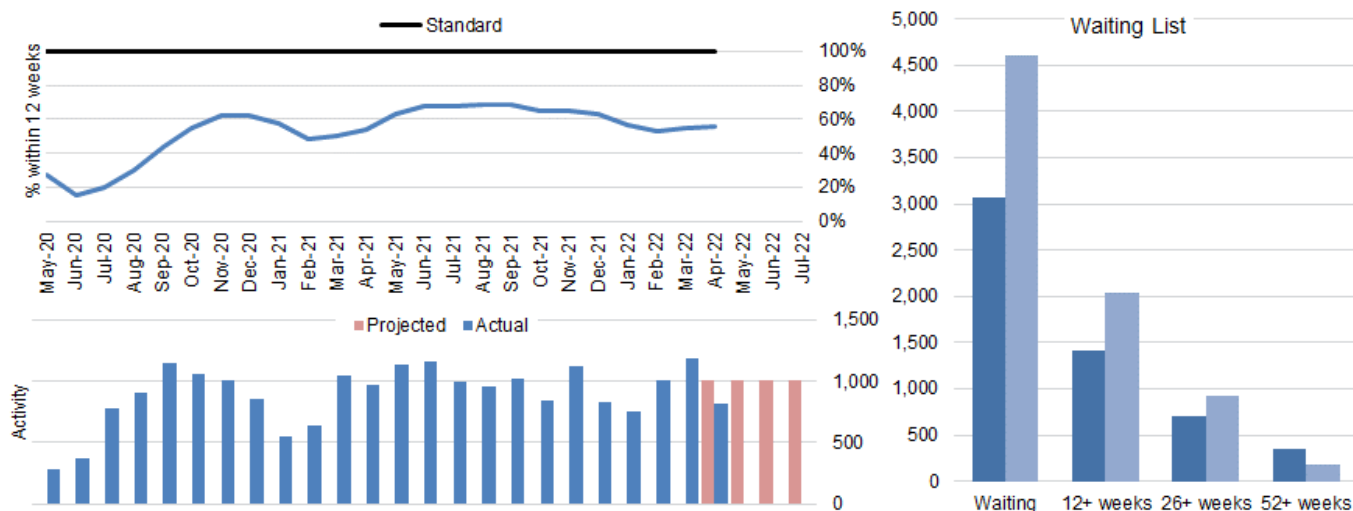
#### IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

**Patient TTG**

*We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed*

**Local Performance**



**National Benchmarking**

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%
Scotland	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	

**IMPROVEMENT ACTIONS**

**22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling**

**By Sep-22**

Business case being progressed suitable IT system identified

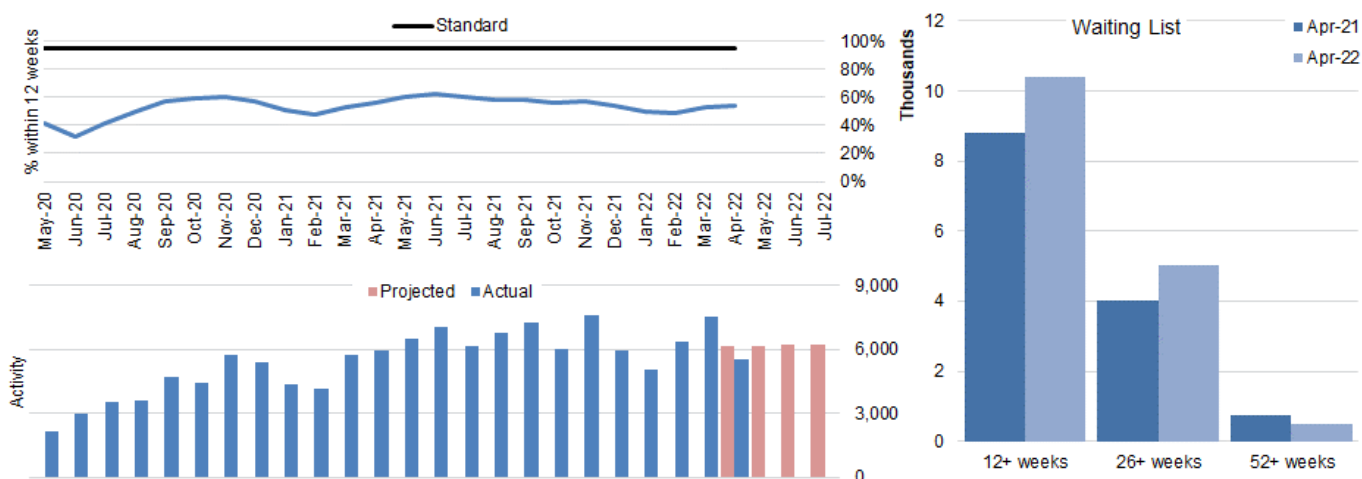
**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**



## New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

### Local Performance



### National Benchmarking

	2021/22												2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%	
Scotland	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%		

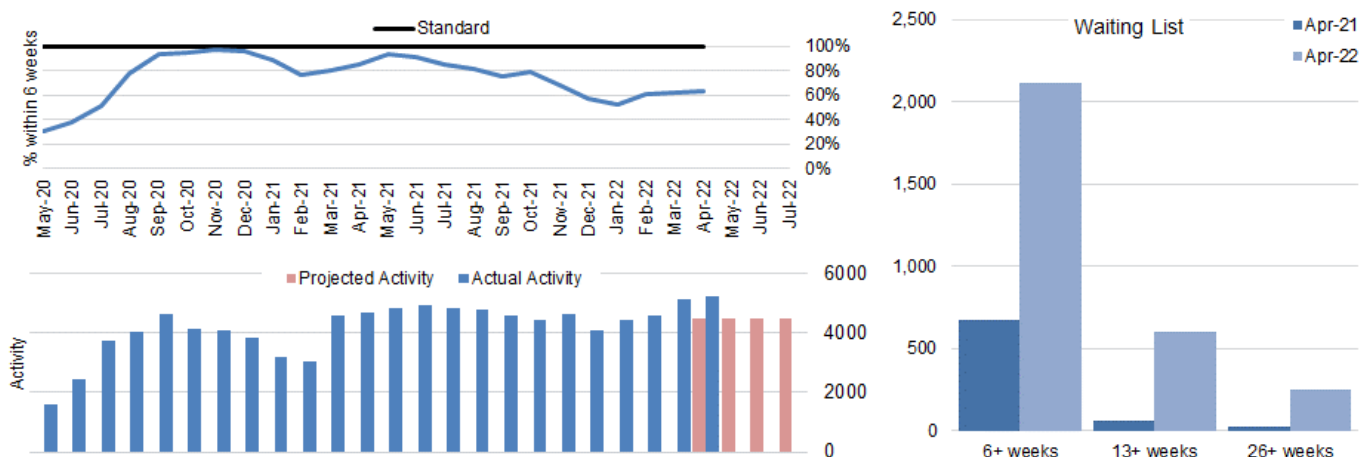
### IMPROVEMENT ACTIONS

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

**Diagnostics Waiting Times**

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

**Local Performance**



**National Benchmarking**

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>NHS Fife</b>	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%
<b>Scotland</b>	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	

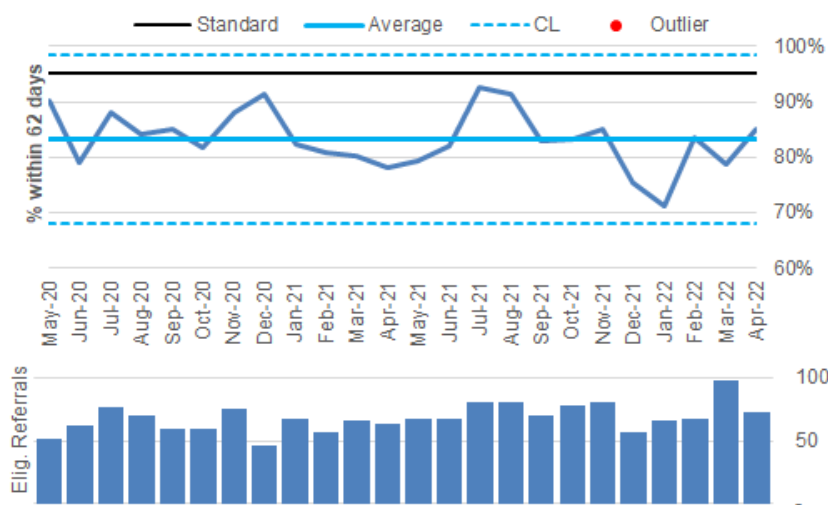
**IMPROVEMENT ACTIONS**

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

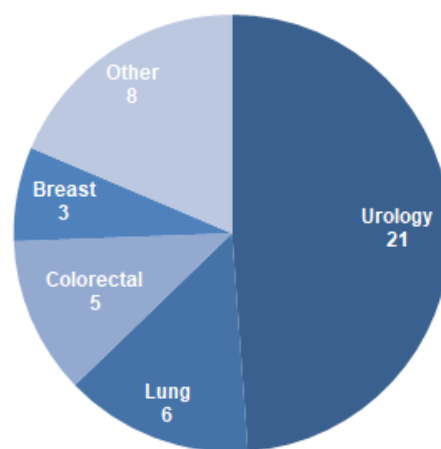
**Cancer 62-Day Referral to Treatment**

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

**Local Performance**



Breaches; QE Apr-22



**National Benchmarking**

Month	2021/22												2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%	
Scotland	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%	

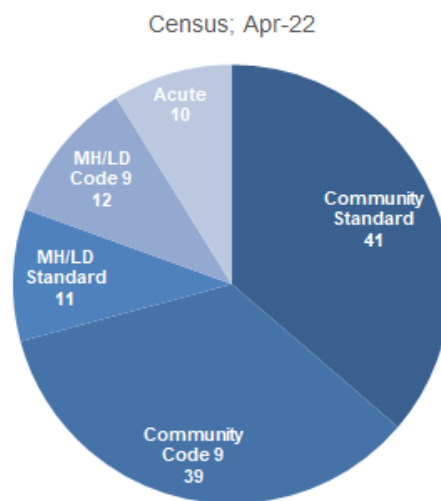
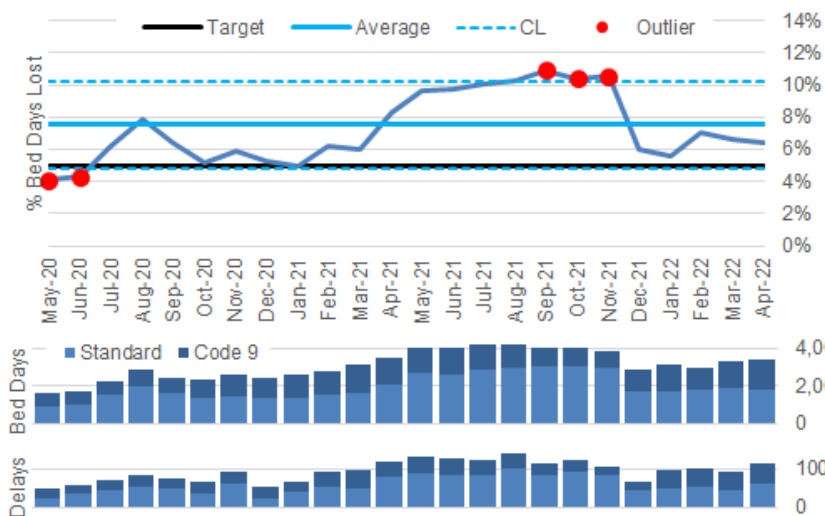
**IMPROVEMENT ACTIONS**

<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Mar-23</b>
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways, initially prostate, and introduction of the optimal lung cancer pathway will also be prioritised.	
<b>20.4 Prostate Improvement Group to continue to review prostate pathway</b>	<b>By Mar-23</b>
A national review of the prostate pathway will be undertaken as part of the Recovery Plan. Small tests of change have been made within the pathway and further improvement measures continue.	
<b>21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan</b>	<b>By Jun-22</b>
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement is completed and first draft edits have been made. The delivery plan is currently under review and will be tabled at the next Cancer Governance and Strategy Group.	
<b>22.1 Effective Cancer Management Review</b>	<b>Complete May-22</b>
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework. An action plan has been completed and forwarded to Scottish Government. A further action to implement the effective cancer management framework will be determined for 2022-23 through the annual delivery plan.	
<b>New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan</b>	

**Delayed Discharges (Bed Days Lost)**

*We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied*

**Local Performance**



**National Benchmarking**

Quarter Ending	2019/20		2020/21		2021/22					
	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	
NHS Fife	% Bed Days Lost - Std	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%
	% Bed Days Lost - All	10.4%	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%
Scotland	% Bed Days Lost - Std	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%
	% Bed Days Lost - All	8.8%	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%

**IMPROVEMENT ACTIONS**

**21.1 Progress HomeFirst model / Develop a 'Home First' Strategy**

**By Dec-22**

The Oversight "Home First" group continue to meet on a regular basis, and Project Management Office (PMO) support is in place. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, and this action will continue for the remainder of 2022.

**22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community**

**Complete May-22**

This test of change has now ended. We intend to review lessons learned and consider a second test of change in the community.

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

## Finance

*NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health and Social Care Directorates (SGHSCD)*

### 1. Executive Summary

- 1.1 At the end of May the board's reported financial position is an overspend of £6.453m on Health Retained. This overspend comprises: £2.061m core overspend (of which £0.855m relates to Acute Set Aside overspend); £1.735m opening financial gap; and as yet unfunded Covid-19 costs of £2.657m (including £1.078m Public Health Test and Protect costs).

The Health Delegated position reflects a core underspend of £1.043m.

#### Revenue Financial Position as at 31 May 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services Division	238,149	40,588	41,879	-1,291
IJB Non-Delegated	9,426	1,563	1,541	22
Non-Fife & Other Healthcare Providers	94,380	15,719	16,268	-549
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	78,712	13,053	13,053	0
Board Admin & Other Services	74,277	12,337	12,415	-78
<b><u>Other</u></b>				
Financial Flexibility & Allocations	32,784	189	0	189
Income	-29,556	-4,935	-4,914	-21
Grip and Control	-2,000	-333	0	-333
<b>Sub-total Core position</b>	<b>496,172</b>	<b>78,181</b>	<b>80,242</b>	<b>-2,061</b>
Financial Gap	-10,408	-1,735		-1,735
<b>HB retained Covid 19</b>	<b>1,164</b>	<b>1,164</b>	<b>3,821</b>	<b>-2,657</b>
<b>SUB TOTAL</b>	<b>486,928</b>	<b>77,610</b>	<b>84,063</b>	<b>-6,453</b>
<b><u>Health &amp; Social Care Partnership</u></b>				
Fife H & SCP	374,525	61,460	60,417	1,043
Health delegated Covid 19	1,672	1,672	1,672	0
<b>SUB TOTAL</b>	<b>376,197</b>	<b>63,132</b>	<b>62,089</b>	<b>1,043</b>
<b>TOTAL</b>	<b>863,125</b>	<b>140,742</b>	<b>146,152</b>	<b>-5,410</b>

- 1.2 NHS Fife Board approved the financial plan for 2022/23 on 29 March 2022. The Strategic Planning and Resource Allocation (SPRA) process which took place in Autumn/Winter 2021, endorsed by the Executive Director Group and the NHS Fife Board, captured key cost pressures for the board and in the main identified the significant level of existing cost pressure of £19.9m within Acute Services which has been recognised in the financial plan. Our financial plan (at Appendix 1) has a cost improvement target for 2022/23 of £24.1m (circa 5% of Health retained baseline budget). Cost improvement plans of £11.7m (at Appendix 2) have been agreed with directorates and their respective Senior Responsible Officers. In addition, a £2m capital to revenue transfer to provide non-recurring support in the main for locally and nationally agreed cost pressures has also been approved. We have highlighted to Scottish Government (SG) our current resulting financial gap of £10.4m through the financial planning process and have identified a "pipeline" of emerging potential plans which will begin to contribute to the remaining gap over the medium term. The financial gap arises in the main from the recognised cost pressures in Acute Services of £19.9m.

- 1.3 The Board's Financial Plan for 2022/23 was developed on the assumption of receipt of full funding for the ongoing additional costs of managing the Covid 19 pandemic in line with Scottish Government (SG) advice at the time of writing the plan. However, the financial plan also referred to several specific and inherent risks within the plan, including the availability of Covid 19 funding to match our net additional costs. At the end of February 2022, SG provided additional Covid 19 funding to NHS Boards and Integration Authorities to meet Covid 19 costs in year and to support the ongoing impact of the pandemic. Any funding remaining at year end 2021/22 was carried forward in an earmarked reserve for Covid 19 purposes by the Integration authorities. Use of this funding continues to be discussed by the IJB Chief Finance Officer and the NHS Director of Finance targeting the additional Covid 19 costs in the Integration Board as well as the NHS Board in 2022/23. A national Covid Cost Improvement programme to support delivery of efficient cost reduction measures has been established to transition towards Covid related costs being accommodated in the Health and Social care Directorate funding envelope
- 1.4 At present no formal allocation letters have been issued by SG. A formal Quarter 1 review will take place which will look at the initial AOP submitted in March and also re-introduce the 3 year planning cycle. Appendix 3 shows our recurring baseline as per the Scottish Budget with details of all anticipated allocations for both core and non-core allocations.
- 1.5 With regard to Covid-19 funding, the SG confirmed an allocation of £7.5m for 2022/23. This funding has not yet been received nor has it been recognised in our month 2 reporting position. In addition we await funding confirmation on Public Health measures including test & protect (£1.078m unfunded spend to month 2). The Health Delegated covid spend including Covid vaccine costs is expected to be met from the Covid-19 earmarked reserve.
- 1.6 The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2. The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position.

## 2. Health Board Retained Services

### Clinical Services financial performance as at 31 May 2022 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division (HB Retained)	196,727	33,605	34,041	-436
Acute Services Division (Acute Set Aside)	41,422	6,983	7,838	-855
IJB Non Delegated	9,426	1,563	1,541	22
Non-Fife & Other Healthcare Providers	94,380	15,719	16,268	-549
Income	-29,556	-4,935	-4,914	-21
<b>SUB TOTAL</b>	<b>312,399</b>	<b>52,935</b>	<b>54,774</b>	<b>-1,839</b>

- 2.1 The Acute Services Division reports a core **overspend of £1.291m**. Acute Services continue to experience challenging capacity pressures at the front door and downstream wards in addition to delayed discharges. Measures are underway to ease the pressures and discussions are taking place around reliance on supplementary staffing within Acute. Key factors driving the non-pay overspend position to May of £0.395m relate to, continued medicines growth, diabetic pumps and the ongoing outsourcing of radiology reporting. Pay overspend of £0.273m is due to the delay in reducing supplementary staffing costs, which is one of the agreed cost improvement areas for Acute. Additionally, we await the outcome of a Labs and Radiology bid submitted to Scottish Government requesting funding of £1.7m. Expenditure has been incurred against this scheme and currently contributes to the overspend position. Additionally, the Acute directorate are incurring expenditure for Waiting List Initiatives but the level of available funding has not been increased to reflect the pay growth on substantive contracts and is also contributing to a level of the overspend. Discussions are ongoing with SG in relation to this issue. The remainder of the reported overspend to May relates to unachieved savings of £0.124m, with an expectation the pipeline schemes will cover any in year slippage.

Progress is underway with schemes funded by Scottish Government focusing on Interface Care and Discharge Without Delay and posts continue to be appointed to on a non-recurring basis to support the transition of service delivery to more streamlined patient pathways.

Included in the core ASD position is an overspend on Set aside services of £0.855m which is being funded on a non-recurring basis by the board. The full year cost pressure on set aside budgets is circa £6m and is included in the board's financial plan gap of £10.4m.

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.022m**. This is within Acute Services within the North East Fife Hospitals.
- 2.3 The budget for healthcare services provided out-with NHS Fife is **overspent by £0.549m** which reflects cost pressures within the SLAs with Tayside, Lothian, Forth Valley and private healthcare providers and includes a cost improvement target. Work is underway to develop a cost improvement plan to mitigate costs wherever possible and in the first instance a detailed review of private sector healthcare providers for mental health services is underway. Further detail is contained in Appendix 4.

### 2.4 Corporate Functions and Other Financial performance at 31 May 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,712	13,053	13,053	0
Board Admin & Other Services	74,277	12,337	12,415	-78
<u>Other</u>				
Financial Flexibility & Allocations	32,784	189	0	189
<b>SUB TOTAL</b>	<b>185,773</b>	<b>25,579</b>	<b>25,468</b>	<b>111</b>

- 2.5 The Estates and Facilities budgets report a **break-even position**. This comprises an underspend in pay of £0.158m which is continuing the trend of last year across several departments including estates services, catering, and portering. Non-pay costs are over spent by £0.158m with energy and clinical waste the main drivers. Also, this month there has been roof repairs of £0.051m at QMH and Leven Health Centre.
- 2.6 Within the Board's corporate services there is **an overspend of £0.078m**. Driven mainly by allocation of the in-year Cost Improvement Target and work continues to regain traction on this.
- Financial Flexibility
- 2.7 Financial flexibility at the end of the May reflects allocation and uplift assumptions held corporately including supplies, medical supplies and drugs uplifts. The release of this flexibility and allocations will take place as the year unfolds and as the financial impact of national policies crystallise. A summary of funding held in **financial flexibility** and the release of **£0.189m** to month 2 is shown at Appendix 5.
- Financial Gap
- 2.8 The **financial plan gap** at month 2 reflects the proportionate share of the planned £10.4m deficit (**£1.735m** to month 2) which will be addressed as part of our medium-term (3 year) financial planning.
- Approved Cost Improvement Plans
- 2.9 During the first quarter of the financial year significant activity has been taken forward led by each Senior Responsible Officer (SRO), to develop and implement the approved cost improvement plans. A summary by SRO of the status of approved plans is included in the table below.

# Overall Summary

Description (Original Confirmed Schemes)	Target £'000	CIP Recur. £'000	CIP Non -Rec £'000	Made up of:	Current RAG / Narrative against delivery of £11.7M within 2022/23 Financial Year
Acute Services Directorate	4450	4345	1000	14 CIP schemes – all in Delivery	£105k Overall Shortfall – pipeline projects being reviewed to mitigate
Pharmacy & Medicines Directorate	920	638	262	20 CIP schemes – 11 delivering recurring savings, 9 non-recurring making up in-year shortfall before all recurring savings kick in	Confidence in delivery – additional substantial schemes in Pipeline
Property & Infrastructure	1330	1330		6 CIP schemes – all in Delivery	Confidence in delivery – weighted towards last Quarter
Vacancy Factor	3000	3000		Split across 10 directorates / areas	TBC
Financial Grip & Control	2000	2000		TBC	CIP in Development
<b>Total</b>	<b>11700</b>	<b>11595</b>	<b>262</b>	<b>OVERALL RAG</b>	<b>Projected to deliver on Target</b>

To the end of May, actual cost improvement delivered total £0.747m as per the table below against a plan of £1.638. The majority of the slippage in plans is in relation to the vacancy factor which was only approved and allocated to directorates for their May financial performance. The slippage within Acute services is in relation to vacancy factor also and it is anticipated this will be picked up in later months as actions are taken by the directorates.

## Approved Cost Improvement Plans - Position at 31 May 2022

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute	5,752	288	164	-124
Estates & Facilities	1,250	500	503	3
Corporate	4,698	850	80	-770
<b>Total</b>	<b>11,700</b>	<b>1,638</b>	<b>747</b>	<b>-891</b>

### 3. Health Board Covid-19 spend

3.1 With regard to Covid-19 funding, a letter was received from SG on 1 June advising of a £7.5m Covid-19 for 2022-23. This funding has not yet been received or recognised in our month 2 reporting position. In addition we await funding confirmation on Public Health measures including test & protect (£1.078m unfunded spend to month 2).

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute	1,164	1,079	1,164	2,243	-1,079
Estate & Facilities	-	41	161	202	-202
Corporate	-	276	22	298	-298
Public Health	-	-	-	1,078	-1,078
<b>Total</b>	<b>1,164</b>	<b>1,396</b>	<b>1,347</b>	<b>3,821</b>	<b>-2,657</b>

3.2 An additional layer of transparency around Covid-19 expenditure has been added for this financial year to encompass the breakdown of expenditure between HB Retained costs and those relating to Acute Set Aside.



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- 3.3 Acute Services continue to incur Covid expenditure for services which have not yet scaled back and general delays in transfer of care due to the Covid impact in Community settings. Point of Care testing continues and NMAB clinics provide access to medication for Covid positive individuals in a bid to prevent hospital admissions. Staff absences for covid reasons also continue to drive sickness absence costs. Discussions with services are ongoing to determine an exit strategy for Covid expenditure and to gain an understanding of what will remain as business as usual in the future.
- 3.4 Corporate budgets continue to incur Covid-19 costs. Detailed work continues with services to secure exit planning and absorption of the Covid-19 costs into core costs.
- 3.5 Public Health colleagues have established a short life working group to work through the staffing implications of the ending of Contact Tracing, Asymptomatic Testing and Fixed Term Public Health roles. The current level of spend will fall over the coming months. A level of symptomatic testing will continue which is currently being modelled nationally.
- 3.6 It is anticipated funding for 2022/23 Covid-19 costs in respect of Acute set aside Covid-19 spend will be met from the Covid allocations provided in 2021/22 to the Integration Joint Board.

### 4. Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £1.043m**.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>Health &amp; Social Care Partnership</b>				
Fife H & SCP	376,198	63,133	62,090	1,043
<b>SUB TOTAL</b>	<b>376,198</b>	<b>63,133</b>	<b>62,090</b>	<b>1,043</b>

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £0.855m overspend to month 2 per 1.1 above). Anticipated funding from the IJB earmarked reserve is shown at Appendix 7.

### 4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £1.672m to month 2, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend Budget Area	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	467	467	0
Complex And Critical Services	48	48	0
Primary Care + Prevention Ser	81	81	0
Professional/business Enabling	23	23	0
Covid-19 Vaccination Costs	1,053	1,053	0
<b>Total</b>	<b>1,672</b>	<b>1,672</b>	<b>0</b>

### 5. Risks

- 5.1 There is a risk around the Health Board retained Covid-19 costs and funding levels which encompass Acute, Acute set-aside and Corporate function costs.
- 5.2 There is a significant risk around Public Health test and protect and track and trace funding where we await confirmation of funding arrangements.
- 5.3 There is a lack of certainty over future funding allocations, for example: Redesign of Urgent Care and International Recruitment.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

5.4 There are a number of ongoing inflationary price increases e.g. energy price increases, the cost of food and building materials. Whilst some assumptions have been made in the financial planning process, detailed work remains ongoing to capture and forecast the potential impact for NHS Fife.

## 6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2.

6.2 The capital plan for 2022/23 is pending approval by the FP&R Committee in July and will subsequently be tabled at the NHS Fife Board. NHS Fife has assumed a programme of £24.837m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,389
Kincardine Health Centre	856
Lochgelly Health Centre	1,228
QMH Theatres PH2	1,500
Mental Health	100
<b>Total</b>	<b>24,837</b>

The Kincardine & Lochgelly Health Centres are still subject to approval at OBC stage. Confirmation on Health Centre plans approval status is anticipated following SCIG on 29 June 2022.

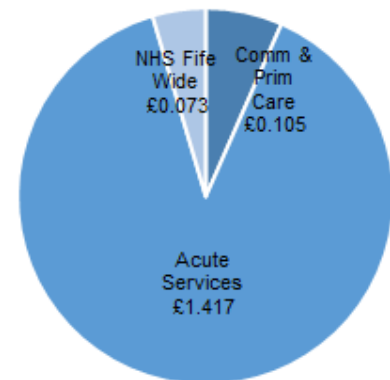
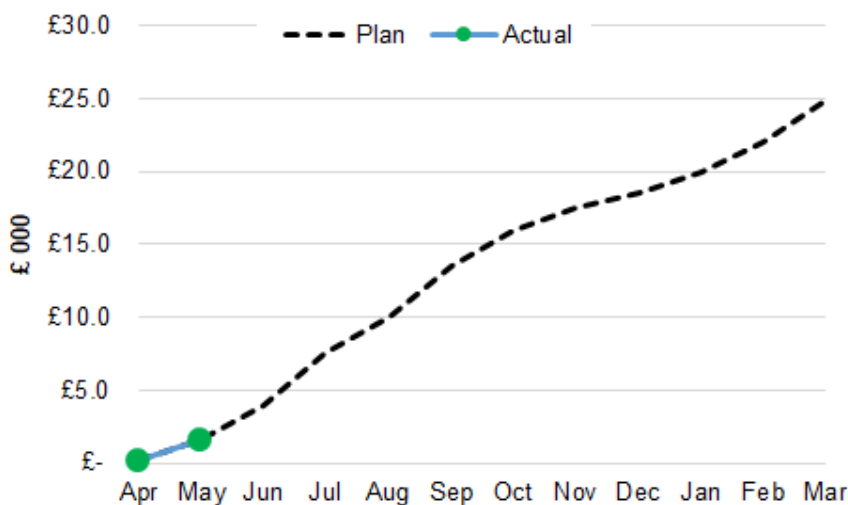
### 6.3 Capital Receipts

Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department. The Developers have provided other plans in order to move forward, however, the GP's are still objecting.

### 6.4 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.595m, this equates to 6.42% of the total anticipated capital allocation, as illustrated in the spend profile graph above.



The main areas of spend to date include:

Statutory Compliance	£0.479m
Equipment	£0.088m

Digital	£0.073m
Elective Orthopaedic Centre	£0.856m
Health Centres	£0.099m

6.5 The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position. Further detail on capital expenditure are detailed in Appendices 8 and 9.

## 7 Recommendation

7.1 EDG is asked to consider the detail of this report and specifically:

- **Note** the reported core overspend £6.453m
- **Note** the Health delegated core underspend position £1.043m
- **Note** the capital expenditure spend of £1.595m .

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1

<b>NHS Fife 2022/23 Financial Plan</b>			
	<b>Total £'000</b>	<b>IJB £'000</b>	<b>HB retained £'000</b>
Expenditure FY budget roll forward	878,069	408,956	469,113 **
Allocation Uplifts 22/23 per SG announcement	25,492	9,171	16,321
<b>Available budget</b>	<b>903,561</b>	<b>418,127</b>	<b>485,434</b>
<b>FP Uplift Assumptions 22/23</b>			
21/22 ASD pressures	19,900	*	19,900
22/23 pressure	7,000	*	7,000
Financial Flexibility	-2,800	*	-2,800
<b>Budget requirement</b>	<b>927,661</b>	<b>418,127</b>	<b>509,534</b>
<b>Initial gap</b>	<b>-24,100</b>	<b>0</b>	<b>-24,100</b>
Approved CIPs	11,700	*	11,700
Cap to rev transfer	2,000	*	2,000
<b>Opening budget 22/23</b>	<b>917,261</b>	<b>418,127</b>	<b>499,134</b>
<b>Agreed remaining gap for 22/23</b>	<b>-10,400</b>	<b>0</b>	<b>-10,400</b>
*to be considered through IJB financial planning process			
** includes Acute set aside of £38.899m			

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 2: Approved Cost Improvement Plans

Confirmed Cost Improvement Plans 2022/23				
SRO	Area	Plan	£'000	£'000
		Procurement:		
Acute	PCD	Instruments & Sundries & CSSD	1,000	
Acute	PCD	Investment in Theatres Procurement/Cost reduction	500	
		Service Commissioning:		
Acute	PCD	Repatriation of Radical Prostatectomy	205	
Acute	WCCS	Travel, Printing	60	
Acute	WCCS	Managed Service Contract for Labs	425	
		Service Redesign:		
Acute	WCCS	Skill mix review	50	
		Pharmacy:		
Acute	ECD	Pirfenidone and Nintedanib Homecare	40	
Acute	ECD	Patent Expiry/ Homecare	160	
Acute	WCCS	Community Paediatric Drugs	20	
		Supplementary Staffing:		
Acute	Acute	Reduction in non core staffing	2,000	
Acute	WCCS	Vacancy release	210	4,670
		Pharmacy & Medicines Directorate		
Pharmacy		Medicines Efficiency, PAS Rebates, Contract Changes	700	700
		Property & Infrastructure		
P&I		Major Contract Review	250	
P&I		Property Maintenance Minor Works Team	100	
P&I		Energy Savings - NDEE Project	150	
P&I		Rates Review	500	
P&I		Roster Review	250	
P&I		Terminate Lease for Evans Business Park	80	1,330
		Vacancy Factor		
All	All	Vacancy Factor (less than 1% of total pays)	3,000	3,000
		Financial Grip & Control		
Finance	All	Financial Control across all areas of spend and financial flexibility/Accelerate from Pipeline Projects where possible	2,000	2,000
		<b>Total</b>	<b>11,700</b>	<b>11,700</b>

Appendix 3: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total
		£'000	£'000	£'000	£'000
	Initial Baseline Allocation	723,323			723,323
	<b>Total Core RRL Allocations</b>	<b>723,323</b>	<b>0</b>	<b>0</b>	<b>723,323</b>
Anticipated	Primary Medical Services		59,263		59,263
Anticipated	Outcomes Framework		4,520		4,520
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,090		2,090
Anticipated	Distinction Awards		139		139
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-40		-40
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-843		-843
Anticipated	Community Pharmacy Pre-Reg Training		-165		-165
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	<b>FNP</b>		1,425		1,425
Anticipated	<b>New Medicine Fund</b>		6,683		6,683
Anticipated	<b>Golden Jubilee SLA</b>		-25		-25
Anticipated	<b>PCIF</b>		10,037		10,037
Anticipated	<b>Action 15 Mental Health strategy</b>		2,121		2,121
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	Tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		333		333
Anticipated	ADP		920		920
Anticipated	School Nurse		276		276
Anticipated	Perinatal and Infant Mental Health		663		663
Anticipated	Primary care development funding		30		30
Anticipated	CAMHS		704		704
Anticipated	National Cancer Recovery Plan SPOC		64		64
Anticipated	National SACT Pharmacy		8		8
Anticipated	Mental Health Funding Pharmacy recruitment		64		64
Anticipated	Mental health & Wellbeing primary care services		105		105
Anticipated	Waiting list			6,700	6,700
Anticipated	Uplift 22/23	25,492			25,492
Anticipated	Capital to Revenue			2,000	2,000
Anticipated	Covid 19 Retained			7,500	7,500
Anticipated	Young Peoples fund		10		10
Anticipated	Band 2-4		895		895
Anticipated	TAC		1,000		1,000
Anticipated	ICU		799		799
Anticipated	Additional Waiting List			1,189	1,189
Anticipated	Radiology			948	948
Anticipated	NSD etc		-4,531		-4,531
Total Anticipated		<b>25,492</b>	<b>85,537</b>	<b>18,337</b>	<b>129,366</b>
		<b>748,815</b>	<b>85,537</b>	<b>18,337</b>	<b>852,689</b>
Anticipated	IFRS			9,301	9,301
Anticipated	Donated Asset Depreciation			135	135
Anticipated	Impairment			500	500
Anticipated	AME Provisions			500	500
Anticipated					0
Anticipated					0
	<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>10,436</b>	<b>10,436</b>
	<b>Grand Total</b>	<b>748,815</b>	<b>85,537</b>	<b>28,773</b>	<b>863,125</b>

## Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	101	17	16	1
Borders	47	8	9	-1
Dumfries & Galloway	26	4	10	-6
Forth Valley	3,311	552	612	-60
Grampian	374	62	47	15
Greater Glasgow & Clyde	1,724	287	279	8
Highland	141	23	34	-11
Lanarkshire	120	20	36	-16
Lothian	32,822	5,470	5,566	-96
Scottish Ambulance Service	105	18	17	1
Tayside	41,258	6,878	7,164	-286
Cost Improvement target	-1,817	-303		-303
	<b>78,212</b>	<b>13,036</b>	<b>13,790</b>	<b>-754</b>
<b>UNPACS</b>				
Health Boards	14,182	2,363	2,096	267
Private Sector	1,181	197	260	-63
	<b>15,363</b>	<b>2,560</b>	<b>2,356</b>	<b>204</b>
OATS	740	123	122	1
Grants	65			0
<b>Total</b>	<b>94,380</b>	<b>15,719</b>	<b>16,268</b>	<b>-549</b>

## Appendix 5: Financial Flexibility

	Flexibility Released to May-22	
	£'000	£'000
Drugs :NMF	1,359	
Junior Doctor Travel	47	
Consultant increments	441	
Discretionary Points	232	
AME impairments	500	
AME Provisions	634	
Prior Years Approved Developments, National Initiatives	2,509	189
Health Retained 22-23 Uplifts	8,514	
Cost pressures 22-23	4,179	
Allocations to be distributed	14,369	
<b>Total</b>	<b>32,784</b>	<b>189</b>

## Appendix 6: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	70	70	0
PCD	Investment in Theatres Procurement / Cost Reduction	500	0	0	0
PCD	Repatriation of Radical Prostatectomy	205	0	0	0
WCCS	Travel & Printing	60	12	12	0
WCCS	Managed Service Contract for Labs	425	71	46	(25)
WCCS	Skill Mix Review	50	7	6	(0)
ECD	Pirfenidone / Nintedanib	40	7	7	0
ECD	Patent Expiry / Homecare	160	0	0	0
WCCS	Community Paediatric Drugs	20	3	3	0
Acute	Reduction in Non Core Staffing	2,000	0	0	0
WCCS	Vacancy Release	210	33	0	(33)
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	21	19	(2)
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	0	0	0
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	0	0	0
P&I	Terminate Lease for Evans Business Park	80	80	80	0
All	Vacancy Factor	3,000	500	0	(500)
All	Financial Grip & Control	2,000	333	0	(333)
	<b>Total</b>	<b>11,700</b>	<b>1,638</b>	<b>747</b>	<b>(891)</b>



# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 7: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	Anticipated at May-22 £'000
Covid-19 earmarked reserve - SG letter February 2022	35,478	1,784
Vaccine	2,472	1,053
ADP (from Core)	1,700	0
Primary Care Improvement Fund	6,585	0
Care homes	817	0
Urgent Care Redesign	950	139
Action 15	1,791	0
RT Funding	1,500	0
FSL	0	0
District Nurses	213	0
Fluenz	18	0
Mental Health Recovery & Renewal	3,932	100
Workforce Wellbeing	244	0
Budival	213	0
Child Healthy Weight	23	0
Acceleration of 22/23 MDT recruitment	300	0
Multi Disciplinary Teams	1,384	0
GP Premises	430	0
Afghan Refugees	47	0
Dental Ventilation	669	0
Interface care	170	0
Core general reserve	4,125	0
Core underspend	3,409	0
<b>TOTAL</b>	<b>66,470</b>	<b>3,076</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 8 : Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	53	0	53
Statutory Compliance	346	6	346
Capital Equipment	14	0	14
Condemned Equipment	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>413</b>	<b>6</b>	<b>413</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	1,890	473	1,890
Capital Equipment	1,130	88	1,130
Clinical Prioritisation	0	0	0
Condemned Equipment	13	0	13
QMH Theatre	734	0	734
<b>Total Acute Services Division</b>	<b>3,767</b>	<b>561</b>	<b>3,767</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	263	0	263
Information Technology	877	73	877
Clinical Prioritisation	197	0	197
Statutory Compliance	160	0	160
Condemned Equipment	87	0	87
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
<b>Total NHS Fife Wide Schemes</b>	<b>3,584</b>	<b>73</b>	<b>3,584</b>
<b>TOTAL CAPITAL ALLOCATION FOR 2022/23</b>	<b>7,764</b>	<b>641</b>	<b>7,764</b>
<b>ANTICIPATED ALLOCATIONS 2022/23</b>			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	856	50	856
Lochgelly Health Centre	1,228	49	1,228
Mental Health Review	100	0	100
Elective Orthopaedic Centre	13,389	856	13,389
<b>Anticipated Allocations for 2022/23</b>	<b>17,073</b>	<b>955</b>	<b>17,073</b>
<b>Total Anticipated Allocation for 2022/23</b>	<b>24,837</b>	<b>1,595</b>	<b>24,837</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

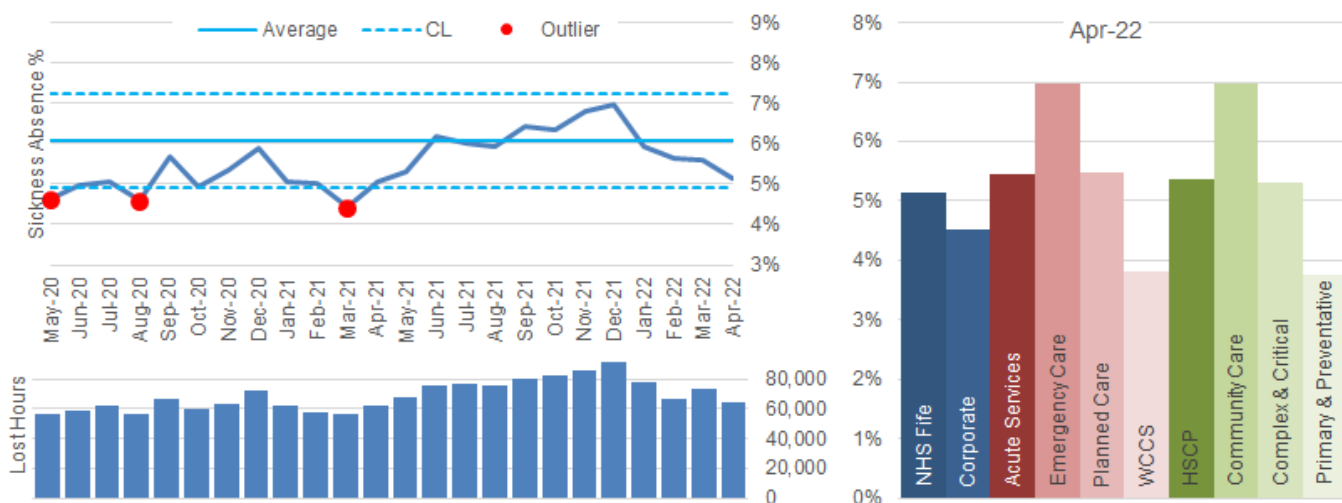
## Appendix 9: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	0	20	20
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	0	105	105
Statutory Compliance	0	341	5	346
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>341</b>	<b>130</b>	<b>470</b>
<b>Acute Services Division</b>				
Capital Equipment	0	144	986	1,130
Condemned Equipment	0	0	13	13
Clinical Prioritisation	0	0	30	30
Statutory Compliance	0	1,891	-1	1,890
QMH Theatre	734	0	0	734
	<b>734</b>	<b>2,035</b>	<b>1,028</b>	<b>3,798</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	2,396	-2,232	-4	160
Fife Wide Equipment	1,407	-144	-1,006	257
Digital & Information	877	0	0	877
Clinical Prioritisation	250	0	-135	115
Condemned Equipment	100	0	-13	87
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
<b>Total Fife Wide</b>	<b>7,030</b>	<b>-2,376</b>	<b>-1,158</b>	<b>3,496</b>
<b>Total Capital Resource 2022/23</b>	<b>7,764</b>	<b>0</b>	<b>0</b>	<b>7,764</b>
<b>ANTICIPATED ALLOCATIONS 2022/23</b>				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	856	0	0	856
Lochgelly Health Centre	1,228	0	0	1,228
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,389	0	0	13,389
<b>Anticipated Allocations for 2022/23</b>	<b>17,073</b>	<b>0</b>	<b>0</b>	<b>17,073</b>
<b>Total Planned Expenditure for 2022/23</b>	<b>24,837</b>	<b>0</b>	<b>0</b>	<b>24,837</b>

## Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2022/23 = TBD%)

### Local Performance



### National Benchmarking

Month	2021/22												2022/23
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
NHS Fife	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	
Scotland	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	

### IMPROVEMENT ACTIONS

**22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions**

**By Mar-23**

Work is being progressed in a number of areas:

1. Continued early Occupational Health (OH) intervention for staff absent from work due to a mental health related reason, drawing on the specialist expertise from the OH Mental Health Nurse
2. Continued targeted managerial, Human Resources (HR) and wellbeing support for staff absent from work due to mental health related reasons
3. Introduction of Chartered Institute of Personnel and Development (CIPD) approved mental health checklist as a tool for managers to use to support staff experiencing mental health issues.

**22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence**

**By Mar-23**

Work is being progressed in a number of areas:

1. Provision of core HR, OH and staff wellbeing support to assist with achieving a reduction in sickness absence in line with the Annual Delivery Plan standard
2. Establishment of the Promoting Attendance Task Force chaired by the Chief Executive, to support the reduction in absence within NHS Fife; the first meeting of the Group is set for 9 June

The aims of this Group include:

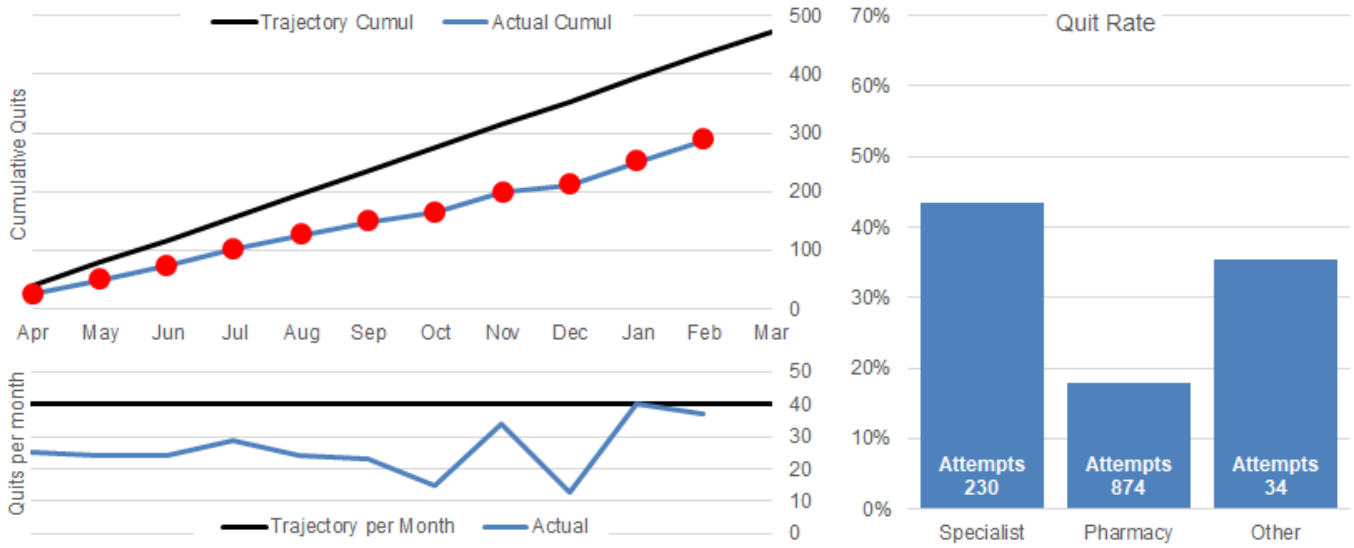
- To facilitate NHS Fife to meet the requirements of attendance management in relation to Staff Governance Standards and NHS Scotland average of less than 4%
- To drive forward improved attendance management in line with the target set, noting that from 1 April 2019 the aim was to work towards reducing sickness absence by 0.5% per annum over 3 years to 2022 with the target of achieving an overall NHS Scotland average of less than 4%
- To enhance accountability of attendance management at Executive level
- To support the implementation of locally agreed action plans
- To refresh the current promoting attendance training offered within the Board and align it with the actions of the Attendance Task Force, alongside promotion of the Once for Scotland eLearning module to managers and staff.

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

**Smoking Cessation**

*In 2021/22, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife*

**Local Performance (lag due to 12-week follow-up from quit date)**



**National Benchmarking**

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>NHS Fife</b>	Actual	25	24	24	29	24	23	15	34	13	40	37	
	Actual Cumul	25	49	73	102	126	149	164	198	211	251	288	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.9%	64.6%	64.0%	63.1%	59.4%	62.9%	59.6%	63.7%	66.4%	
<b>Scotland</b>	Achieved			92.4%			82.0%						

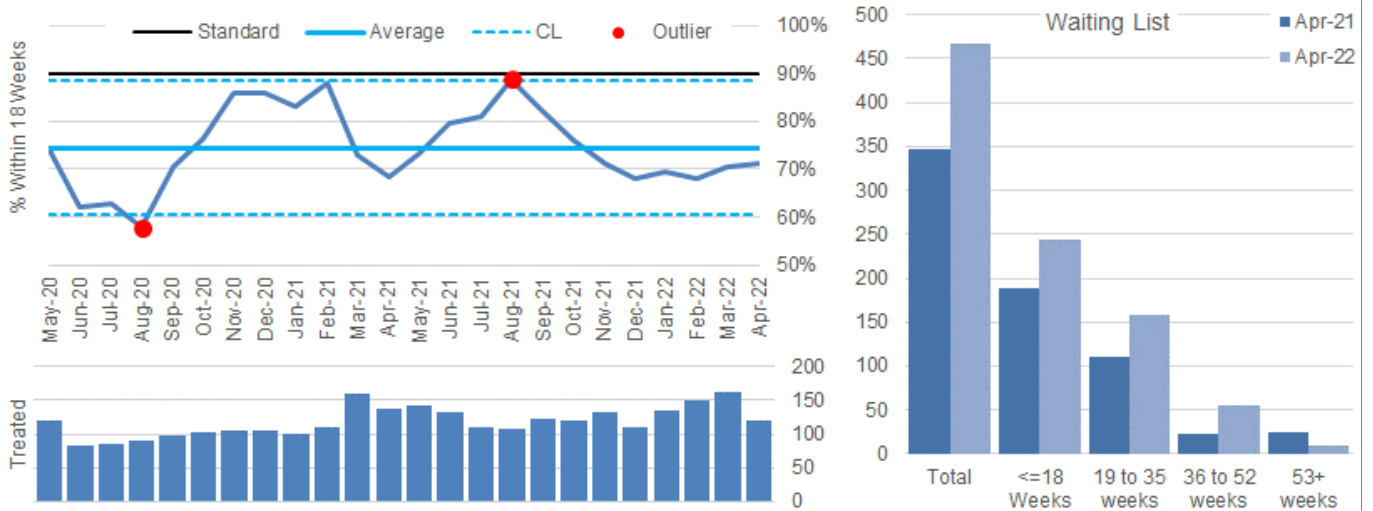
**IMPROVEMENT ACTIONS**

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

**CAMHS 18 weeks RTT**

*At least 90% of clients will wait no longer than 18 weeks from referral to treatment*

**Local Performance**



**National Benchmarking**

Month	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	71.1%
Scotland	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	

**IMPROVEMENT ACTIONS**

**21.3 Build CAMHS Urgent Response Team (CURT)**

**By Oct-22**

The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high with a 180% increase through 2022. A second round of recruitment is underway following limited applications. This aims to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. A review of activity and effectiveness of the model is ongoing utilising improvement methodology.

**22.1 Recruitment of Additional Workforce**

**By Oct-22**

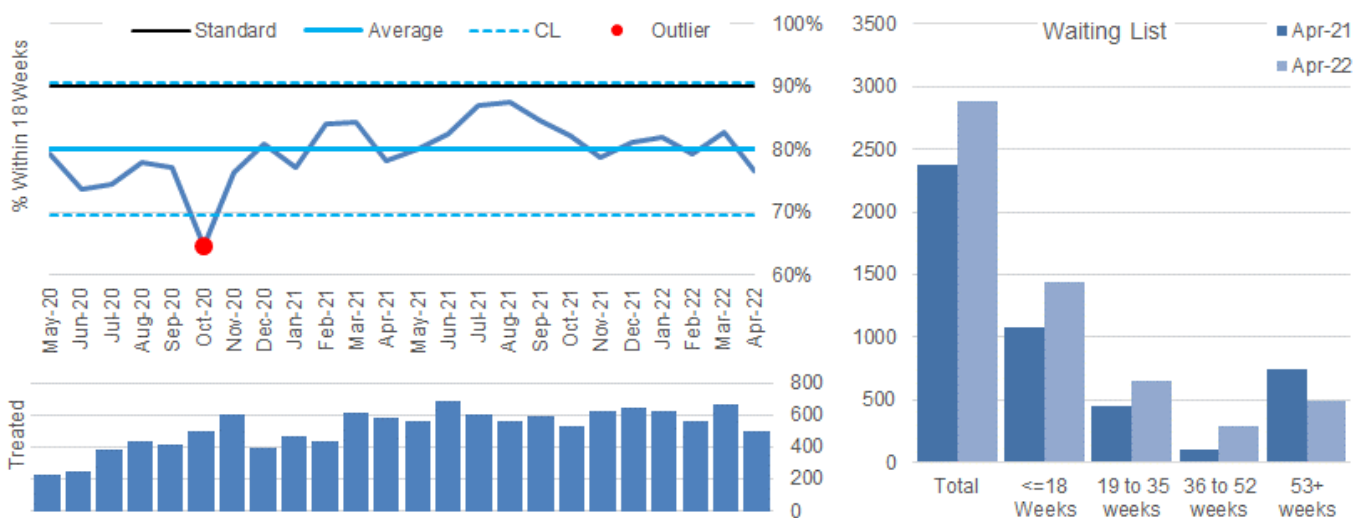
Recruitment is ongoing across multiple service areas to improve RTT, longest waits and CAMHS service provision. From the 12 staff identified to address immediate capacity issues, 9 have been appointed with remaining posts re-advertised at lower banding to improve uptake. All new staff have worked through an induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. This is balanced against staff departures and retirements which have created 6 additional posts for recruitment. Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 16 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) at interview stage.

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

**Psychological Therapies 18 weeks RTT**

*At least 90% of clients will wait no longer than 18 weeks from referral to treatment*

**Local Performance**



**National Benchmarking**

Month	2021/22												2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	76.5%	
Scotland	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%		

**IMPROVEMENT ACTIONS**

<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Aug-22</b>
<p>There remain significant national issues with workforce availability for staff who can provide highly specialised PTs which would address our WL backlog. The service has been successful in recruiting other grades of staff to increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The NHS Education for Scotland national recruitment campaign was less successful than hoped but 1.8 WTE staff accepted offers and are going through pre-employment.</p>	
<b>22.4 Waiting list management within General Medical Service in Clinical Health</b>	<b>By Aug-22</b>
<p>Staff are continuing to undertake a focused piece of work to clear the backlog on the assessment waiting list, and this is having a positive impact on the assessment waiting time. This has helped ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways. A key driver is the need to differentiate patients with functional neurological disorder (FND) from those with other needs in order to inform development of appropriate clinical pathways. Recruitment of a Specialist Clinical Psychologist to lead on development of the FND pathway is underway. In addition successful recruitment of a 0.8 WTE additional member of staff from the National Recruitment drive will increase capacity within General Medical.</p>	

**New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan**

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>NHS Fife Workforce Information Overview</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Brian McKenna, HR Manager – Workforce Planning</b>

## 1. Purpose

**This is presented to Staff Governance Committee members for:**

- Assurance

**This report relates to:**

- Local policy

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

- Effective

## 2. Report Summary

### 2.1 Situation

The attached report provides the NHS Fife Workforce Information Overview, for the last quarter of the previous financial year to 31 March 2022.

### 2.2 Background

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

Appendix 1 attached to this report provides an overview of the NHS Fife workforce information at 31 March 2022. The information has been taken from a range of workforce systems and generated through the Tableau reporting tool. In addition, work is continuing with other Directorates to refine measures and consider additional data options for future systems developments. Workforce information presented at different hierarchical levels appropriate to operational remit and purpose is available to managers on a routine basis.



Appendix 2 provides an overview of the Protected Characteristics of NHS Fife's workforce.

In addition, a summary of the Staff Health and Wellbeing Support activities and statistics for April and May 2022 are attached at Appendix 3, for information.

## **2.3 Assessment**

### **2.3.1 Quality / Patient Care**

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

### **2.3.2 Workforce**

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

This report contributes to the well informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment / Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

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 Other Impact**

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

The systems development activity mentioned within this report is part of ongoing regional collaboration. The content of this report has been developed by the Workforce Information team in collaboration with colleagues in Digital & Information.

### 2.3.8 Route to the Meeting

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

## 2.4 Recommendation

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

- Information providing the overview of the NHS Fife workforce composition at 31 March 2022
- NHS Fife Workforce Protected Characteristics Overview Report at 31 March 2022
- Staff Health and Wellbeing Support activities and statistics for April and May 2022

## 3. List of Appendices

Appendix 1: NHS Fife Workforce Information Overview at 31 March 2022

Appendix 2: NHS Fife Workforce Protected Characteristics Overview Report at 31 March 2022

Appendix 3: Summary of the Staff Health and Wellbeing Support activities and statistics for April and May 2022

### Report Contact:

Brian McKenna  
HR Manager – Workforce Planning  
e-mail: [brian.mckenna@nhs.scot](mailto:brian.mckenna@nhs.scot)

NHS FIFE WORKFORCE OVERVIEW REPORT

MARCH 2022

INTRODUCTION

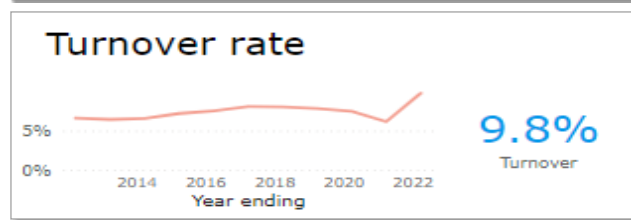
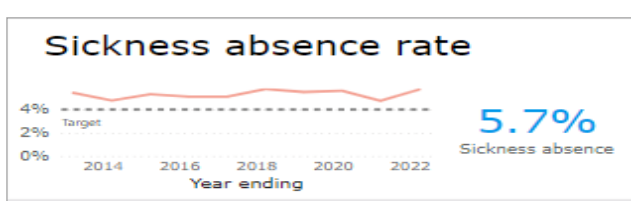
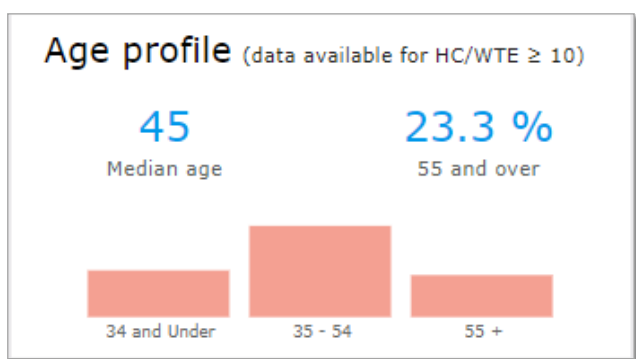
This report provides an overview of workforce data at organisational level. Work continues with other Directorates to refine measures and inform development of workforce data. This information is publicly available via the NES portal or is already routinely shared on a National basis.

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

OVERVIEW

At 31 March 2022, NHS Fife employed 9,879 employees (8,257.2 WTE). There has been a marked increase in the number of employees within the previous 5 years, correlating to the start of the Covid-19 pandemic. Turnover figures has also increased for the year ending 31 March 2022, reflecting in part a number of employees who delayed life events during the emergency response to the pandemic and choosing to retire as we move into the endemic phase of the virus.

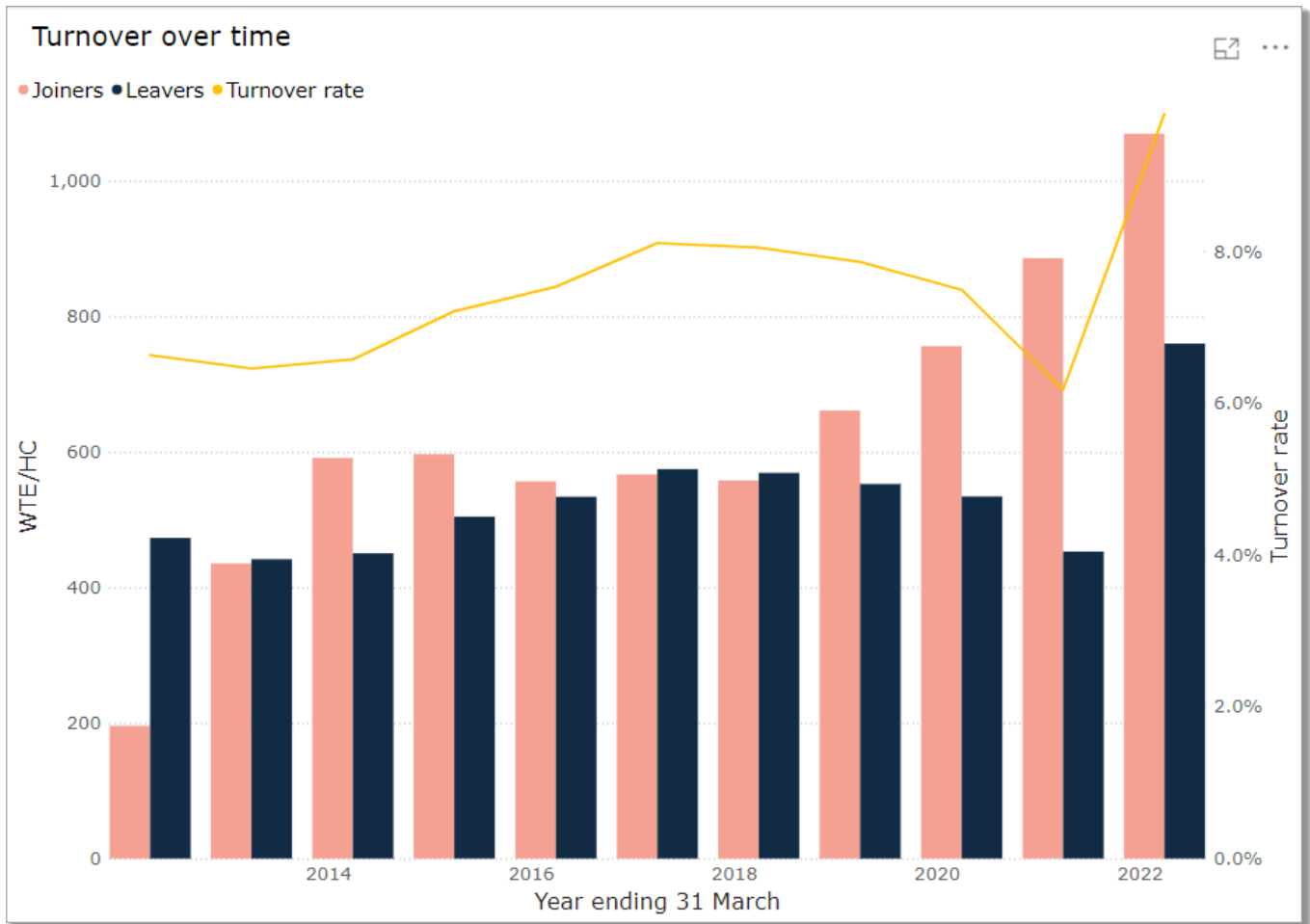
Equally, this rise in staffing numbers has been driven by a greater prevalence of temporary contracts, and the utilisation of such contracts will increase the number of leavers at the planned expiry of their contracts. The percentage of staff on fixed term contracts was 8.5% in March 2022, compared to 3.1% in March 2020.



Source: turasdata.nes.nhs.scot

## RECRUITMENT: JOINERS, LEAVERS & TURNOVER

The impact of the Covid-19 pandemic on recruitment activity and the overall available staffing resource is demonstrated in the chart below. The WTE number of joiners has increased steadily since the year ending 31 March 2019. The number of leavers had shown a reducing trend since 2018, only increasing in the 2021/2022 financial year.

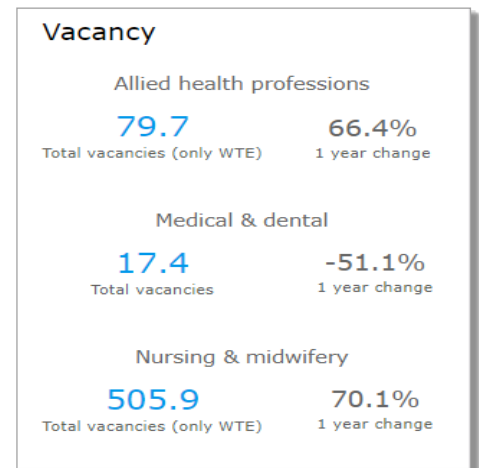


Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

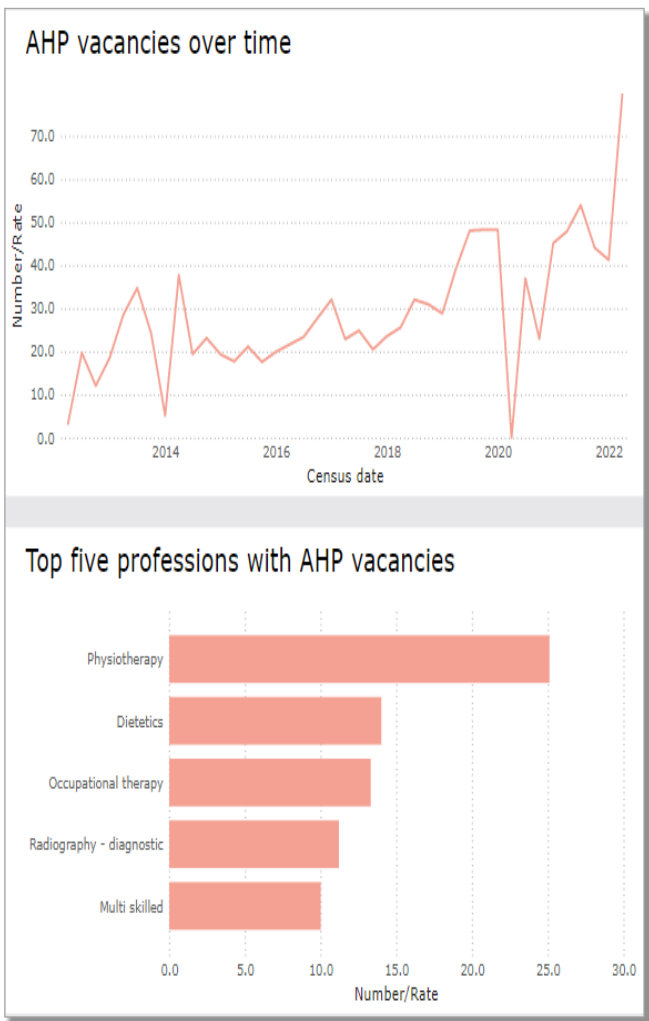
## RECRUITMENT: VACANCIES

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

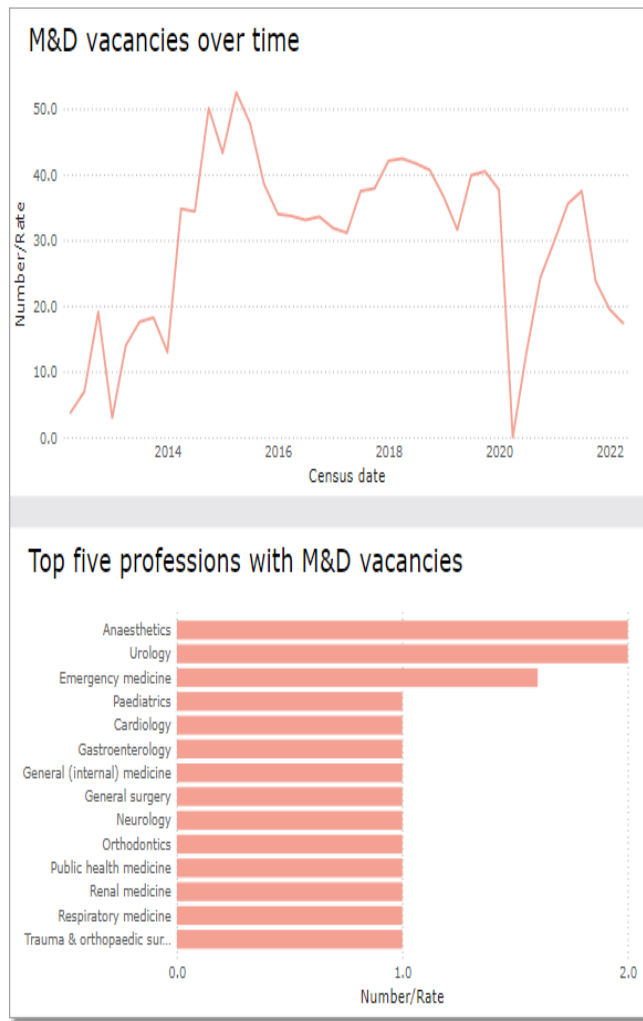
Further information on vacancy trends within these professional groups is outlined below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 31 March 2021 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.



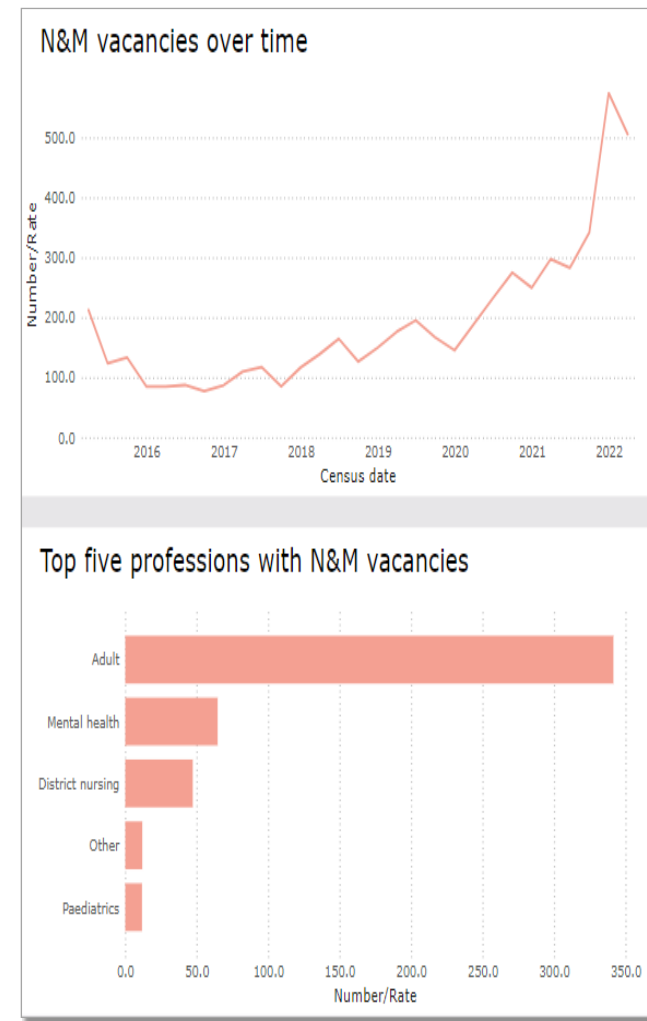
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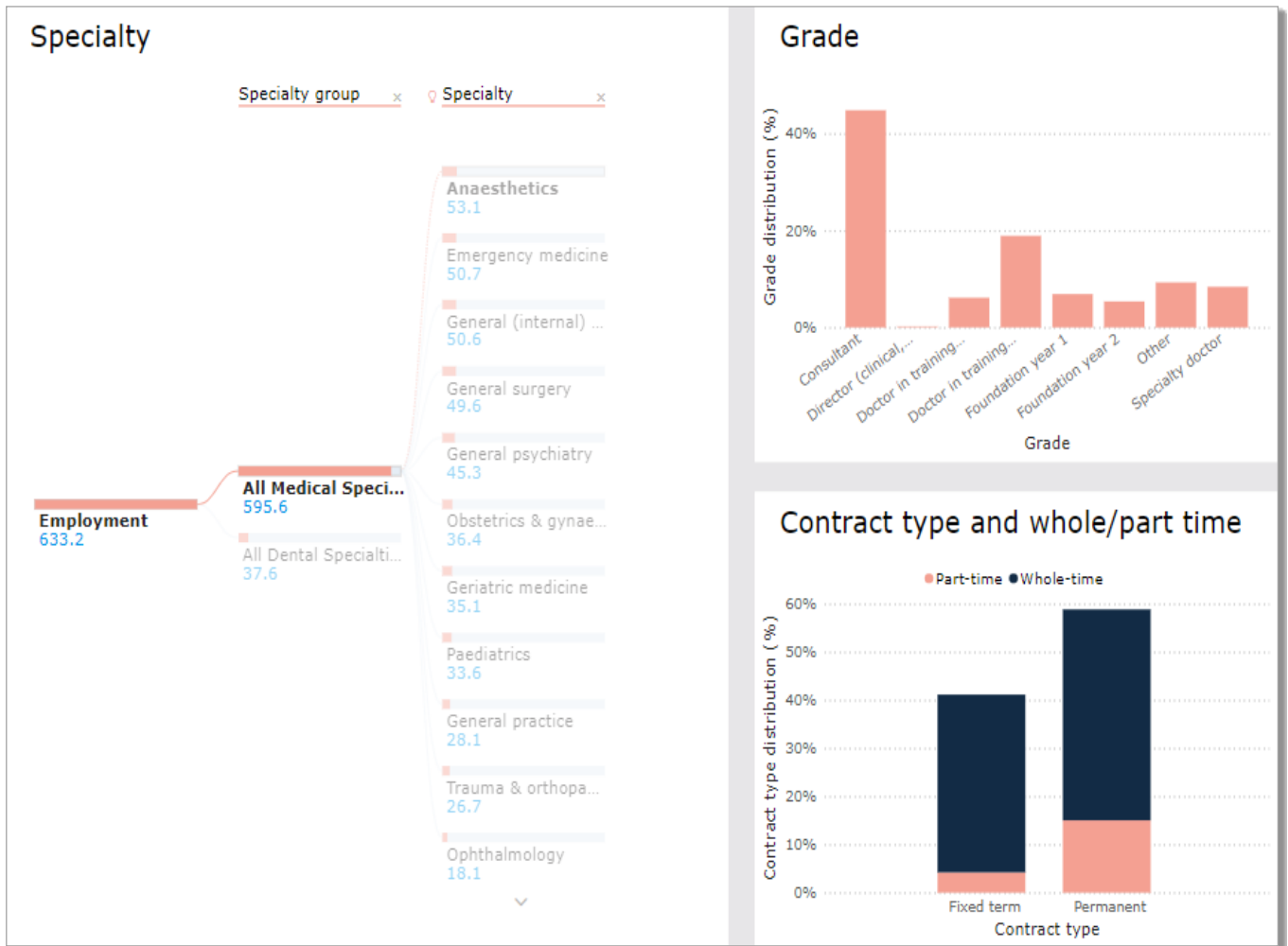
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## WORKFORCE COMPOSITION: MEDICAL & DENTAL

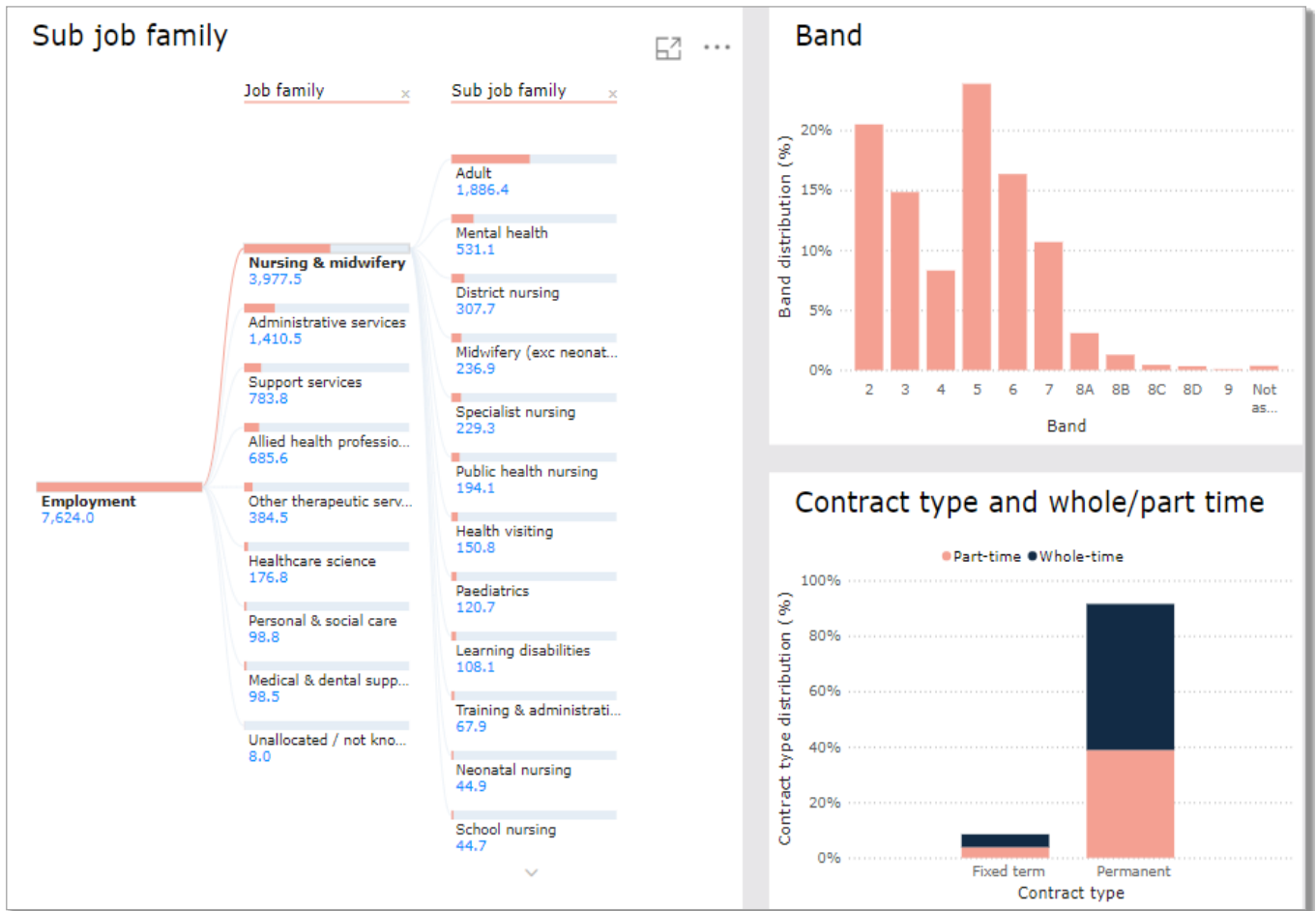
Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 7.7% of the WTE workforce as at 31 March 2022, with Anaesthetics, Emergency Medicine and General (internal) Medicine having the greatest WTE staffing complement. Over 40% of those engaged within this job family are on the Consultant grade, with the working pattern in the job family heavily biased in favour of full time working, increasingly new Consultants are planning to work on a part-time basis.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

## WORKFORCE COMPOSITION: NON MEDICAL & DENTAL STAFF

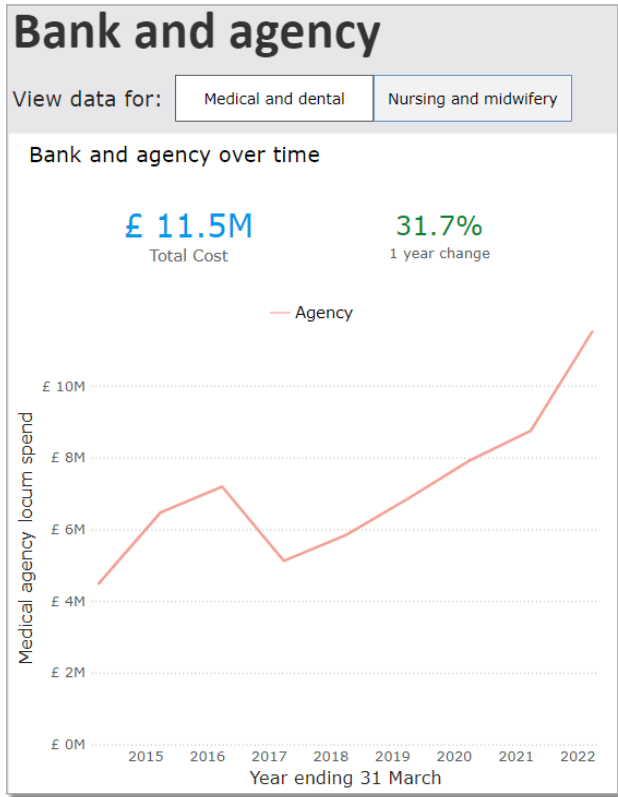
Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.3% of the WTE NHS Fife workforce as at 31 March 2022. 52.2% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. most frequently occurring value) is Band 5 with greater parity in working patterns between part time and full time working. The number of employees engaged on fixed term contracts was 8.5%, with this figure rising in the previous 3 years.



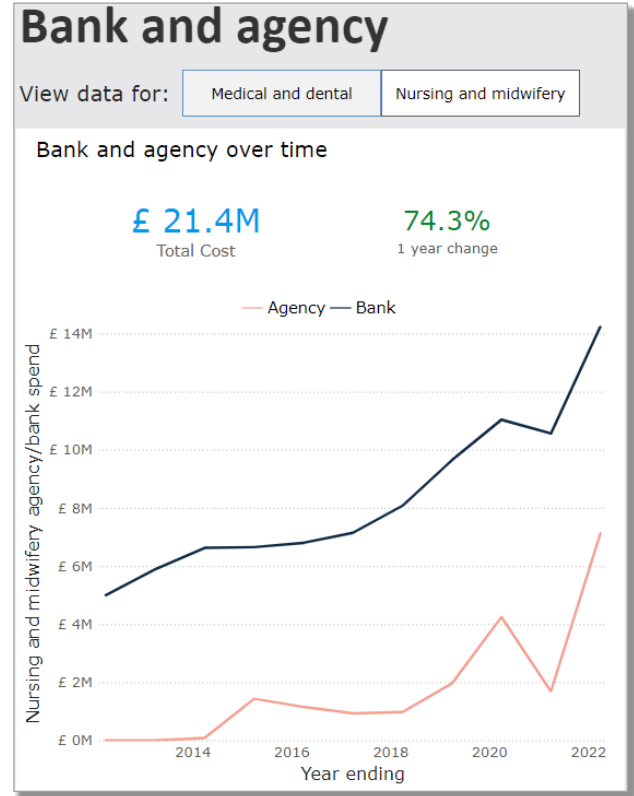
Source: turasdata.nes.nhs.scot

## SUPPLEMENTARY STAFFING

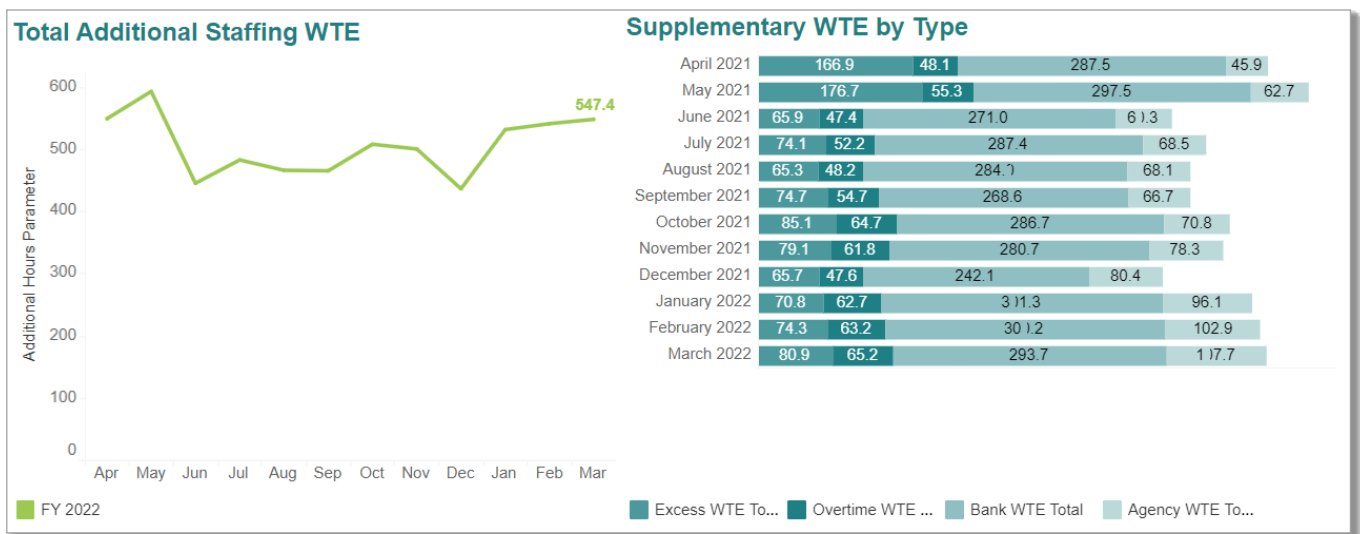
Total spend on Bank and Agency across the Medical & Dental and Nursing & Midwifery Job Families increased by 31.7% and 74.3% respectively.



Source: turasdata.nes.nhs.scot.



The information below focuses on supplementary staffing use within the Nursing and Midwifery Job Family. The level of supplementary staffing within the job family remained consistent throughout the 2021/22 Financial Year, has increased sharply from the year before.

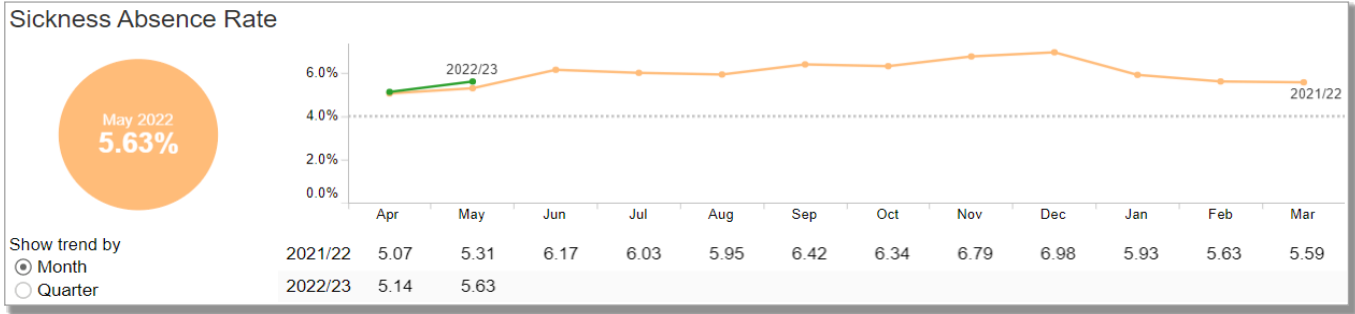


Source: Regional Workforce Dashboard

## STAFF AVAILABILITY



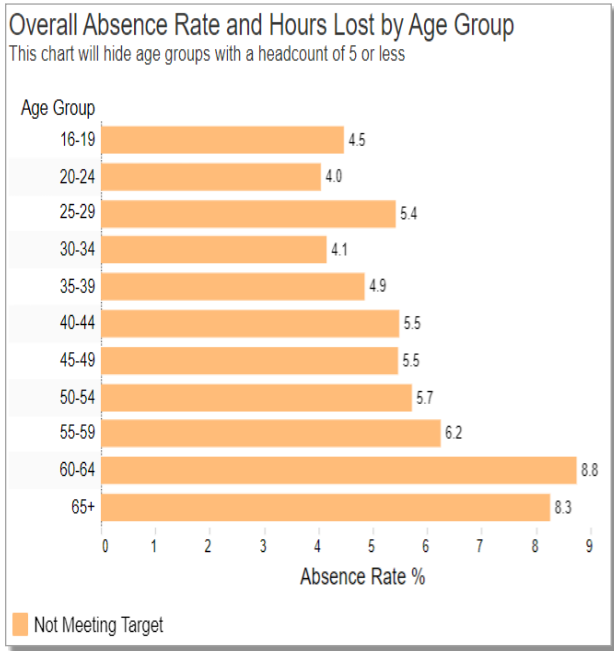
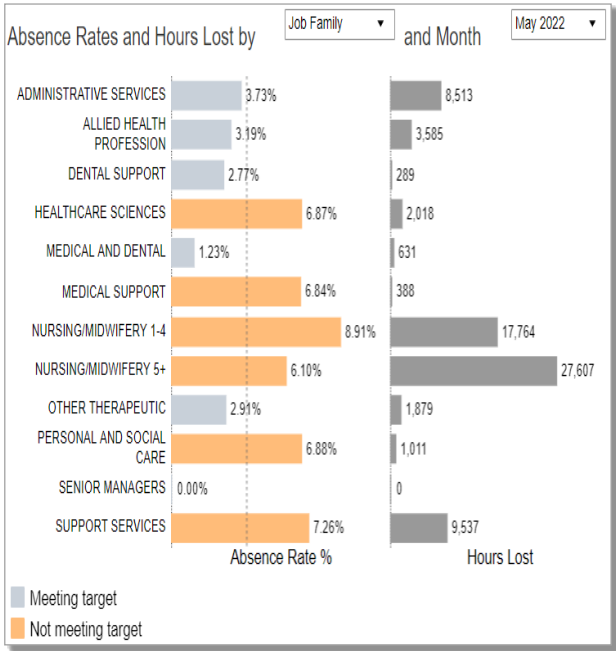
Monthly sickness absence levels during the 2021/2022 financial year were on average 1.22% higher when compared with the 2020/2021 financial year. This trend has continued for the first two months of the 2022/2023 financial year when compared with 2021/2022.



Source: Regional Workforce Dashboard

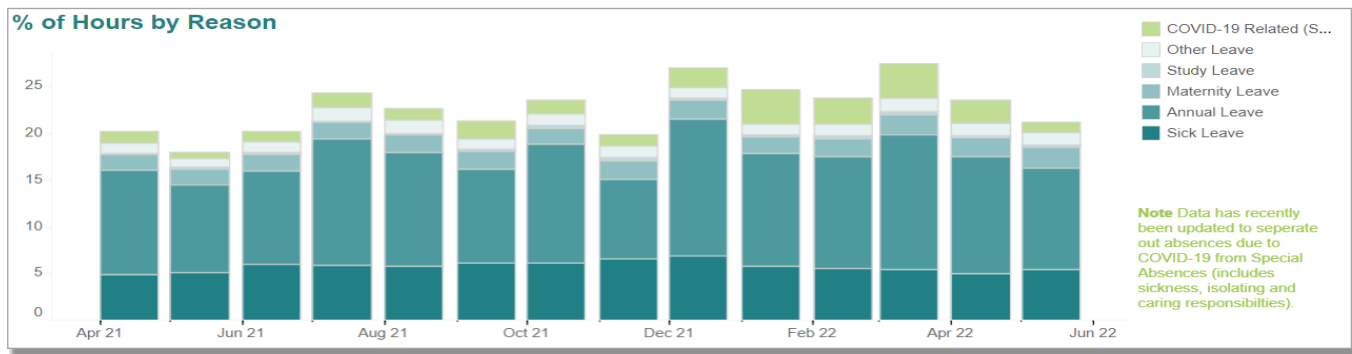
Those engaged within Agenda for Change Bands 1 to 4 within the Support Services Job Family had the highest average absence levels in 2022/2023 to date.

There also appears to be a correlation between Sickness Absence Rate and Age, with the average sickness absence rate increasing with each age category. Closer analysis of this highlights that whilst those staff aged 55 and over have, on average, some of the lowest levels of short term absence, they have, on average, the highest levels of long term absence.



Source: Regional Workforce Dashboard

Covid-19 related special leave had a further impact on the available resource within NHS Fife, and remained a feature during the 2021/22 financial year.



Source: Regional Workforce Dashboard

## EMPLOYEE RELATIONS

Employee Relations cases have increased further during the most recent reporting period, the bulk of this additional activity falls within the conduct policy with a reduction in bullying and harassment and grievance cases. Cases are managed using the Once for Scotland Workforce policies, with the use of early resolution in the first instance where this is appropriate. Once for Scotland Workforce Policy TURAS training modules are comprehensive and continue to be promoted within the Board. A bullying and harassment communication was written in partnership promoting awareness of appropriate workplace behaviour and advising of the potential signs of the impact of bullying and harassment in the workplace, encouraging the use of early resolution to address issues. An overview of current ER activity is included in the tables below:

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Conduct	9	3	4	1	17
Corporate Services Division (Div)	Employee Conduct	9	3	1		13
Fife H&SC Partnership (Div)	Employee Conduct	12	10	4	1	27
<b>Total</b>		<b>30</b>	<b>16</b>	<b>9</b>	<b>2</b>	<b>57</b>

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Bullying & Harassment	3	1		1	5
Corporate Services Division (Div)	Bullying & Harassment	2	3		1	6
Fife H&SC Partnership (Div)	Bullying & Harassment					0
<b>Total</b>		<b>5</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>11</b>

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Grievance	1		1		2
Corporate Services Division (Div)	Employee Grievance	1				1
Fife H&SC Partnership (Div)	Employee Grievance	1		2		3
<b>Total</b>		<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>6</b>

## **WORKFORCE DEVELOPMENT & APPRAISAL**

The scope of the Regional Workforce Dashboard project included information on the number of employees with a signed off annual appraisal. The current scope of this project has been curtailed because of the Covid-19 pandemic and the impact within the respective Workforce Directorates of participating Boards. It is the intention to work with Digital and Information colleagues to explore the feasibility of providing this information at local level.

## Appendix 2: NHS Fife Workforce Protected Characteristics Overview Report

### Ethnic Group

#### Breakdown by Equality and Diversity as at 31/03/2022

E&D Ethnic Group

Ethnic Group	Headcount
African - African, African Scottish or African British	21
African - Other	4
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	3
Asian - Chinese, Chinese Scottish or Chinese British	16
Asian - Indian, Indian Scottish or Indian British	57
Asian - Other	42
Asian - Pakistani, Pakistani Scottish or Pakistani British	27
Caribbean or Black - Black, Black Scottish or Black British	4
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	2
Caribbean or Black - Other	3
Don't Know	37
Mixed or Multiple Ethnic Group	24
Other Ethnic Group - Arab, Arab Scottish or Arab British	3
Other Ethnic Group - Other	6
Prefer not to say	1804
White - Irish	75
White - Other	135
White - Other British	526
White - Polish	16
White - Scottish	5202
	1664
<b>Grand Total</b>	<b>9671</b>

### Sexual Orientation

#### Breakdown by Equality and Diversity as at 31/03/2022

E&D Sexual Orientation

Sexual Orientation	Headcount
Bisexual	48
Don't Know	33
Gay	28
Gay/Lesbian	22
Heterosexual	4239
Lesbian	20
Other	17
Prefer not to say	3541
	1723
<b>Grand Total</b>	<b>9671</b>

### Religion

#### Breakdown by Equality and Diversity as at 31/03/2022

E&D Religion

Religion	Headcount
Buddhist	8
Christian - Other	462
Church of Scotland	1502
Don't Know	37
Hindu	25
Jewish	4
Muslim	46
No Religion	3170
Other	80
Prefer not to say	2032
Roman Catholic	588
Sikh	6
	1711
<b>Grand Total</b>	<b>9671</b>

## Disability

### Breakdown by Equality and Diversity as at 31/03/2022

E&D Disabled

Medical Conditions In 12 Mths	Headcount
Don't Know	43
No	2651
Prefer not to say	4769
Yes	193
	2015
<b>Grand Total</b>	<b>9671</b>

## Gender Reassignment

### Breakdown by Equality and Diversity as at 31/03/2022

E&D Gender Reassignment

Gender Reassignment	Headcount
Don't Know	33
No	2834
Prefer not to say	4490
Yes	2
	2312
<b>Grand Total</b>	<b>9671</b>

## Marital Status

### Breakdown by Equality and Diversity as at 31/03/2022

E&D Marital Status

Marital Status	Headcount
Civil Partnership	54
Divorced	492
Married	5274
Single	3797
Widowed	53
	1
<b>Grand Total</b>	<b>9671</b>

## Gender

### Breakdown by Equality and Diversity as at 31/03/2022

E&D Gender

Gender	Headcount
Female	8171
Male	1500
<b>Grand Total</b>	<b>9671</b>

## Appendix 3: Summary of Staff Health & Wellbeing Support Activities & Statistics: April to May 2022

### OCCUPATIONAL HEALTH

#### Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (incl. Physio.)
April 2022	24	161	49
May 2022	30	121	54

#### Management / Self Referrals Spit by Operational Unit

Management Referrals	April	May	Self Referrals	April	May
Acute	92	54	Acute	7	5
Corporate	16	9	Corporate	3	2
H&SCP	53	58	H&SCP	7	4

### GOING BEYOND GOLD

#### Mindfulness (8-week) Courses

Mindfulness 8-week courses (CAMHS Staff)	
Started 23 March 2022	4 completed full course

#### Outdoor Wellbeing Sessions

Outdoor Wellbeing Sessions (half day)	
10 May 2022	5

#### Growing a Culture of Wellbeing Champions in NHS Fife

Growing a Culture of Wellbeing Champions in NHS Fife Full day retreat session followed by two online sessions	
Online Session 1 (one hour) 19 April 2022	9
Course 3: Full Day 28 April 2022	10
3 May 2022 – Online Session 2 (one hour)	5
17 May 2022 – Course 4 (full day)	10

## Wellbeing Retreat Days

<b>Managing Change and Transitions (Half Day Online Course)</b>	
21 April 2022	2
10 May 2022	10
24 May 2022	8

## Self Care for Living and Working Sessions

<b>Self-Care for Living and Working (Full day followed by 5 online sessions)</b>	
Online Session 2 (5 April 2022)	5
Online Session 3 (12 April 2022)	4
Online Session 4 (19 April 2022)	6
Online Session 5 (26 April 2022)	5
Course 2- Full Day Session (12 May 2022)	8

## Managing Change and Transitions

<b>Managing Change and Transitions (Half day online course)</b>	
21 April 2022	2
5 May 2022	13
19 May 2022	16

## NHS FIFE DEPARTMENT OF SPIRITUAL CARE

### Spiritual Care Service Activity

<b>Significant Staff Contacts</b>	<b>April</b>	<b>May</b>
Formal 1:1, Informal Support, Team Support and Staff Listening Service	187	198
Average Number of Contacts per week	47	50

<b>Staff Support</b>	<b>April</b>	<b>May</b>
One-to-One Formal Support	20	34
One-to-One Informal Support	98	123
Team Formal Support	2	6
Team Informal Support	31	35

## Values Based Reflective Practice Sessions

	April	May
Values Based Reflective Practice Sessions	10	15

## Pastoral Supervision

	April	May
Pastoral Supervision	13	10

## NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

### Psychology Staff Support Service Referrals

	April	May
Psychology Staff Support Service Referrals	7	19

### Managers Information Sessions

	April	May
Managers Information Session	12	8

### Compassionate Connected Teams Workshops

	May
Compassionate Connected Teams Workshop	29

## NHS FIFE PEER SUPPORT: MEDICAL, CRITICAL CARE AND STAFF PEER SUPPORT

	April	May
Peer Support Activity	3	6

## NHS FIFE LEARNING AND DEVELOPMENT TEAM

### TURAS eLearning Modules

### Health and Wellbeing Courses Engagement Figures

eLearning Course	Go Live Date	Course Completions April 2022	Course Completions May 2022
Compassionate Leadership	15/10/2021	37	48
Resilience	15/10/2021	31	47
Self-Care	15/10/2021	39	37



<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Workforce Implications of Memorandum of Understanding (MOU2)</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of HSCP</b>
<b>Report Author:</b>	<b>Bryan Davies, Head of Primary and Preventative Care Services</b>

## 1 Purpose

**This is presented to Staff Governance Committee for:**

- Assurance

**This report relates to a:**

- Emerging issue
- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

A revised Memorandum of Understanding (MOU2) covering the period 2021-2023 was recently agreed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS. MOU2 is the new 2018 GP Contract and recognises what has been achieved to date, but also that there is still a considerable way to go to fully deliver the GP Contract offer and commitments intended to be delivered by April 2021. It also reflects the impact of the Covid-19 pandemic and clarifies expected deliverables and timescales. This report is brought to identify the workforce requirements and the risks associated with the implementation.

### 2.2 Background

The 2018 GMS Contract refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important.

The aim is to enable GPs to do the job they train to do and enable patients to have better care. GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded by the end of the planned transition period. People presenting to general practice will be seen by the right professional to meet their needs.

The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

A Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government covered an initial 3 year period 1 April 2018 to March 2021, and sets out agreed principles of service redesign (including patient safety and person-centred care), as well as ring-fenced resources to enable the change to happen. The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding.

**The MOU specifies 6 Key Points to provide guidance on what success looks like:**

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

## **2.3 Assessment**

The MOU2 states implementation of the GMS contract for Primary Care Improvement should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

The MOU2 relies on having access to an available workforce. Given that this draws primarily on the Nursing Workforce, local areas need to consider how services can be aligned to increase the pace and efficiency of implementation. The evolving nature of this implementation must ensure synergy across the workforce and as services develop, there will be a phased co-production approach regarding the roles of the workforce and how they will work across services to support ongoing transformation and development of an effective, sustainable and skilled workforce.

The longer term position and full delivery of MOU2 will create significant pressures on the Fife HSCP budget which will require a funding solution. There have been early discussions with Scottish Government Health Finance Team to alert them to the significant pressure in delivering MOU2 and the HSCP Chief Finance Officer will continue to liaise with Scottish Government colleagues to provide regular financial updates throughout the year.

Please find further detail on the workforce pressures within each MOU2 work-stream in **Appendix 1**.

### **2.3.1 Quality/ Patient Care**

Having the correct workforce in place will offer benefits to patients such as timely access to care and treatment, access to the right person at the right time with the right skills, and ensure equal access for the Fife citizens thereby reducing inequalities.

### **2.3.2 Workforce**

Impact detailed throughout the paper.

The content of this report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

The cost to fully implement the GMS Contract in Fife based on models of care approved by the GP Clinical Quality Group and GMS implementation Group is estimated to be approximately £23m. Additional allocation of funding from Scottish Government (SG) from 1st April 2022 of £1,02m, on top of Fife's current allocation of circa £10m was confirmed providing Fife HSCP with £11.5m recurring from April 2022. This has enabled accelerated progress of implementation of the MOU2 work streams. Fife HSCP has also committed an additional £1 million on a recurring basis as well as £518k non-recurring for 2022/2023.

A decision was recently made around the allocation of £6.5 million of Primary Care Improvement Fund (PCIF) reserves across a number of areas of primary care including MOU2 work stream areas allowing for recruitment to 21 month posts. This included the Community Treatment And Care (CTAC) workforce.

Overall costs are to be considered in a further SBAR which will also highlight the associated risks. Detailed financial implications are not the subject of this paper, which addresses workforce implications, although costs will be associated with recruitment of the workforce.

### **2.3.4 Risk Assessment / Management**

The following risks have been identified associated with the required developments as described in the report above:

With additional funding allocated to deliver CTAC services, CTAC are currently in the process of recruiting staff to deliver 60% of the overall workforce requirement. A proportion of these positions will be recruited on a fixed term basis, creating some challenges in terms of sustainability.

Flu Vaccination Covid Vaccination (FVCV) Workforce funding for recruitment: Direction received from Scottish Government in February 2022 advised funding to support recruitment to 75% of the workforce required on an NRAC share of £95m. With assurance from SG that funding will be underwritten, the HSCP SLT and NHS Fife EDG have approved recruitment of the workforce projected as required based on current planning assumptions. A detailed recruitment plan was progressed and supported to ensure a sustainable, skilled and resilient workforce. The first phase of this recruitment is complete

and assurance of recurrence of award is anticipated. This remains a moderate risk for the Community Immunisation Services Programme.

The following risks have been identified associated with the required developments as described in the report above:

With additional funding allocated to deliver CTAC services, CTAC are currently in the process of recruiting staff to deliver 60% of the overall workforce requirement. A proportion of these positions will be recruited on a fixed term basis, creating some challenges in terms of sustainability.

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Large scale workforce recruitment of band 5 Registered Nurses remains to be challenging.

Continued recruitment of the pharmacotherapy workforce in large numbers remains to be challenging especially in view of the finite number of trained staff available

As recovery from covid is delayed as a result of the latest Omicron wave, not all services are functioning at maximum capacity. This has allowed services to use staff flexibly, but as services remobilise this will not continue to be possible.

Based on historical recruitment outcomes, permanent posts which are going to be established are likely to be attractive to internal candidates, and this may compound the depletion of services and create pressures elsewhere.

### **Mitigations:**

The large scale recruitment of Band 5 Registered nurses is being addressed through regular recruitment, international recruitment campaigns and other initiatives.

Synergy between the FVCV and CTAC workforces is now being progressed through a SLWG. The purpose is to identify at an early opportunity areas for integration including workforce and estate.

Recruitment will require to be on a phased basis to mitigate this risk linked to the establishment of permanent posts creating pressures elsewhere in the system. CTAC will also explore amending current skill mix requirements to include band 3 and 4 staff carrying out key tasks as part of the overall CTAC workload.

A focus on the pipeline of staffing, particularly training of Pharmacy Technicians to further pharmacotherapy delivery.

The impact of the establishment of these additional services will be carefully monitored for any impact on staff morale and wellbeing. Means of further funding the required workforce to deliver the MOU2 commitments are being continually explored.

### **2.3.5 Equality and Diversity, including health inequalities**

An EqIA will be completed in order to assess and address any impact on individual groups within the community.

### **2.3.6 Other impact**

No other impact.

### **2.3.7 Communication, involvement, engagement and consultation**

Communication and engagement has taken place with key stakeholders including GMS Implementation Group members, Fife H&SCP SLT members, and various primary care and vaccination steering group members.

### **2.3.8 Route to the Meeting**

This updated report has been circulated around the GMS Implementation Group for comment. It has been discussed with the Senior Leadership Team July 2022 and Executive Directors Group 7<sup>th</sup> July 2022.

## **2.4 Recommendation**

This reports provides **assurance** to the Staff Governance Committee regarding progress of recruitment of the MOU2 workforce noting in particular the recent additional allocation of £6.5 million PCIF reserve on a non-recurring basis to support fixed term recruitment; the Vaccination Transformation Programme transitioned on time; there is a clear identification of risk and work is ongoing in relation to mitigation of the associated workforce risks and that this will continue to report to the Staff Governance Committee on a regular basis.

## **3 List of Appendices**

The following appendices are included with this report:

- Appendix 1 Workforce considerations in each MOU2 work-stream
- Appendix 2 Totality of WTE workforce

### **Report Contact:**

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## **Appendix 1 – Workforce considerations in each MOU2 work-stream**

### **Vaccination Transformation Programme (VTP)**

It was anticipated that GP practices would not provide any vaccinations under their core contract from 1 April 2022, oversight for assurance of this transition was managed through the VTP board and transitioned successfully by that date.

The Fife Immunisations strategic framework has gone through the NHS Fife and Fife HSCP governance routes for approval and presented at the IJB. The Framework is now being implemented as a 6 month transitional programme and will be reviewed. Revised governance structures are now approved and in place to support effective reporting, assurance and escalation with a professional leadership and management structure also approved and being implemented.

Childhood immunisations are now delivered by the Immunisation Team within the HSCP.

The requirement to deliver a Flu vaccination and Covid 19 vaccination booster requires a model of delivery by a competent workforce.

This strategic workforce plan is now approved with NHS Fife EDG supporting recruitment to 75% of the workforce required in line with SG funding award to support FVCV delivery with assurance these costs will be underwritten. For assurance this strategic workforce plan was progressed via the previous VTP and FVCV boards. Management and professional leads have now completed the first phase of recruitment in line with the approval given at EDG to create a sustainable workforce.

In addition to the FVCV workforce described above recruitment for a nursing workforce for the delivery of the Shingles and Pneumococcal vaccination is now complete also and delivery has commenced on pneumococcal vaccination with shingles due to commence shortly.

To support the vaccination supply pathways in the delivery of the VTP programme additional pharmacy workforce was required and approval to recruit this workforce has been received as part of the overall workforce plan and has been progressed by pharmacy leads.

Assurance is given there will be synergies in the workforce recruited to across VTP and FVCV to ensure sustainability and resilience while ensuring efficiencies in service delivery.

In regards to Travel health vaccinations, a SLWG was convened and completed a plan to transition vaccinations from General Practice to the HSCP. A Service Level Agreement is approved to enable Community Pharmacy contractors to deliver level 2 and 3 Travel health vaccinations. A pathway for level 4 vaccination including an infectious disease consultant and GP with specialist interest is now agreed and in place. Associated projected costings have been approved via GMS implementation group and ratified at HSCP SLT. These are viewed as interim models for care with the longer term vision being a level 4 nurse led model.

### **Community Treatment and Care Service (CTAC)**

NHS Boards are responsible for providing a Community Treatment and Care (CTAC) service from 1 April 2022.

Current scoping indicated that the total workforce to provide CTAC including phlebotomy is a total of 96.4 WTE, made up of registered and non-registered staff. It is anticipated that a proportion of

the workforce will be part-time workers, meaning the head count will be significantly greater than the WTE.

CTAC services have not been delivered in full in Fife by 1 April 2022 and will require transitional arrangements with Fife GP Practices. Workforce availability, costs and logistics led to a recommendation that CTAC will be delivered in two phases. The CTAC implementation team are on track to delivering Phase one of implementation by end of July 2022, which will see 60% of CTAC Service, with phase two delivered following confirmation of full funding allocation. Following a review of the initially scoped staffing skill-mix required to deliver CTAC Services, the staffing model has now transformed, with Band 3 Health Care Support Workers (HCSW) replacing Band 2 Phlebotomists. It is anticipated that this will create a more resilient and sustainable staffing workforce, including supporting current Phlebotomists to develop via an anne.21 into the HCSW role. Phase one will see the recruitment of 11 WTE band 5 Nurses and an additional 28.1 WTE HSCWs. The second phase will require some staff previously employed by GP Practices to TUPE over to NHS Fife employment and conversations have taken place with every GP Practice across Fife to determine TUPE requirements which will be taken forward through a dedicated TUPE group. We are in the process of working with 3 GP employed Treatment Care Nurses to TUPE them over to NHS Fife, with contact being made with GP practices to discuss transfer of HCSWs, who were previously out of scope for the service.

Non-recurring funding has been agreed to support the recruitment of additional staff on a 21 month basis, as CTAC seeks to deliver all CTAC services by 31<sup>st</sup> March 2023. As fixed term recruitment brings with it a higher risk of not attracting enough suitable candidates, this will be monitored closely to provide a clear projection on whether CTAC services can be sustainably delivered when a large component of staffing is contracted on a fixed-term basis.

## **Pharmacotherapy**

NHS Boards are responsible for providing a pharmacotherapy service to patients and practices as of 1 April 2022.

Although Pharmacotherapy aimed to deliver a full level one service to all 53 GP Practices by 1 April 2022, this was not possible due to workforce availability and short timescale to implement. It is also noted that at a national level we continue to await an agreed definition of a “full level one service”. This will result in the need for a transitional arrangement with Fife GP Practices for level one pharmacotherapy services from 1 April 2022.

The staffing provision from full investment of allocated funding from years 1-3 will bring the service to 0.96 WTE Pharmacotherapy staff per 5000 patients. The agreed investment from year 4, once completed, would enhance this to 1.31 WTEs per 5000 patients. There is acceptance locally and nationally that full delivery will require 2.5 WTEs per 5000 patients and the locally supported interim model at least 1.5 WTEs per 5000 patients. Changes to operational delivery models and development of pipeline require significant development time.

The focus on the pipeline of staffing, particularly training of Pharmacy Technicians, is critical in medium and long term delivery – it is clear across Scotland that the availability of additional qualified, registered and experienced staff is now minimal. The recruitment campaign has been adjusted accordingly but further revisions are now required. This will include ambitious and transformative development of the Medicines Management Support Worker model, utilising learning from general practice teams and undertaking appropriate elements of the level one service to support best use of registered staff and free up capacity to undertake Level 2 and 3 activities, to provide direct patient care

Alongside this staffing approach, review and learning from experience of the team and practices over the last two years will inform an updated service model, simplifying and clarifying the contribution of the Pharmacotherapy service while providing a consistent approach across the Board to delivery within both the practice setting and via the established bases.

The team continue to focus on delivery of enabling work which enhances care while reducing demand, such as increasing use of serial prescribing and reducing the volume of repeated acute prescriptions where possible. Upstream, clinical focus on quality of pharmaceutical review during hospital discharge has the potential to reduce workload demand while improving care. Models of service are being developed in primary care pharmacy, ensuring cooperative working between cluster teams and standardisation of approach. Expert clinical pharmacy resource will be directed to local priorities including high risk pain prescribing.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2023. Guidance and outcome measures are anticipated across Scotland to ensure a standardised level of service across all practices, however, these are yet to be produced by the National Pharmacotherapy Strategic Implementation Group. As such, without understanding nationally agreed service levels, it is not possible to quantify the extent of transitional service payments— it is noted that Scottish Government have set policy in this area for the coming months.

### **Multi-Disciplinary Team (MDT) Services**

#### Community Link Workers – Link Life Fife (Action 15)

The National Mental Health Strategy Action 15 funding is driven by the Scottish Government's commitment to increase mental health workers across Scotland by 800 WTE, drawn from a range of non-traditional mental health backgrounds.

The staffing provision from the Action 15 funding was agreed to recruit 2.5 local area co-ordinators and 7 link workers. The team were established in September 2021, and the investment has been agreed until March 2024. This added to the link workers already employed through Fife forum.

The Link Life Fife (Action 15) project aims to streamline pathways and referrals to enable GPs (Fife wide) and MH Triage Nurse Practitioners who are funded jointly through PCIF and Action 15 money to access support for their patients at the right time in a way that is integrated and co-ordinated at the same time capturing data and reporting mechanisms to provide evidence of change. The Link Workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing.

(A summary of the WTE workforce across all work streams is detailed in Appendix 2)



## Appendix 2 - Totality of WTE workforce

### Primary Care Improvement Plan: Workforce by GP Cluster (as at May 22)

Workstreams	Cowdenbeath		West Fife		Dunfermline		Kirkcaldy		Levenmouth		North East Fife		Glenrothes		Fife Wide		Total	
	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	Committed WTE	Vacant WTE	WTE	Vacant WTE	Committed WTE	Vacant WTE
Pharmacotherapy	7.4	5.0	9.0	3.9	8.8	6.1	9.3	7.2	7.9	5.0	8.3	7.0	5.4	6.0			56.1	40.2
Community Treatment and Care Services	6.9	4.3	7.2	4.8	11.5	8.6	11.0	7.0	6.5	5.2	13.2	8.4	9.2	5.7			65.5	44.0
Phlebotomy	3.8	0.9	4.0	0.9	6.4	1.4	6.1	1.4	3.6	0.8	7.4	1.7	5.1	1.1			36.4	8.2
Urgent Care	4.0	2.0	2.0	1.0	2.0	1.0	4.0	3.0	2.8	0.0	4.0	2.0	2.0	0.0			20.8	9.0
Mental Health Nurse Practitioners	1.4	0	1.6	0.0	2.3	0	2.5	0	1.8	0	2.7	0	2.0	0.0			14.3	0.0
MSK Physios	0.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	1.8	0.0	0.0	1.0	1.0	0.0			4.8	0.0
LAC/Community Connectors	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	1.0	1.0	0.0	2.5		9.5	0.0
<b>Total</b>	<b>22.1</b>	<b>12.2</b>	<b>22.2</b>	<b>10.6</b>	<b>28.7</b>	<b>17.2</b>	<b>30.4</b>	<b>18.6</b>	<b>20.7</b>	<b>11.0</b>	<b>32.9</b>	<b>19.1</b>	<b>21.7</b>	<b>12.8</b>	<b>2.5</b>	<b>0.0</b>	<b>207.3</b>	<b>101.4</b>

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 14 July 2022</b>
<b>Title:</b>	<b>Review of Staff Governance Committee Annual Workplan 2022 / 2023</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Rhona Waugh, Head of Workforce Planning and Staff Wellbeing</b>

## 1. Purpose

**This is presented to Staff Governance Committee Members for:**

- Assurance

**This report relates to a:**

- Local Policy

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

- Effective

## 2. Report Summary

### 2.1 Situation

The Staff Governance Committee approved the Annual Workplan at the meeting on 3 March 2022. For assurance, the updated Annual Workplan, with amendments highlighted in yellow, attached at Appendix 1 will be presented to each future Committee meeting 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.

The updated Workplan also includes the confirmed dates of the Staff Governance Committee development sessions on Wednesday 17 August 2022 at 2.00 pm via MS Teams and Thursday 16 February 2023 at 2.00 pm via MS Teams. Suggested topics have been identified and are detailed within the updated Workplan.

## **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, endorse or take assurance from during 2022 / 2023.

### **2.3.1 Quality / Patient Care**

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

### **2.3.2 Workforce**

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

The Review of the Annual Workplan report contributes to the Well Informed strand 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 elements 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**

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 Other Impact**

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

N/A

### **2.3.8 Route to the Meeting**

The updated Staff Governance Committee Annual Workplan 2022 / 2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 3 March and 12 May 2022 and planned for 14 July 2022.

## 2.4 Recommendation

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

- the updates made to the Staff Governance Workplan for 2022 / 2023 since it was presented to members on 12 May 2022.

## 3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2022 / 2023

### Report Contact:

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**STAFF GOVERNANCE COMMITTEE  
ANNUAL WORKPLAN 2022 / 2023**

<b>Governance – General</b>							
	<b>Lead</b>	<b>12/5/22</b>	<b>14/7/22</b>	<b>1/9/22</b>	<b>10/11/22</b>	<b>12/1/23</b>	<b>9/3/23</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action List	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Governance Matters</b>							
	<b>Lead</b>	<b>12/5/22</b>	<b>14/7/22</b>	<b>1/9/22</b>	<b>10/11/22</b>	<b>12/1/23</b>	<b>9/3/23</b>
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	<b>Board Secretary</b>			✓			
Annual Staff Governance Committee Workplan Review of 2022 / 2023 and Proposed 2023 / 2024 Workplan	<b>Director of Workforce</b>	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023 / Proposed 2023/2024
Annual Review of Staff Governance Committee Terms of Reference	<b>Board Secretary</b>						✓
Board Assurance Framework (BAF)	<b>Director of Workforce</b>	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	<b>Board Secretary</b>	✓ (Draft)	Not required following SGC meeting on 12/5/22				
Staff Governance Committee Self Assessment Report 2022 / 2023	<b>Board Secretary</b>						✓

Governance Matters Continued							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Update on Equality, Diversity and Human Rights, including BAME	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 3 Report	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report	✓ Quarter 3 Report
Strategy / Planning							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Objectives 2022 / 2023	Director of Finance & Strategy	✓					
NHS Fife Three Year Workforce Plan for 2022 to 2025	Head of Workforce Planning & Staff Wellbeing	✓ (Draft)	✓		TBC		
H&SCP Three Year Workforce Plan for 2022 to 2025	Director of Health and Social Care Partnership	Rescheduled to 14/7/22	✓		TBC		
Workforce Strategy 2022 to 2025	Deputy Director of Workforce						✓
Annual Workforce Projections for 2023 / 2024 – Not Required	Head of Workforce Planning & Staff Wellbeing						
Strategic Planning & Resource Allocation – TBC <b>Annual Delivery Plan 2022/2023</b>	Director of Finance & Strategy		✓ Private Session				
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan	Director of Finance & Strategy	✓ (2021/2022 Update)					

NHS Fife Projects / Programmes							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	Director of Health & Social Care Partnership		✓		✓		✓
Quality / Performance							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Workforce Information Overview	Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standards							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Staff Governance Standards Overview	Contributors TBC			✓			✓
<ul style="list-style-type: none"> <li>• Appropriately Trained <ul style="list-style-type: none"> <li>- Medical Appraisal &amp; Revalidation Annual Report 2021 / 2022</li> <li>- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022</li> <li>- Personal Development Planning &amp; Review and Training Compliance Report 2021 / 2022</li> </ul> </li> <li>• Improved and Safe Working Environment</li> <li>• Well Informed – Communication &amp; Feedback</li> </ul>	<p><b>Medical Director</b></p> <p><b>Director of Nursing</b></p> <p><b>Head of Workforce Development &amp; Engagement</b></p> <p><b>Director of Property &amp; Asset Management</b></p> <p><b>TBC</b></p>			✓	✓	✓	✓
			Rescheduled to 1/9/22				

Staff Governance & Staff Governance Standards (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
<ul style="list-style-type: none"> <li>Treated Fairly and Consistently               <ul style="list-style-type: none"> <li>Workforce Policies Update</li> </ul> </li> <li>Involved in Decisions</li> </ul>	<b>Head of Workforce Resourcing &amp; Relations</b> TBC				✓		
iMatter Report	<b>Head of Workforce Development &amp; Engagement</b>					✓	
Annual Reports							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	<b>Director of Finance &amp; Strategy</b>		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	<b>Head of Workforce Resourcing &amp; Relations</b>	Rescheduled to 14/7/22	Rescheduled to 1/9/22	✓			
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	<b>Co-Chairs of LPF</b>			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	<b>Co-Chairs of LPF</b>			✓			
Whistleblowing Annual Report 2021 / 2022	<b>Head of Workforce Resourcing and Relations</b>			✓			
Volunteering Annual Report 2021 / 2022	<b>Director of Nursing</b>				✓		



<b>Annual Reports (Continued)</b>							
	<b>Lead</b>	<b>12/5/22</b>	<b>14/7/22</b>	<b>1/9/22</b>	<b>10/11/22</b>	<b>12/1/23</b>	<b>9/3/23</b>
Occupational Health and Staff Wellbeing Service Annual Report 2021 / 2022	<b>Head of Workforce Planning &amp; Staff Wellbeing</b>				✓		

<b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b>							
	<b>Lead</b>	<b>12/5/22</b>	<b>14/7/22</b>	<b>1/9/22</b>	<b>10/11/22</b>	<b>12/1/23</b>	<b>9/3/23</b>
Risk Management Improvement Programme Progress Update	<b>Director of Finance and Strategy</b>	✓					

<b>Briefing Sessions</b>	
<b>Session 1 Wednesday 17 August 2022 at 2.00 pm</b>	<b>Lead(s)</b>
<ul style="list-style-type: none"> <li>Recruitment, resourcing and resilience, covering modern apprenticeships and youth employment, building up a picture of careers and posts within NHS / NHS Fife, covering the how. This will be a multifaceted approach.</li> </ul>	Input from Nursing leadership, Practice Development, International recruitment and the potential for a staff story.
<ul style="list-style-type: none"> <li>Immunisation Team journey to substantive workforce.</li> </ul>	Service leads; Lisa Cooper, Immunisation Programme Director; Karen Nolan, Clinical Services Manager; and Simon Fevre, LPF Co-Chair, H&SCP.
<b>Session 2 Thursday 16 February 2023 at 2.00 pm</b>	<b>Lead(s)</b>
<ul style="list-style-type: none"> <li>Health and wellbeing approaches – various to select from to complement the staff story below.</li> </ul>	
<ul style="list-style-type: none"> <li>An employee story – Speech &amp; Language Therapy employee with complex management of attendance / return to work plan.</li> </ul>	Head of Service to present and employee has agreed to their case being covered.
<b>Future Sessions – Dates to be Agreed</b>	<b>Lead(s)</b>
<ul style="list-style-type: none"> <li>Staff Governance Standard</li> </ul>	Employee Director, LPF Chairs and Co-Chairs, or Partnership Co-ordinators, with possibility of Staff Governance external input.
<ul style="list-style-type: none"> <li>Aligned to above – Once for Scotland policy update and showcase web platform etc.</li> </ul>	

**STAFF GOVERNANCE COMMITTEE**  
**(Meeting on Thursday 14<sup>th</sup> July 2022)**

The main focus of the Area Partnership Forum meeting held on Wednesday 25<sup>th</sup> May 2022 was on the ongoing workforce and financial challenges, and staff health and wellbeing.

No issues were raised for escalation to the Staff Governance Committee.

**UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 25<sup>TH</sup> MAY 2022 AT 13:30 HRS VIA MS TEAMS**

**Chair: Carol Potter, Chief Executive**

**Present:**

Vicki Bennett, British Dietetic Association	Wendy McConville, UNISON
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement	Margo McGurk, Director of Finance & Strategy
Wilma Brown, Employee Director	Chris McKenna, Medical Director
Nicky Connor, Director of Health & Social Care	Louise Noble, UNISON
Claire Dobson, Director of Acute Services	Janette Owens, Director of Nursing
Linda Douglas, Director of Workforce	Lynne Parsons, College of Podiatrists
Simon Fevre, British Dietetic Association	Sandra Raynor, Head of Workforce Resourcing & Relations
Mary Ann Gillan, Royal College of Midwives	Kevin Reith, Deputy Director of Workforce
Neil Groat, Society of Radiographers	Jim Rotheram, Head of Facilities (for Neil McCormick)
Ben Hannan, Director of Pharmacy & Medicines	Caroline Somerville, UNISON
Joy Johnstone, Federation of Clinical Scientists	Andrew Verrecchia, UNISON
Angela Kopyto, British Dental Association	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Chu Chin Lim, British Medical Association	Mary Whyte, Royal College of Nursing
Ruth Lonie, Communication Manager (for Kirsty MacGregor)	

**In Attendance:**

Susan Fraser, Associate Director of Planning & Performance (Presentation)  
Maxine Michie, Deputy Director of Finance (Presentation)  
Janet Melville, Personal Assistant (Minutes)

**Actions**

**01. WELCOME AND APOLOGIES**

C Potter welcomed colleagues to the meeting and apologies were noted from S Adamson, I Banerjee, K MacGregor (R Lonie attending) N McCormick (J Rotheram attending), A Nicoll and J Tomlinson.

**02. PRESENTATION: STRATEGY PROGRESS AND FINANCIAL IMPROVEMENT & SUSTAINABILITY PROGRAMME**

C Potter invited M McGurk and M Michie to present on strategy progress to date and to explain the remit of the Financial Improvement & Sustainability Programme (FISP). M McGurk advised that NHS Fife's vision is 'Living Well, Working Well and Flourishing in Fife', underpinned by the values of the organisation. The strategic framework sets out our local strategic priorities and ensures alignment with the national care programmes through our local improvement programmes and enablers, including NHS Fife's ambitions in relation to Anchor Institution commitments, in a coordinated and integrated way. M McGurk guided the Forum through the key stages of the development timeline and indicated there would be opportunities for input from APF colleagues as work progresses. M McGurk gave an assessment of the financial position, and achievements, main drivers and actions to date. M McGurk

stressed the complexity of the underlying financial situation and described the various cost pressures to the Scottish Government budget allocation, such as the withdrawal of COVID-19 related funding. M Michie advised that although an uplift to the 2022/23 budget has been received, further challenges include increased inflationary pressures, energy and medicine costs. FISP will focus on key priorities such as developing cash releasing programmes, service transformation and increasing productive opportunity and capacity building to support quality patient care and financial sustainability. At the outset all projects must be assessed to identify any potential clinical and quality impact or unintended consequences. A FISP dashboard has been developed to summarise the stage each project is at, from idea to delivery; and is listed in more detail in the Delivery Tracker.

C Potter thanked M McGurk and M Michie for their informative presentation and suggested the conversation could be continued out with the meeting at the Local Partnership Forums (LPFs) or a future workshop.

It was agreed to share the presentation with APF colleagues.

Comments on the strategic framework were welcomed.

In response to S Fevre's queries, M McGurk confirmed that historically, the Winter Plan was not included in the financial strategy calculations; however, the Scottish Government is encouraging this to be incorporated in annual plans. In terms of surge capacity, it is not currently funded and is adding to the forecast overspend; M McGurk welcomed input on predicting capacity using various models of care.

M McGurk was open to suggestions on making the presentation more balanced and relevant for both NHS Fife and H&SCP colleagues.

In relation to financial flexibility, M McGurk indicated that as the H&SCP allocation was underspent and Acute Services overspent, the budget has been distributed as appropriate. M McGurk was happy to discuss further with S Fevre out with the meeting.

**MMcG  
APF  
members**

**MMcG/  
SF**

### **03. MINUTES OF PREVIOUS MEETING AND ACTION LIST**

The Minutes of the meeting held on 23<sup>rd</sup> March 2022 were accepted as a true and accurate record. The Action List was reviewed and it was agreed the one remaining 'open' action could now be 'closed' following the presentation.

S Fevre queried how actions 'closed' to the Area Partnership Forum (APF) are taken forward. C Potter indicated the action should be raised at the LPFs or progressed by the relevant manager.

### **04. MATTERS ARISING**

There were no matters arising that were not on the agenda.

W Brown drew attention to the late distribution of the papers for this meeting. It was agreed every effort would be made to circulate meeting papers a week in advance of the APF to allow members sufficient time for reading and preparation.

### **05. UPDATE/ ISSUES FOR ESCALATION FROM LOCAL PARTNERSHIP FORUM (LPF)**

#### **a. Acute Services Division and Corporate Directorates**

C Dobson advised that the LPF had met in April 2022 and had no issues for

escalation. A Verrecchia reported that workforce challenges continue in Acute Services: the OPEL (Operational Pressures Escalation Levels framework) position for Nursing have been a bit more settled, with an 'Amber' status, although there continue to be more challenging days. Medical staffing, AHPs and Support Services have been relatively stable. Eleven international nursing recruits have been onboarded and two within radiography. Discussions are underway to develop Band 4 roles with plans to have a 'test of change' in AU1.

A 'Let's Take a Moment' event led by Lynn Campbell, Associate Director of Nursing, Acute Services was held two weeks ago, when staff reflected on the challenges of the past two years and gave thought to aspirations for the future. The event was well-received and included key speakers, pastoral support and live music.

Progress with the Orthopaedic Centre is gathering pace, the building and the model of care are almost complete. Key individuals are being shown around the Centre. Plans are in place to ensure a resilient and flexible workforce, integrated with the wider hospital team.

W Brown voiced her disappointment that the number of international staff currently recruited is less than anticipated. It was noted that additional unforeseen factors had delayed the process. Lessons have been learned; and the Workforce Resilience Group is monitoring the situation. It is hoped recruitment will proceed more smoothly for the following cohorts.

APF **noted** the update.

#### **b. Health & Social Care Partnership**

N Connor and S Fevre indicated that at the recent H&SCP LPF, iMatter had been discussed and work is being done to keep the topic high on the agenda, with a focus on leadership visibility. The iMatter survey is due to 'go live' in a few weeks, therefore work is underway to ensure employee's details and teams are accurate. There is a collective ambition to improve on the 61% response rate of last year.

S Fevre is collaborating with Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SCP, Fife Council on the development of the draft of this year's H&SCP LPF Annual Report, which will go to the Integrated Joint Board (IJB) for approval in July 2022.

Workforce pressures continue - and due to a change in command structure (the standing down of the COVID-19 Bronze Group) - are now addressed at the well-attended Daily Whole System Huddle. There was also discussion around surge bed capacity.

A proposal was put forward to set up a H&SCP Staff Health & Wellbeing Group, chaired by R Lawrence, membership to include Third and Independent sector partners as well as Fife Council colleagues.

APF **noted** the update.

### **06. REPORTS FOR DISCUSSION**

#### **a. Population Health & Wellbeing Strategy Update**

It was agreed this item had been covered in the earlier presentation.

APF **noted** the update.

## **b. Corporate Objectives**

M McGurk explained that 25 Corporate Objectives have been proposed for 2022/23 which are going to the Board on 31 May for endorsement. They cover the four strategic priorities: to Improve Health and Wellbeing, to Improve the Quality of Health and Care Services, to Improve Staff Experience and Wellbeing and to Deliver Value & Sustainability; with a focus on staff health and wellbeing. All Corporate Objectives flow from the directorate SPRA (Strategic Planning and Resource Allocation) documents which propose key objectives for their own area. There are specific roles for each Executive Director in relation to each objective. In addition, there are 20 underpinning Functional Objectives. This paper is brought to the APF for assurance.

L Parsons suggested sharing good practice and learning following significant redesign of services such as improved communication and partnership working to highlight positive actions. M McGurk offered to discuss this further with L Parsons out with the meeting.

MMcG/ LP

APF **noted** the update for assurance.

## **c. Workforce Strategy 2022-25 and Workforce Plan 2022-25 Updates**

K Reith confirmed that the National Workforce Strategy had been published in March 2022; consideration is being given to how this impacts on our own strategy development. Work is ongoing in national groups in relation to workforce strategy development this year, tying in with the strategic direction of travel. The NHS Fife Workforce Strategy will be finalised by March 2023, with engagement activity between now and then.

R Waugh noted that colleagues will be aware that the draft three-year NHS Fife Workforce Plan for 2022-25 has been circulated to APF for comment; although happy to extend the deadline to 7 June 2022 to take further comments on the draft so far. The draft document has been shared with various other groups, with wide engagement and has been prepared within exceptional challenges, including the backdrop of the pandemic, and taking into account the national Health & Wellbeing Strategy and Annual Delivery Plan information. It is planned to submit the Workforce Plan through the July 2022 governance cycles with comments incorporated prior to publication in October 2022. H&SCP are undertaking a similar journey and to the same timescale; we are working in close collaboration in formation of our plans.

APF **noted** the update.

## **d. Workforce Resourcing & Resilience (including Staff Health & Wellbeing)**

K Reith explained that we are still looking at a range of workforce challenges and refining their presentation in the form of infographics. As the command structure changes, activities including international recruitment, HCSW roles, Band 2-4 work previously overseen by the Workforce Resilience Silver Group will revert to 'business as usual'. It was agreed to share the Workforce Resourcing, Resilience and Wellbeing Infographics with APF.

KR

R Waugh confirmed that most of the Wellbeing topics were covered in the Workforce Information Overview paper. R Waugh highlighted that relevant to S Fevre's feedback around a focus on health and wellbeing, the Live Positive Stress Toolkit has been revamped and is with Comms to produce the 'glossy' version before cascading around the Board. The NHS Fife Health & Wellbeing

Framework, prepared in collaboration with members of the NHS Fife Staff Health & Wellbeing Group, is nearing completion and will be circulated to APF colleagues for comment in due course.

APF **noted** the update.

#### **e. Workforce Information Overview**

K Reith advised the regular update on workforce information has been provided to both Staff Governance Committee and APF for assurance.

C Potter indicated that she and Executive Director colleagues are in the process of establishing an Attendance Management Taskforce to address, in partnership, the high levels of absence in the organisation. There is a window of opportunity to do something different before we once again have to contend with winter pressures: to look at best practice/ barriers/ views of staff and managers as we move forward.

CP/ LD

W Brown requested that more detailed information is provided together with data from previous years to allow comparison, otherwise it is not easy to keep track of trends or to identify spikes. W Brown reminded colleagues that the last pay deal was agreed with the caveat that absence rates reduced by 0.5% per year to the target 4%. R Waugh indicated that the intention was to broaden sickness absence reporting; however, the timing of this meeting meant we are out of sync with the reporting cycle. C Potter agreed it would be interesting to learn from staff groups with regards to particular data e.g., 20-24 year olds absence rate is 2.9%, currently the only age group meeting the target.

L Parsons suggested that, to help retain staff, it would be beneficial to explore how best to capture and use information gained from exit interviews; it is often a missed opportunity and would enable useful understanding. R Waugh advised that this had been discussed before and that analysis of the narrative on eESS is challenging. It is on the workforce analytics agenda and feedback from colleagues indicates the information can be found elsewhere e.g., on DATIX. W McConville appreciated the proposed work on absence management and suggested taking a 'deep dive' to identify why and where absences and vacancies are occurring. C Potter welcomed the opportunity to triangulate absence reasons/ hard-to-fill vacancies/ staff leaving.

W McConville highlighted that NHS Fife has a mainly female (and aging workforce); it would be useful to take account of the impact of the menopause and make it a positive experience to stay at work. K Reith agreed this is important and would be supportive of a conversation around performance management. J Owens drew attention to Care Assurance Framework which centres on patient experience, quality, workforce and staff experience.

W Brown noted that in terms of Employee Relations, the number of cases has remained constant. It is hugely unsatisfactory to have an individual's case take many months and not to be kept informed between meetings, leading to an increase in the person's stress and distress. W Brown requested a greater breakdown in timescales to 0-3 months, 3-6 months, 6-9 months etc. L Douglas confirmed that this work is a priority and there is a joint ambition to resolve cases as quickly as possible. Every effort is being made to adhere to timeframes; however, some cases are extremely complex and a variety of issues with the process or advice to support and progress cases can take time to undertake. N Connor requested that in such cases, the relevant director was sighted in order to offer help and advice.



APF **noted** the update and associated appendices.

**f. Buy Back of Annual Leave**

S Raynor reminded colleagues of the ask by APF to bring this data to the meeting. Director's Letters (DLs) were received indicating that staff could 'buy back' annual leave should they be unable to take their full allocation in the years 2019/20, 2020/21 and 2021/22. Local NHS Fife guidance was created and staff could apply as detailed in the document. S Raynor indicated that the percentage of staff who had exercised the right to buy back some of their annual leave was: 0.07% in 2019/20; 0.52% in 2020.21; and 1.47% in 2021/22.

L Noble queried whether it is possible to determine whether staff from certain areas bought back annual leave e.g., due to work pressures/ low staffing levels/ or whether they were on long term sick leave. A Verrecchia was encouraged to see the number of staff who had bought back leave wasn't high but was concerned that some of those that did, bought back as much as 37.5 hours (full week). A Kopyto advised that Dental staff had been asked to take random days leave, their requested leave was not always granted, lowering morale. L Douglas acknowledged it is not easy to capture the variety of reasons for buying back of annual leave; the Buy Back of Annual Leave related especially to the COVID-19 pandemic and the resulting pressures. J Rotheram agreed, highlighting within the Estates Team additional work in rearranging accommodation, setting up of vaccine venues. C Potter hoped individuals had conversations with their line manager in relation to their leave and suggested there could be more generic reasons such as attendance, recruitment and retention issues. K Reith indicated that the eRostering Programme will provide improved data capture with more opportunity to report on connections between shifts and annual leave.

APF **noted** the update for awareness.

**g. Equality Diversity & Human Rights Update, including BAME**

C Potter asked J Owens and R Waugh to provide a brief update and suggested this topic could be discussed in more detail at a future date. J Owens explained that the NHSScotland Staff Governance Standards - well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – are underpinned by a legal framework. J Owens provided some statistics: the population of Fife is 372,000, the median age of which is 43 years; however, 25% are over 65 years old. The average life expectancy in Fife is 77 years for men and 80 for women. 87.5% are 'white, Scottish' with 1.6% Asian and 1.4% are LGBT. The main religion is Church of Scotland although the majority state 'no religion'.

R Waugh reported that actions to date include supporting overseas candidates to work and live in the UK – international recruitment is building on the work undertaken with staff when the UK left the European Union. There has been improved data collection in terms of protected characteristics and more work is planned. NHS Fife has responded to the Public Sector Equality Duty consultation. Dianne Williamson, when NHS Fife Equality & Diversity Lead, launched the Pride badge, which has been universally well received.

NHS Fife has supported the creation of the BAME (Black, Asian, Minority

Ethnic) Network in 2021 with good representation from all areas across the organisation and have also networked with other NHS Boards. There has been a presentation on 'Unconscious Bias' by an external speaker. Currently refreshing membership and undertaking a survey to determine how the network can improve and take forward meaningful actions. Communication includes a regular newsletter and a section on StaffLink. There is a new E&D Lead who has plans to encourage a younger workforce and introduce a mentoring scheme. Other options being explored include taking forward a Women in Leadership Network and a LGBT+ Network.

APF **noted** the update.

#### **h. Finance Update from the Integrated Performance & Quality Report (IPQR)**

C Potter confirmed that NHS Fife had achieved a break-even position at the end of the 2021/22 financial year. External auditors are analysing the annual accounts to endorse this outcome.

APF **noted** the update.

#### **i. Staff Training and Engagement**

##### **(i) iMatter**

K Berchtenbreiter informed colleagues that this is her second year as NHS Fife Lead for iMatter and is building on a positive year of data, with lessons learned and improvements made for 2022. K Berchtenbreiter has been linking in with Directors in advance of 'Team Confirmation' to ensure directorate information is accurate; any queries are being addressed as quickly as possible. To date 26% of teams have been confirmed; Team Leads have until 17 June 2022 to do so. K Berchtenbreiter has been liaising with others to improve participation rates: for example, with J Rotheram to increase Estates & Facilities engagement and encourage staff, who have previously completed a paper questionnaire, to undertake the survey via SMS on their mobile device. In addition, plans are underway to build an iMatter Hub on StaffLink. New iMatter eLearning for Managers has been developed and has received positive feedback; in fact, it will be used by all NHS Boards. Similar learning for employees will be created. Weekly communications will be issued to managers as we progress through the iMatter cycle. K Berchtenbreiter welcomed any feedback.

C Potter said it is vital that iMatter is meaningful for staff and can't stress enough the importance of hearing from staff and making the most of their views and opinions. L Parsons highlighted that unless staff see changes being made with the information gathered, there is a perception it is a 'tick box' exercise. K Berchtenbreiter indicated that it is voluntary for staff to participate in the survey; however, it is mandatory for managers to have a conversation with their team. It is important that staff 'own' the changes and drive them forward. K Berchtenbreiter offered to discuss this further with L Parsons out with the meeting.

**KB/ LP**

APF **noted** the update.

##### **(ii) KSF/ Turas Appraisal**

K Berchtenbreiter reported that 31% of eligible NHS Fife staff have a current Personal Development Plan Review (PDPR) recorded on the TURAS system.

However, it is hoped that PDP conversations are still taking place, just not yet recorded. Last year, Lunchtime Byte training sessions were positively received and it is planned to offer these again in July 2022, following the initial iMatter work. In addition, a session will be recorded and posted on StaffLink for managers to refer to. Other actions to improve compliance rates include providing managers with reports to highlight when PDPRs are due. A pilot is being undertaken in the Workforce Directorate to test functionality and it is planned to roll out across the organisation, starting with smaller directorates such, as Pharmacy and Finance, as it is a manual operation.

A Kopyto raised her concerns about an appraisal system for Dental staff. L Douglas explained that there is a different appraisal process for Medical and Dental staff and offered that the matter be discussed further out with the meeting.

**KB/ AK**

*Post meeting note:* In terms of appraisals within the Public Dental Service (PDS), 85% of Agenda for Change staff have a PDPR recorded on TURAS, and 25% of Dentists have a current appraisal, giving an overall compliance rate of 67%. Appraisals were paused during COVID; however, the importance of having good conversations is recognised and remains a priority. Formal appraisals will be extended as soon as National Appraiser Training is re-established as currently only the Clinical Director is accredited to undertake the process. The British Dental Association recognised appraisal tool is used in the PDS in Fife and not SOAR (Scottish Online Appraisal Resource).

APF **noted** the update.

#### **j. Whistleblowing Q4 Report**

S Raynor advised the report is for Quarter 4, January – March 2022, the last period of the first year of Whistleblowing reporting. There are two concerns and no anonymous concerns. It was suggested at Staff Governance Committee that local press coverage is incorporated into future reports. S Raynor indicated that work is ongoing to streamline and refine reporting of Whistleblowing cases in order to see progress of live cases.

L Parsons indicated she had heard from other Confidential Contacts that they don't have time to respond when contacted. L Parsons queried what support is in place for Confidential Contacts and could time be 'ringfenced' for them to carry out the role. L Parsons advised that staff are hesitant in raising issues as they are unsure whether they are 'business as usual' or 'whistleblowing' concerns. C Potter thanked L Parsons for her valuable feedback and acknowledged it is challenging enacting something new although there is commitment from the Board. S Raynor confirmed that an initial conversation on values and culture had been held and a meeting is arranged with Kirstie MacDonald, Whistleblowing Champion to ensure triangulation of information.

APF **noted** the update for awareness.

#### **k. Partnership Group Terms of Reference**

S Raynor explained that the intention of bringing the Partnership Group Terms of Reference to APF was to sight colleagues on its role and remit. The original Agenda for Change Partnership Group was founded in 2005 and remodelled into the current Partnership Group in 2020. Its main responsibilities are to best manage terms and conditions and DLs; and develop appropriate local workforce guidance in partnership. S Raynor welcomed comments on the Partnership Groups Terms of Reference and governance arrangements.

APF **noted** the report for awareness.

## **07. COMMUNICATIONS UPDATE**

R Lonie indicated that staff were asked what their thoughts were on a staff 'Thank You' event. The responses are being collated: the most popular idea is a Garden Party style event. A proposal is being prepared and will be submitted to the Fife Health Charity to request funding support.

In terms of StaffLink, new functionality has been added to enhance user experience: the News Carousel, which increases visibility of key items, has been positively received; and improvements to the Android app in line with the IOS version (around 41% of staff use the app). Comms colleagues are also liaising with Services to review content of their section of the Hub to ensure it contains up-to-date information; and working with Blink to improve the 'search' function and admin permissions.

APF **noted** the update.

## **08. ITEMS FOR NOTING**

The following items were **noted** by APF:

- a. H&SCP LPF – (i) Minutes of 15<sup>th</sup> February 2022, (ii) Minutes of 16<sup>th</sup> March 2022, (iii) Minutes of 19<sup>th</sup> April 2022.
- b. AS&CD LPF – (i) Minutes of 17<sup>th</sup> February 2022 (ii) Minutes of 28<sup>th</sup> April 2022
- c. NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 15<sup>th</sup> February 2022
- d. Scottish Government Letter, (26 Apr 2022) NHSScotland Staff Governance Standard Monitoring Framework and iMatter Staff Experience 2020/21 and 2021/22

## **09. AOB**

### **Ban on Single Use Plastics**

J Rotheram explained that a Scottish Government ban will come into force on 1<sup>st</sup> June 2022 of such items as food take away boxes, disposable coffee cups, disposable cutlery. We are working on procurement of alternatives; however, all are more expensive. The intention is to have a system that incentivises staff to bring their own reusable coffee cups or "tupperware" via a small discount and a small charge for the takeaway box if one is needed. We aren't there yet due to supply issues, using up existing stocks and awaiting Infection Prevention and Control Team support and advice for our suggested way forward. Any issues for patient care are being addressed, there are a few exemptions but in the main there are simple changes being made.

### **DATE OF NEXT MEETING**

The next Area Partnership Forum meeting will be held on Wednesday 20<sup>th</sup> July 2022 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES  
LOCAL PARTNERSHIP FORUM**

**(Thursday 28 April 2022)**

No issues were raised for escalation to the Staff Governance Committee.

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 28 APRIL 2022 AT 2.00 PM VIA MICROSOFT TEAMS**

**Present:**

Andrew Verrecchia (AV), Unison (**Chair**)  
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services  
 Belinda Morgan (BM), General Manager – Emergency Care  
 Benjamin Hannan (BH), Director of Pharmacy & Medicines  
 Anne-Marie Marshall (A-MM), Acting Health & Safety Advisor  
 Susan Young (SY), HR Team Leader  
 Louise Noble (LN), Unison  
 Joy Johnstone (JJ), FCS  
 Mary Ann Gillan (MG), RCM

**In Attendance:**

Stephen McNamee (SMcN), Programme Manager, Transformation & Change Team (for Item 2)  
 Gill Ogden (GO), Head of Nursing – Planned Care (for L Campbell)  
 Gillian McKinnon (GMck), PA to Director of Acute Services (**Minutes**)

	<b>Action</b>
<p><b>1 WELCOME &amp; APOLOGIES</b></p> <p>AV opened the meeting and welcomed everyone.</p> <p>Apologies were received from Claire Dobson, Andrew Mackay, Lynn Campbell, Murray Cross, Neil McCormick, Paul Bishop, Neil Groat, Miriam Watts and Conn Gillespie.</p>	
<p><b>2 OPERATIONS PRESSURE ESCALATION LEVEL (OPEL)</b></p> <ul style="list-style-type: none"> <li>BM advised EDG had asked us to look at the NHS England OPEL tool in terms of site management to see if we could implement it within Fife.</li> <li>EDG wanted us to have a tool and a capacity flow management plan that would allow us to manage the site safely and using an evidence-based framework.</li> </ul> <p><b><u>Opel Aims</u></b></p> <ul style="list-style-type: none"> <li>To have an effective escalation plan to manage and respond to capacity in a safe, proactive and consistent way.</li> <li>To ensure we had patients cared for in the most appropriate clinical environment.</li> </ul>	

- To enable us to manage the risks and look at mitigations across the whole site.
- Supports responsibility across the whole system and allows us to have good dialogue with the partnership to minimise our delayed transfer of care.
- Staff were clear around their roles and responsibilities/actions aligned to the OPEL score.
- Delivery of the 4-hour emergency access target.

### **OPEL Benefits**

- It is a proactive tool and early identification of capacity issues, triggers and actions.
- Allows us to have clear and consistent actions aligned to roles and responsibilities.
- We have started to develop a shared language which is data driven and is objective.
- The accountability and assurance links to bronze, silver and gold levels.
- It also helps us understand have we de-escalated the site and maintained a site balance.

### **How did we do it?**

- We ran multiple testing cycles. We developed, adapted and refined the tool and identified the triggers that are most pertinent for this site.
- We started off with monthly meetings, then moved to weekly then daily meetings for the multiple testing cycles.
- We had a broad SLWG with good engagement across Directorates and staff groups.
- We had executive buy-in from the start as they commissioned the work.
- As we went along, a presentation was given to a Grand Round, attended team meetings and attended the NHS Fife Board Development session.

### **OPEL Levels**

- 1: Low levels of pressure.
- 2: Moderate pressure with some areas under pressure.
- 3: Severe pressure with deterioration in performance/quality.
- 4: Critical pressure with significant deterioration in performance/quality.
- 5: Extreme pressure with risk of service failure.

### **OPEL Actions**

- Front door
- Back door
- Nurse staffing

- Professional & Team responses

We have action cards for every level and for each of the areas.

### **Governance Process**

- Bronze
- Silver
- Gold

### **Live Demo**

- BM and SMcN provided colleagues with a live demo of the OPEL Tool.

### **Summary**

- The tool provides early recognition intervention and improves site and patient outcomes.
- The shared language has allowed us to connect and work better together with the partnership.
- Helps us to maintain flow, elective programme and essential services.
- We have been clearer about roles in terms of leadership and expectation of teams.
- We have had cross-Directorate buy-in.

### **Questions**

- AV asked if there was a review period for the tool. BM advised a soft launch has been done for some of the actions. There will be a two-month implementation period then it will be measured to ascertain whether the tool is fit for purpose.
- AV asked if each team have actions they need to perform or things they need to do. BM advised there are actions across the site which teams will take and help prioritise their work depending on the OPEL level.
- AV noted it was hugely important for all staff groups to use a common shared terminology and language.
- AV thanked BM and SMcN for their presentation.
- The OPEL slide-deck presentation will be shared with LPF colleagues for information.

**BM/GMcK**

## **3 MINUTE OF PREVIOUS MEETING – 17 FEBRUARY 2022**

The Minutes of the Meeting held on 17 February 2022 were accepted as an accurate record.

## **4 ACTION LIST & MATTERS ARISING**

### **4.1 Broken Lift in Hayfield House**



- AV advised an update had been provided by PB and he had shared this update with LN and JJ before today's meeting.
- AV advised staff side colleagues were unhappy that the lift has been out of action since October 2021 and there was no sense that this would be fixed anytime soon.
- AV advised staff side colleagues had asked for a more definitive timeline as this is having an impact on visitors with a disability. AV agreed to raise this with CD and to take forward with estates colleagues.

**AV**

#### 4.2 **Policies & Processes**

- AV advised staff side colleagues had discussed and were content how this had been responded to and were happy for this action to be closed.

**GMcK**

#### 4.3 **Terms of Reference**

- AV advised the terms of reference has been updated and would be discussed further under Item 13. Close action.

**GMcK**

### 5 **HEALTH & SAFETY:**

#### 5.1 **Health & Safety Update Report (including RIDDOR Update)**

- The Health & Safety Update Report was distributed and noted, for information.

#### **Face Fit Testing**

- A-MM advised a face fit testing audit commenced on 8 March 2022 and focussed on the 20s, 30s, 40s and 50s.
- A-MM advised the feedback and findings highlighted some areas where support could be put in place to increase the portfolio of face fit testers.
- A-MM advised in order to support SCNs/CNs a number of training sessions have been scheduled during May and June 2022 for staff who are trained face fit testers and for staff who have no previous training experience. The uptake has been tremendous.
- A-MM advised to enable the process to be more streamlined staff can book directly on the new Face Fit Testing Hub Address: [fife.fittesting@nhs.scot](mailto:fife.fittesting@nhs.scot) and information will go out via communications.
- A-MM advised once the training has been completed a corporate register will be set up and can be shared with HoNs.

#### **Manual Handling**

- A-MM advised in January 2022 we started a new start process where the Manual Handling Hub address was given to workforce colleagues to enable patient facing staff to book in directly.
- A-MM advised they are also in the process of streamlining the processes for manual handling training and health and safety training courses.
- A-MM advised they have reintroduced evaluation forms for both manual handling and health and safety training to help gather information and views from staff. A QR code or paper copy is available, and staff feedback is fed straight into a database.
- A-MM advised manual handling training for the last few months has been good, however there have been a few cancelled courses in January (8) and February (7) for a number of reasons.

### **RIDDOR Reportable Incidents**

- A-MM advised there were 6 RIDDOR reportable incidents from January-March 2022.
- A-MM advised 5 of those were >7day injury and 1 was a high-risk needle-stick. All were reported satisfactorily and the RIDDOR reference number was attached to each one of them.
- A-MM advised between January-March 2022 there were 2023 Datix's submitted for the service and a breakdown is given in the report. The top 3 categories were patient falls (330); tissue viability (276); and medication incidents (203).

### **Violence & Aggression**

- A-MM advised Stuart Armstrong will be retiring from the post of V&A Advisor on 20 May 2022 and recorded her thanks for the work Stuart has undertaken supporting the team and the staff of NHS Fife.
- AV noted the role of V&A Advisor was important and LPF colleagues were very supportive of the post being recruited to.
- LPF colleagues recorded thanks to Stuart on his retirement.

## **6 STAFF GOVERNANCE 2019/20**

### **A Well Informed**

#### **6.1 Director of Acute Services Brief – Operational Performance**

- BM advised at the last meeting we reported COVID numbers were coming down and we were looking at retracting and starting services.
- BM advised we did however have quite a sharp increase in community transmissions in February and March 2022 which

resulted in higher patient numbers coming through our site that were COVID positive.

- BM advised in March 2022 we had the highest number of COVID positive patients we have had all pandemic. At one point we had 100 COVID positive patients on site and that also impacted on staffing numbers, and we also had a high number of community closures and bay closures.
- BM advised we had a high number of attendances, with 1000 more than we had seen in February 2022. This equated to 30 more attendances per day.
- BM advised without having the OPEL tool it would have been difficult to manage the site the way it was without having that consistent approach, methodology, joined up approach and shared language.
- BM advised we are now starting to see better flow, but it is quite variable. Some days we are still seeing very high admission numbers. Whilst the care home closures are down, community are back to having a number of hospital closures.
- DG advised all of the above puts tremendous pressures on our staff and each day relies heavily on staff resilience across all areas.

## **6.2 Attendance Management Update**

- The Attendance Management Report was distributed and noted for information.

### **Acute**

- SY advised the sickness absence figure for March 2022 was the first month below 6% since May 2021. The COVID absence has increased and was 4.38% in March 2022 and on top of the sickness absence this will have had a significant effect.
- SY advised in March 2022, ECD were sitting at 6.68%, PCD at 6.16% and WCCS at 4.46% noting an improvement particularly within ECD and PCD.
- SY advised anxiety, stress and depression continues to be the main reason for absence.
- SY advised nursing and midwifery has the highest number of staff absence.
- SY advised short-term absence has increased.
- SY advised the chart outlines the areas above 10% sickness absence but would be happy to include all areas above 4% if required for future reports.

### **Corporate Services**

- SY advised the sickness absence figure for March 2022 was 5.52% which was an increase on the previous month. The COVID absence increased to 3.52% for March 2022.

- SY advised Facilities is the highest number of absence (8.52%), however that was a reduction from February 2022 where it was over 9%. Estates and Corporate Directorates had both increased as well for March 2022.
- SY advised the main reason for absence had changed and looked more balanced. We usually see anxiety, stress and depression at the top but perhaps this is due to the number of wellbeing supports in place and staff feeling generally better.
- SY advised Support Services has the highest percentage and hours lost.
- SY advised the short-term absence has gone down and the long-term absence has gone up.
- SY advised there were not many areas above 10% but would be happy to include all areas above 4% if required for future reports.

### **General**

- SY advised there was an attendance module as part of Turas Learn and would encourage all managers to complete it.
- SY advised HR are also continuing to deliver the regular Attendance Management sessions.
- SY advised there has been quite a bit of discussion by the HR Team around Review and Improvement Panels. Through Tableau information is available on hot spots and would welcome feedback whether it would be more beneficial to look at a more targeted review.
- BH wanted to record his thanks to Karen Laird for the continued HR support and staff-side colleagues for their support to the Pharmacy Review and Improvement Panels.
- LN outlined the WCCS promoting attendance at work reviews whereby it was more of a discussion rather than a look at the top 10/top 20 cases. This worked really well and asked whether this could be shared and tried in other Directorates. DG confirmed the process did work well but there was still a requirement to progress those cases that need to be progressed but allowed an opportunity to have difficult conversations. SY agreed the process worked well within WCCS with managers benefitting from the shared learning and discussion about complex cases that may not be in the top 10/top 20.
- GO advised it would be helpful if some of the CNMs could sit in on the WCCS promoting attendance at work session and to bring back learning to their own Directorates.

### **6.3 Feedback from NHS Fife Board & Executive Directors**

- BH advised since the last meeting there has been a formal NHS Fife Board meeting which focussed on the Integrated Performance and Quality Report. The Chief Executive and

Chairman were quite candid about the extraordinary pressures faced by the NHS at this time and actions being taken across the system and that whole system pressure.

- BH advised items discussed at the NHS Fife Board meeting were around how we respond to the Ministerial Annual Review and the actions from it were discussed. There was a focus on performance and equality reports and the usual pandemic update, which focussed on test trace as well as COVID vaccination. There was an update on the development of the Population Health and Wellbeing Strategy. A gradual phased approach has been taken and this year will focus on getting back to basics and recovery as we look ahead to the next 5-years. A milestone plan has been developed by Margo McGurk which breaks down the different steps that will go through engagement and this would be shared with LPF colleagues, for information.
- BH advised the first in person Board Development Day took place around flourishing in Fife and a reflection on the leadership during the pandemic and how we move forward.

BH/GMcK

## 7 B Appropriately Trained

### 7.1 Training Update

- DG advised for WCCS mandatory training performance in some areas are more than 80% and some are sitting at 67/68%. There have been difficulties releasing staff to attend training as they have been needed clinically. There are plans in place to pick this up but is dependent on there being enough staff to provide clinical care.

### 7.2 Turas Update

- DG advised for WCCS Turas performance is sitting around the 80%. This has dropped, which is understandable given the pressures staff have been under.

## 8 C Involved in Decisions which Affect Them

### 8.1 Annual Report

- AV advised colleagues that submitted information for last year's report will shortly be asked again to contribute and input into the Annual Report.

### 8.2 Staff Briefings & Internal Communications

- AV advised he and CD had managed to undertake an unannounced visit last week to the discharge lounge and to Wards 6/9. This had been hugely valuable and had been good

to have candid conversations with staff around current pressures.

### 8.3 **iMatter**

- SY advised she did not have the launch date as yet but would provide an update when she received it for the 2022 plan.
- SY advised there is a national suite of standard resources that have been developed. The action planning guidance was shared with this forum which was very well received and had some helpful tips. eLearning will be included on Turas Learn.

## 9 **D Treated Fairly & Consistently**

### 9.1 **Current/Future Change Programmes/Remobilisation**

#### **Test & Protect Team**

- AV advised we are seeing Test and Protect coming to an end and asked if there was a timescale for this and what effect this will have on us.
- SY advised a test and protect service would remain but what that will look like is still being working through.
- SY advised discussions had started and the asymptomatic testing staff are in the process of working through their notice periods. NHS Fife is exploring potential options for alternative employment for those staff within NHS Fife and Fife Council.
- SY advised through redeployment discussions we are starting to match staff into posts. Group meetings have started to take place for staff that are on secondment, and for staff to return to their substantive posts where they are able to do that. Notice periods can be anything from 4 weeks to longer periods of time depending on band and what has been issued to individual members of staff.
- AV asked whether the notice period for ending secondments were aligned to the individual banding grade. SY advised it is usually a 4-week period but for some of the individuals they have been given a notice period in their letter that is linked to their grade in the same way as their contractual notice.

## 10 **E Provided with an Improved & Safe Working Environment**

### 10.1 **Staff Health & Wellbeing Update**

- The Staff Health and Wellbeing Update report was noted for information.
- SY advised there is a link provided in relation to the Active Commute Club for staff to discuss and share information.
- SY advised through the FHS4NHS Project, the Financial Health Service will be providing personalised advice and support to

staff who are worried about their finances. An email link is included in the update report.

- SY advised there are further fuel poverty sessions being arranged for staff who are worried about rising bills.
- LN advised there is a wide range of health and wellbeing support available for staff and managers should continue to direct staff to the supports available.
- LN advised there are a number of Well at Work Outdoors sessions available for groups of staff at Stratheden and these are proving popular.

## 10.2 **Capital Projects Report**

- The March 2022 Capital Projects Report was noted for information.

## 10.3 **Acute & Corporate Adverse Events Report**

- The Acute & Corporate Adverse Events Report for the period April 2021 to March 2022 was noted, for information.
- GO advised there had been an increase in Datix incidents relating to staffing. Staff are actively encouraging to record incidents when staffing levels and skill-mix are low.
- GO advised as part of the OPEL score, they were doing the same for staffing. When our OPEL status for staffing is at red or purple this will be automatically added into Datix.
- MG advised it was important to Datix low staffing levels which would align when our performance is reviewed.

## 10.4 **Violence & Aggression Performance Reports**

- The Violence & Aggression Performance Report (4th quarter performance data 2021/22) and the missing patient information (final quarter 2021/22) was distributed and noted for information.

## 11 **ISSUES FROM STAFF-SIDE**

### 11.1 **Policies & Processes**

- AV advised staff side colleagues had discussed and were content how this had been responded to and were happy for this action to be closed.
- SY advised we have NHS Scotland Workforce Policies Turas Learn modules and a reminder about the comprehensive Once for Scotland supporting documents.

**GMcK**

## 12 **MINUTES FOR NOTING:**

### 12.1 **Capital Equipment Management Group**

- The Minutes of the Capital Equipment Management Group meeting held on 7 January, 3 February 2022 were noted, for information.

### 13 TERMS OF REFERENCE

- AV advised the Terms of Reference has been updated and asked colleagues for any comments.
- BH advised the Pharmacy and Medicines Directorate now sits in the Corporate Directorate of NHS Fife and asked for the constitution to be amended to include the Director of Pharmacy and Medicines and Head of Pharmacy in the membership.

ALL

### 14 HOW WAS TODAY'S MEETING?

#### 14.1 Issues for Next Meeting

- Agreed to carry forward the broken lift in Hayfield House issue to the next meeting.

GMcK

#### 14.2 Issues for Escalation to Area Partnership Forum

- There were no issues for escalation to the APF.

### 15 ANY OTHER COMPETENT BUSINESS

#### 15.1 The Queen's Platinum Jubilee Public Holiday

- SY advised the Queen's Platinum Jubilee public holiday day has been changed from an additional annual leave day to a public holiday day on Friday 3 June 2022.

#### 15.2 East Region Recruitment Service

- SY advised an update newsletter has been issued from the East Region Service. The newsletter will be shared with LPF colleagues, for information.
- SY advised Lothian and SAS will launch that service on 13 June 2022. For Fife, Borders and NES this will launch on 25 July 2022. It is expected that the full transition will be by September 2022.
- SY advised we are not expecting a lot of change initially however there will be changes thereafter. The main changes are we will have a new on-line enquiry system and a streamlined telephony system and are working on an internet page with information and support.
- BH advised our recruitment was currently good and we need to ensure we do not lose that. SY advised in the short to medium term she did not think anything would change at all and our

SY/GMcK



resource will be the same staff. There will be a little more resilience in the new model and there will be more development opportunities for the staff to be part of that bigger service.

**16 DATE OF NEXT MEETING**

Thursday 23 June 2022 at 2.00 pm.

AV advised as we are moving out of the legal COVID measures we should consider exploring the possibility of holding the June meeting in person and colleagues to consider and feedback comments to AV/CD.

**ALL**

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2022/280422

**LOCAL PARTNERSHIP FORUM**

**(Meeting on 11 May 2022)**

No issues were raised for escalation to the Staff Governance Committee.



## HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 11 MAY 2022 AT 11.00 AM VIA TEAMS (VIRTUAL MEETING)

**PRESENT:** Simon Fevre, Staff Side Representative (Chair)  
Nicky Connor, Director of Health & Social Care  
Eleanor Haggett, Staff Side Representative  
Debbie Thompson, Joint Trades Union Secretary  
Alison Nicoll, RCN  
Anne-Marie Marshall, Health & Safety Officer, NHS Fife  
Audrey Valente, Chief Finance Officer, H&SC  
Bryan Davies, Head of Primary & Preventative Care Services  
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology  
Elaine Jordan, HR Business Partner, Fife Council  
Hazel Williamson, Communications Officer, H&SC  
Kenny McCallum, UNISON  
Lynne Garvey, Head of Community Care Services  
Lynne Parsons, Society of Chiropodists and Podiatrists  
Mary Whyte, RCN  
Roy Lawrence, Principal Lead Organisation Development and Culture  
Susan Young, HR Team Leader, NHS Fife  
Vicki Bennett, NHS Fife  
Wendy McConville, UNISON Fife Health Branch  
Wendy Anderson, H&SC Co-ordinator (Minutes)

**APOLOGIES:** Angela Kopyto, Dental Officer, NHS Fife  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Frances Baty, Director of Psychology, NHS Fife  
Helen Hellewell, Associate Medical Director, H&SC  
Kenny Grieve, Health & Safety Adviser, Fife Council  
Lynn Barker, Associate Director of Nursing  
Morag Stenhouse, H&S Adviser, Fife Council  
Susan Robertson, UNITE  
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	<b>APOLOGIES</b> As above.	
2	<b>PREVIOUS MINUTES</b>	
2.1	<b>Minute from 19 April 2022</b> With a small amendment to the Apologies, the Minute from the meeting held on 19 April 2022 was approved as an accurate record of the meeting.	
2.2	<b>Action Log from 19 April 2022</b> The Action Log from the meeting held on 19 April 2022 was approved as accurate.	

**3**    **JOINT CHAIRS UPDATE**

There was nothing to update that was not already on the agenda.

**4**    **IMATTER – SURVEY UPDATE**

Roy Lawrence advised that this update was in response to the iMatter Action Plan which has been informed through discussions at both LPF and SLT, as a result of last year's survey. The paper provides assurance that improvement activities identified in the Action Plan are being carried out under the three main areas of Let's Celebrate; Let's Develop; Let's Act.

The report provided an update on the work done by SLT to take forward actions set out by the LPF and captured in the agreed Action Plan.

Activities underway cover three key themes:

- Senior Leaders (including the Board) are visible across the workforce
- Involved in decision-making
- Supporting Learning and Development

SLT members have undertaken activities that have improved connectivity and visibility with their services and teams. We have also used leadership development forums to raise the importance of iMatter for the Partnership to achieve the aim set out in the previous sections.

The opportunity for the aims initially set out in the LPF Action Plan have been severely constrained through the ongoing impact of Covid-19 and it's impact on our day-to-day services. As we hope we are beginning to see the opportunity to come together face to face with our people without severe restrictions or impeding on the need to focus on maintaining services, the leadership team across the HSCP are planning further approaches to improving visibility.

Fife Council has recently completed their Heartbeat Survey but all partnership employees are being encouraged to take part in the iMatter survey as this is the partnership approach to staff engagement.

This year's survey is due to go live in the next few weeks, work is ongoing to ensure information on employees is correct and the collective ambition is to improve the response rate.

**5**    **LPF DRAFT ANNUAL REPORT**

Simon Fevre gave a verbal update on the current position with the Annual report, which is currently awaiting one more contribution. It will then be pulled together and sent to LPF members to read and reflect prior to being finalised, discussed at the June LPF meeting and then taken to the IJB meeting on 29 July 2022.

**SF/RLaw**

**6**    **HEALTH AND SAFETY UPDATE (Inc FORUM)**

Morag Stenhouse, H&S Adviser, Fife Council had provided a written update which was circulated with the papers for the meeting.

Anne-Marie Marshall updated that online training relating to Risk Management and Datix were now on offer for NHS Staff and Paul Smith / James Murray should be contacted to book this. Anne-Marie is currently finalizing a package to assist managers inputting data to Datix to decide whether or not it is RIDDOR reportable.

**7 FINANCE UPDATE**

Audrey Valente gave a verbal update on the current financial position. The team are currently working on year end and the closing of the accounts. Early indications show a potential £6m underspend with Reserves of approximately £70m. No further covid funds will be received from Scottish Government. Work is ongoing to identify future financial pressures and plan for this financial year. Audrey will provide further updates at future LPF meetings.

**8 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE**

Lynne Garvey updated on the current situation with closures and at present only 3 bays in community hospitals and 2 Care Homes are closed, which is a much more positive picture than 2/3 weeks ago. Overall the whole system is still under huge pressure, with patients presenting at Victoria Hospital A&E with more complicated issues and difficulties in ensuring a flow of patients through the system. The Partnership has been showing as amber on OPAL in recent days, while Acute are consistently purple, which reflects the pressures being felt across the whole system.

An event has been set up to look at winter and lessons learned and feedback from this will be used to plan for the future.

Workforce pressures are lessening slightly as sickness absences reduce, but staff morale is low in some areas. SLT continue to support staff and there are a lot of wellbeing resources available.

Discussion took place around ensuring staff being encouraged to use up annual leave despite system pressures. Elaine Jordan advised that Fife Council HR staff met recently to discuss this and managers are to ask staff to schedule annual leave over the coming months and ensure it is taken.

The level of demand for services continues to increase in Social Care, Social Work and clinical services. Despite announcements of investment in these areas, to date these have not translated into an increased workforce as recruitment has been a significant challenge.

Nicky Connor advised that the command structure which had been in place during covid is being stood down and work continues to look at opportunities to change how we work and find transformational solutions.

Simon Fevre asked about the extra surge beds which had been opened to help alleviate pressure. Lynne Garvey advised these had gone down from 62 to 44 in recent weeks and planning is ongoing to ensure that these can be removed as soon as it is safe to do so. Priority will be given to closing the extra beds in Queen Margaret Hospital to reduce 6 bedded bays back to 4 beds. This work will be undertaken in close dialogue with acute colleagues to support a whole systems response.

Debbie Thomson raised the issue of Social Work/Social Care staff who needed face to face supervision to be able to retain their SSSC registration. This has not been possible over the last two years and needs to be restarted. Additional Supervisor posts are being recruited to which will assist with this.

NO	HEADING	ACTION
9	<b>HEALTH &amp; WELLBEING</b>	
	<b>Attendance Information</b>	
	<p>Susan Young updated on absence figures from NHS Fife, which show a reduction on previous months. Anxiety, stress and depression are still main causes, with gastro problems and coughs/colds increasing. Short term absence is increasing but long term is decreasing.</p> <p>Elaine Jordan advised that the absence figures for partnership staff who work for Fife Council was the lowest it had been since March 2021. Figures for April 2022 are already showing that further reductions are likely. Actions are being progressed by Elizabeth Crichton and her team to support Managers dealing with long term absences (currently 147 cases). Both long and short-term absences are decreasing with MSK and mental health being the main causes of absence. Moving and Handling training continues with 86% compliance up to 31 March 2022.</p>	
	<b>Staff Health &amp; Wellbeing</b>	
	<p>Many practical supports for staff are available and a number of actions are planned to ensure staff access these. A stress assessment is ongoing within Fife Council and figures for Counselling, Physiotherapy and Occupational Health referrals will be available in the coming weeks. HR staff have been working on a list of ideas for utilising money given by UNISON for staff health and wellbeing.</p> <p>Staff are to be encouraged to use annual leave as well as access the wellbeing support which is available to them. Everyone is also encouraged to connect with colleagues – Managers to begin holding face-to-face, 1:1 meetings with staff – possibly “walking meetings” to check in.</p>	<b>ALL</b>
	<p>Roy Lawrence gave an update on the Wellbeing Strategy Group which met for the first time on 10 May 2022 and will cover staff from the partnership as well as the Third and Independent sectors. At present the group is focusing on agreeing the remit for the group and sharing learning to make the best use of time in meetings. Regular reports will come to the LPF from the group with the first update coming to the July LPF.</p>	<b>RLaw</b>
10	<b>ITEMS FOR BRIEFING STAFF</b>	
	<b>Via Directors Brief / Staff Meetings</b>	
	<p>An update from the LPF meeting will go into the Directors Brief on Friday 20 May 2022 and will include information on the iMatter Launch, encouraging employees to use their annual leave entitlement and encouraging staff to check in with colleagues.</p>	<b>NC/SF/ EH/DT/ HW</b>
11	<b>AOCB</b>	
	<p>Nothing was raised under this item.</p>	
12	<b>DATE OF NEXT MEETING</b>	
	<p><b>Tuesday 21 June 2022 – 4.00 pm – 5.00 pm (single item – LPF Annual Report)</b></p>	

**STAFF GOVERNANCE COMMITTEE**  
**(Meeting on Thursday 14<sup>th</sup> July 2022)**

The main focus of the Strategic Workforce Planning Group meeting held on Tuesday 17<sup>th</sup> May 2022 was on NHS Fife and H&SCP 3-year workforce plans and strategy development, and the continuing workforce challenges in all services.

No issues were raised for escalation to the Staff Governance Committee.

**UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 17<sup>TH</sup> MAY 2022 AT 14:00 HRS VIA MS TEAMS**

**Chairing this meeting: Linda Douglas, Director of Workforce**

**Present:**

Jacqui Balkan, Regional Workforce Planning Manager  
 Lynn Campbell, Associate Director of Nursing, Acute Services Division  
 Claire Dobson, Director of Acute Services  
 Susan Fraser, Associate Director of Planning and Performance  
 Alistair Graham, Associate Director, Digital & Information  
 Brian McKenna, HR Manager – Workforce Planning  
 Maxine Michie, Deputy Director of Finance (deputising for Margo McGurk)  
 Sally O'Brien, Head of Nursing, Health & Social Care Partnership (deputising for Lynn Barker)  
 Kevin Reith, Deputy Director of Workforce  
 Nicola Robertson, Associate Director of Nursing, Corporate Services  
 Sally Tyson, Head of Pharmacy for Development and Innovation (deputising for Ben Hannan)  
 Rhona Waugh, Head of Workforce Planning & Staff Wellbeing  
 Amanda Wong, Associate Director of Allied Health Professionals (AHPs)

**In Attendance:**

Janet Melville, Personal Assistant (Minutes)

**Actions**

**Welcome and Apologies**

L Douglas welcomed everyone to the meeting and apologies were noted from L Barker (S O'Brien attending), B Hannan (S Tyson attending), H Hellewell, R Lawrence, M McGurk (M Michie attending) and D McIntosh.

L Douglas requested that going forwards, written highlight reports are brought to this meeting rather than verbal updates, to give focus and assurance to our strategic direction and remit. R Waugh / K Reith agreed to consider options for reporting and advise group members further.

**RW/ KR**

**01. Minutes and Matters Arising**

The minutes of the previous meeting held on 22<sup>nd</sup> February 2022 were accepted as a true and accurate record. There were no matters arising not on the agenda.

**02. Regional Workforce Update**

J Balkan advised that the minutes of the last Regional Workforce Group had been shared with the Group to give a flavour of the activities restarting: the workstreams addressing COVID-19 issues are being stood down with the focus now on 'recovery'. J Balkan indicated that NHS Fife is well represented at the Regional Workforce Group meeting taking place on 18 May 2022; it is anticipated that discussions will cover many common challenges being faced, together with standing items such as Regional Recruitment.

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L Douglas encouraged the flow of information from strategic groups to services, and that actions across the East Region are progressed to address challenges and opportunities as they arise.

### 03. National Workforce Planning Update

J Balkan indicated that the National Workforce Planning Group has not met recently, with efforts centred on the development and publication of the National Workforce Strategy and three year Workforce Plan Guidance. J Balkan confirmed that a Workforce Projections exercise will be undertaken this year after all; a template is currently being prepared as it is taking a slightly different approach than previously. The date for submitting Workforce Projections data is yet to be determined; it will take account of the extant workforce strategy and planning requirements, both locally and nationally. A national workshop is planned for June 2022 to discuss the requirements of the Annual Delivery Plan, given the recent SG guidance on this.

J Balkan advised that at this morning's National NTC (National Treatment Centre) Group meeting, it was noted that the Fife Elective Orthopaedic Centre is well on track.

### 04. NHS Fife Strategic Planning

#### 4.1 Population Health & Wellbeing Strategy Update

S Fraser reported on progress with the Strategy: following the survey to gather both public and staff views, the information was analysed and will be presented to the Executive Director's Group in two weeks' time. A paper on the survey has been well-received at the various governance committees. The survey resulted in over 1000 responses and yielded rich data, from which questions have been prepared to take to focus groups; the aim is to reach a wide range of groups in Fife, both staff and public, to obtain further information.

The Population Health & Wellbeing demographic element is currently going through the usual governance routes for approval. S Fraser indicated she is meeting with Public Health colleagues next week to discuss and prioritise recommendations, to maximise their impact.

Recommendations in relation to the previous Clinical Strategy are being reviewed to 'close' the document; this has proved challenging given the enormous changes since it was published in 2016. The importance of acknowledging achievements was noted.

Looking forward: the strategy will focus on the three-to-five-year vision for services in Fife; with consideration being given to the setting of aspirational, but realistic, goals.

#### 4.2 Remobilisation Plan 4 / Annual Delivery Plan

S Fraser advised that a general strategic planning process has been developed over recent years, with the various planning and strategic documents based on the same strategic, financial and workforce information data set. For example, the SPRA (Strategic Planning & Resource Allocation) is used to inform the high-level Corporate Objectives (currently progressing through the governance route and sign off by the Board at the end of May 2022) and actions from the SPRA will be included in the Annual Delivery Plan (ADP) 2022/23.

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The Remobilisation Plan 4 (RMP4) 2021/22 was completed at the end of March 2022 and was submitted to Scottish Government (SG) in April 2022. Actions not achieved e.g., Elective Care, Diagnostics and Cancer Care work will be carried forward to 2022/23.

The ADP will be populated by outstanding RMP4 actions, the SPRA actions from 2021/22 and aligned to the Corporate Objectives 2022/23; and will follow the SG Guidance recently received. The ADP will be prepared in collaboration with workforce and finance colleagues, and shared with Services for review and input.

L Douglas suggested it would be helpful focussing on the six priorities in Caroline Lamb’s letter of 27 April 2022 (staff wellbeing; recruitment and retention of our health and social care workforce; recovering planned care and looking to what can be done to better protect planned care in the future; urgent and unscheduled care; supporting and improving social care; and sustainability and value) to ensure alignment and interconnectedness between sister documents, recognising slightly different asks. In the brief discussion that followed, it was recognised that the same information can inform many documents. K Reith indicated that work is ongoing to develop an approach to be able to report all the relevant information, to avoid the need to gather data from multiple sources. C Dobson acknowledged that ‘workforce’ is the biggest challenge to services.

#### **05. NHS Fife Workforce Strategy 2022-25 Development**

K Reith reported that since this Group last met, the National Workforce Strategy had been released (11 March 2022). It has been agreed to defer publication of Board Workforce Strategy until March 2023, in line with governance cycles (final dates to be determined), with the caveat of developing the work in the course of the year, building on the 3-year Workforce Plan and work over the summer. K Reith suggested that in the longer term we adopt the Three Horizon approach described in Caroline Lamb’s letter: Horizon 1, 1-2 years – ‘stabilising’; Horizon 2, 3-5 years - ‘reform’; Horizon 3, 5-10 years - transformation’.

L Douglas recognised that the Workforce Strategy is a high-level document outlining ambitions and aspirations, with the Work Plan focussed on organisational performance and improvement.

#### **06. Draft NHS Fife 3-Year Workforce Plan 2022-25**

R Waugh noted the current draft of the NHS Fife Workforce Plan 2022-25 had been circulated to the Group for comment. The document has been developed in close liaison with colleagues and takes into account the SG Guidance and National Workforce Strategy. H&SCP colleagues are producing their own plan over the same time period which will include delegated services in the Partnership. Amongst others, the Workforce Plan will align to the Annual Delivery Plan, the Population Health & Wellbeing Strategy and the future NHS Fife Workforce Strategy. The Workforce Plan is the combined efforts of a range of stakeholders and takes account of the service feedback from the SPRA process, as we work to the timetable for the final version for submission to the July Staff Governance Committee and Board meetings, prior to submission to SG by 31 July 2022. The Board and H&SCP will then receive feedback on our respective plans and will have the opportunity to revise the content etc prior to publication

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by October 2022.

In terms of the background to our approach, in March 2022, the National Workforce Strategy for Health & Social Care was issued, followed by the Workforce Planning Guidance - (DL) 2022/09 - in April 2022 and we continue to follow the Six Step Methodology. The draft document also takes account of the Five Pillars - Plan, Attract, Train, Employ and Nurture - set out within the National Workforce Strategy and how this would shape our workforce in the future. The draft plan covers the main staff groupings and details on the demands and challenges these areas are facing over the period of the plan, recognising the backdrop and lasting impact of the pandemic, taking account of the main principles set out in the DL.

R Waugh noted that the document it is a 'working' draft and that there is the opportunity to add to and refine the plan. B McKenna suggested, given the ask for Workforce Projections, that consideration should be given to including less detailed information on this in the Workforce Plan.

L Douglas thanked colleagues for contributions to date and welcomed any further comments to ensure appropriate coverage for services across the organisation.

## **07. Updates from Associated Groups**

### **7.1 NHS Fife Operational Workforce Planning Group**

B McKenna indicated that discussions at the recent NHS Fife Operational Workforce Planning Group meeting (25 April 2022) had centred around the draft three-year Workforce Plan 2022-25, to ensure all local commitments are appropriately reflected and adjusted following the SG Guidance and local feedback received. Future scoping in terms of what is expected in the next 3 years includes services producing their own workforce plan, considering the impact of the Safe Staffing legislation, vulnerable roles and risk.

A review of circa 70 actions is 75% complete; the remaining 25% have been superseded, delayed due to the pandemic or are no longer relevant and are reflected accordingly in the Workforce Plan.

### **7.2 Health & Social Care Partnership Workforce and Organisational Development Board**

There was no one present to provide an update, but colleagues noted the work progressing on development of the draft H&SCP Workforce Plan.

### **7.3 NHS Fife Nursing & Midwifery Workforce Planning Group**

N Robertson indicated that in terms of international recruitment, 11 Nurses and 2 Radiographers have been welcomed to Fife with similar numbers expected in the next cohort and further recruits in the pipeline. N Robertson advised she met with Yeovil colleagues yesterday (16 May 2022) to discuss forward planning, as it takes 5-6 months for the new recruits to complete the recruitment process and become registered with the NMC. N Robertson is working closely with L Campbell and her team to identify requirements. It was acknowledged that availability of accommodation is a consideration. In addition, clarification is awaited on future SG funding for this initiative: Sandra Raynor, Head of Workforce Resourcing & Relations and Rose Robertson, Assistant

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Director of Finance are preparing a submission for SG funding, as it is anticipated that an additional 100 nurses are required this financial year; this demand is unlikely to be filled from the domestic workforce. N Robertson indicated that the National Treatment Centre staffing may require international recruits, either directly or as backfill for internal vacancies as a result of NTC recruitment. N Robertson is preparing a Nursing & Midwifery Workforce Planning SBAR for EDG, by way of update regarding nursing and midwifery staffing.

N Robertson reported that Band 2/3 recruitment to Fife has been very successful. Progress is being made with Band 4 recruitment, which is part of a national band 2-4 workforce development programme.

N Robertson summarised the Advanced Nurse Practitioner SBAR which had been previously presented to EDG, by way of update and discussion regarding the recommended 3.75 hours per week per ANP of non-clinical time in order to support the ANPs to undertake all 4 pillars of practice. This time is recommended to be taken into account when workforce planning for ANP posts.

Attention was drawn to the challenges of balancing non-clinical time with service delivery; and it was agreed that creative resourcing and recruitment pathways will be required going forward.

#### **7.4 Allied Health Professionals Group Feedback**

A Wong confirmed that through the International Recruitment programme, two radiographers are in post, with a further two from the next cohort allocated to the Orthopaedic Centre.

The National Education and Workforce Review is underway, with Fife appropriately represented on the Short Life Working Group. Fife has been approached by Lesley Holdsworth, NES, in relation to being a pilot for the AHP Occupational Classification work starting June / July 2022, to identify where our staff are based and better understand what work they are undertaking.

B McKenna is meeting with the AHP Senior Leadership Team about the Workforce Planning process (rather than the SPRA) and Alistair Read, AHP Lead for HIS is attending the meeting in July to talk about challenges of the Healthcare Staffing Programme and the enactment of the Act, and for Fife to participate with a pilot in this area. A Wong advised that the national self-assessment template has been shared to ensure each profession understands their responsibilities in relation to the Act.

B McKenna confirmed that the NHS Fife Workforce Plan focusses on Acute and Corporate Services with AHPs represented in the H&SCP Workforce Plan.

#### **7.5 Pharmacy Services Update**

S Tyson reported that, in terms of preparation for Pharmacists qualifying in 2025/26, work is underway to ensure the infrastructure is in place to accommodate the increase in experiential learning from 5 to 11 weeks and with a gradual increase in the number of students, the number now amounts to 74 x 5-day placements, which is NHS Fife's NRAC allocation.

A two-year SVQ plan is in place, working in conjunction with a local SVQ centre; the proposal to the wider regional team is to increase investment

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in Pharmacy Technicians and Pharmacy Support Workers. The National Pharmacy Technician Training Scheme is progressing; Fife has recruited to the first cohort.

As part of the overall recruitment development pipeline, there has been a drive to increase the number of Foundation Pharmacists: 5 currently in post (anticipating 16 by September 2022) and there are plans for more.

The National Pharmacy Technician Training Scheme is progressing; Fife has recruited to the first cohort.

Pharmacy has developed a process for Designated Prescribing Practitioners, which has been a huge piece of work to move the service forward.

## **08. Health and Care (Staffing) (Scotland) Act 2019 Update**

N Robertson advised there is still no confirmed date for the legislation coming into force, but an announcement and timeline for implementation is expected before the end of June 2022. The paper and Board self-assessment template have been shared with the Group; although using the template is not mandated, it is encouraged in order to assess each service's current position; and feedback on the template is welcomed. N Robertson highlighted that the Act applies to all disciplines of staff within Nursing, Midwifery, Allied Health Professionals, Medicine and Dentistry, and Pharmacy. The Nursing Workforce Lead post is currently vacant but recruitment to the role is anticipated in the near future.

L Douglas asked that the related groups and fora which report into this Group consider the template and advise whether they will use it.

## **09. Workforce Risks / Risk Register**

K Reith indicated that work is ongoing with a risk management refresh, moving from the existing Board Assurance Framework to new style reporting, a revised Corporate Risk Register and a Risk Dashboard, including workforce risks which will be brought to this Group in its new format in due course. R Waugh confirmed that workforce related risks had been rigorously reviewed to give assurance that they are appropriately managed and that mitigations / controls are in place as required.

## **10. Revised Terms of Reference**

R Waugh advised that the Group's Terms of Reference had been reviewed and revised; and circulated to colleagues for comment. L Douglas suggested the Terms of Reference are now confirmed for this year and subsequently, an annual review would be undertaken to ensure they accurately reflect the Group's remit going forward.

## **11. AOB**

### **Employability**

L Douglas drew attention to the 'Employability' initiative, in particular Apprenticeships and Placements (Student and Work Experience) and requested colleagues give due consideration when undertaking operational workforce planning as to how this is reflected in plans, in particular succession planning

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and aligning with the Anchor Institution ethos. L Campbell agreed it is critical that students and newly qualified staff gain relevant experience, but it is also important to balance with appropriate supervision, to ensure a supported and positive learning experience.

**e-Rostering**

A Graham suggested bringing an eRostering update to this Group twice yearly; it was agreed to discuss this further offline.

**AG/ KR**

**Date of Next Meeting: Tuesday 23 August 2022 at 14:00 hrs via MS Teams**

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**Health & Safety Sub-Committee**

**Meeting on 10 June 2022**

1. Health & Safety Manager

Billy Nixon will join NHS Fife in the role of Health & Safety Manager on Monday 8 August 2022.

We look forward to welcoming Billy and wish him well in his new post.

## **UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 10 June 2022 at 12:30 within Microsoft Teams**

### **Present:**

Neil McCormick (NM) Director of Property & Asset Management  
Conn Gillespie (CG) Staff Side Representative  
Linda Douglas (LD) Director of Workforce  
Paul Bishop (PB) Head of Estates

### **In attendance**

Anne-Marie Marshall (AMM) Acting Health and Safety Advisor  
David Young (DY) Minute Taker

### **1. Chairperson's Welcome and Opening Remarks**

NM Welcomed everyone to the meeting.

### **2. Apologies for absence**

Dr Chris McKenna (CM) Medical Director

### **3. Minutes of previous meeting**

Action

#### **3.1. APPROVAL OF PREVIOUS MINUTES**

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

#### **3.2. Matters Arising**

##### **3.2.1. Health and Safety Policy review**

DY informed the group that he now has a list of Health & Safety related policies and will send a copy to the team.

DY

### **4. COVID 19 Update**

NM told the group that NHS Fife is no longer on an emergency footing, so decisions now rest with NHS fife. However, this doesn't appear to have made a major difference, as national policies are still being adhered to, particularly in terms of social distancing and testing for staff. He does expect these measures to be stepped down at some point, but doesn't know when that might be.

LD informed the group that she is aware that work is actively being undertaken through the Scottish Partnership Forum, the Scottish Terms and Conditions Group and the Scottish Workforce and Governance Group and anticipates that we may have a clearer picture of the stepping down of those policies and guidance that were devised for COVID towards the end of the month and added that for a number of those, it is likely to be a transitional step back into extant policies and procedures.

NM asked CG how he thought frontline staff were feeling. CG said Staff are tired and morale was low, he thought that some changes in regard to the wearing of masks and social distancing may help. NM thanked CG and agreed that this is an issue and everyone's Mental Wellbeing is important.

### **5. Governance Arrangements**

#### **5.1. Incident Statistics Annual Review (Apr 21- Mar 22)**

AM discussed report which covers the period From April 1st 2021 to March 31st 2022.

##### **5.1.1. Sharps Incidents**

AM report a total of 180 sharps incidents. Of those, only one was reportable to the HSE under as a dangerous occurrence because the source patient had been known to have a BVD. The highest amount incidents took place within acute at 88.

##### **5.1.2. Slips, Trips and Falls**

AM informed the Group that a total of 78 slips, trips and falls incidents recorded on DATIX. 15 from VHK in the same level 1 high and one was a water spillage on the floor in level 11. Of those 21



incidents, 2 have triggered RIDDOR

### **5.1.3. RIDDOR reportable incidents**

Total of 25 incidents, physical assault attended for six of those for an over 7 day absence and one recorded is major in terms of harm triggered the SAER which is still ongoing.

### **5.1.4. Manual Handling Incidents**

For manual handling injuries and we had a total of 78 manual handling injuries. 52 of those were for patient handling and the remaining 26 due inanimate load Handling

### **5.1.5. Violence & Aggression**

Physical assault

Total recorded incidents = 70 87% proportion directed towards Staff = Actual figure of 61 incidents. Remaining balance of 9 incidents were patients fighting with each other or relatives.

Verbal abuse

Total recorded incidents =75

87% proportion directed towards Staff =Actual figure of 65 incidents. Remaining balance of 10 incidents were patients arguing with each other or relatives.

NHS Fife Mental Health and Learning Disabilities Services

Physical assault –Total recorded incidents = 1316

54% proportion were directed towards Staff = Actual figure of 710 incidents. Remaining balance of 606 incidents were patients fighting with each other or relatives Verbal abuse - Total recorded incidents = 262

54% proportion were directed towards Staff = Actual figure of 141 incidents. Remaining balance of 121 incidents were patients arguing with each other or relatives.

The most at risk areas to exposure to violence and aggression in NHS Fife Services is within Mental Health & Learning Disabilities which experiences 92% of all recorded incidents, with Acute Services experiencing 8%.

NM thanked AM and commented that the graphs were very powerful and just showed exactly why we're concentrating on the things that we're concentrating on

## **5.2. Fire Advisory Service Annual Report**

### **5.2.1. Training**

Face to face training has recently recommenced and uptake has been huge. Multiple sessions have been arranged and the process is 'as before' with staff prebooking and recording attendance.

The video presentation which was developed for use during COVID is still in use and is now a part of TURAS learn.

### **5.2.2. eESS reports**

The eESS system has developed and we now have a 'non compliance' report. This was intended to show how many staff in each department and directorate have not had training opposed to previously only being able to show how many staff have had training.

Training on the above report in eESS has recently been completed by our compliance admin and we have still to test it out by running the organisation wide figures.

### **5.2.3. Smoking & Datix**

Staff are continuing to report smoking related incidents as per policy. This is good and will allow us to run a full datix report to capture the whole year. This has only started happening across the board since the fire advisors started attending the specific wards and supporting the staff to ensure they understand the process for reporting.

### **5.2.4. Fire risk assessments**

These are continuing as per the annual plan and full details will be in the report. Actions are uploaded to a separate file for the Estates Officers and Managers to either repair or escalate to EAMS for funding.

### **5.2.5. Policy**

Just before COVID, we introduced a new structure within the policy to ensure commitment and accountability across the organisation following close working with internal audit. It was circulated

via some forums but now requires refreshed and sent out and fully approved. I have been working with Hazel Thomson on policies to get this round the board again, planned completion end of year.

### **5.2.6. UFAS**

We are continuing to monitor unwanted fire alarm signals as per NHS Fife SOP and work closely with SFRS on this subject. Meetings used to be quarterly and have stretched a little lately, but intention is to reinstate to quarterly. Full UFAS figures are also entered into EAMS as per national requirements.

## **5.3. Review of Outstanding Audit Actions**

### **5.3.1. Sharps Strategy Group**

AM told the group that she has attempted to restart the sharps in on two occasions. Invites have been sent for meetings scheduled in April and June but due to holidays and staffing pressures, the meetings have been cancelled. AM has also had major problems trying to formulate a training package to meet the needs of the Sharps Improvement Notice that were served on us a few years ago. AM asked that, moving forward, could she have some assistance from this group if possible, to obtain a list of all the medical sharps used in NHS Fife. She can use this list to create another list of the suppliers and the list of the sharps that NHS Fife use, then contact each of the suppliers and see if the suppliers could come in and train senior charge nurses and other areas who then can filter down the training into their staff, which is a stainable process moving forward.

AM has written the paper for acute services Division, LPF and has asked again for assistance, to encourage and promote the needs for the sharp safety strategy group and if we can get some new Members, that would be absolutely fantastic. And then we could review the terms of reference. Some discussion by LD and AM around the difficulty obtaining a list which shows the Sharps that are actually used by NHS Fife as opposed to a List of all Sharps supplied by Procurement.

LD has suggested that either her or NM email their peers to inform them of the issue and ask for help and then AM can describe the issue properly.

### **5.3.2. Manual Handling**

AM discussed the audit carried out 2021 which had raised some areas of concern and, In particular, the cessation of manual training for staff during the pandemic. One of the things the audit focused on was how the organisation was going to capture any staff who hadn't been trained. AM confirmed that retrospective manual Handling Training has been completed for staff who started with NHS Fife at the beginning of the pandemic and the respective induction of staff already in post both fully contracted and bank staff. The Manual Handling Team also reintroduced professional courses for both fully contracted and bank Staff. AM informed the group that she intends to move away from Competency Based Assessors and plans to introduce Manual Handling Link Workers which will give a more robust system and support and resilience.

Training slots have now been built-in to the Manual Handling Training Rota to allow for bespoke training requests to become more flexible and accommodate training at short notice and immediate needs of the organisation.

The Team implemented a new process for New NHS Fife Staff. Workforce development have agreed to direct any new starts who require Patient Handling Training to email the OHSAStrng Hub email address to book on training. We also have access to report on eESS so we can cross check the names of new starts against our database and capture anyone who may need training but hasn't requested it.

AM told the group that she was aware that the H&S Team had no process to see if the training they are delivering was actually meeting the needs of the service, So, a process has been implemented where anyone who has attended a Manual Handling or Health and Safety Course can scan a QR code on their mobile phone which links them straight to a course evaluation document. They can fill in anonymously and the data is stored straight into a spreadsheet. So we've got real time information from the staff at the end of training to see how they felt about the training and if they have any ideas that we want moving forward. As a result of this, the team now have continued training needs analysis which was lacking in the manual handling side. Any staff that don't have a mobile phone or don't want to do electronically can be given a paper copy or we email it out to them for them to complete.

LD thanked AM for the report as this gives real substance and evidence on which to gain assurance and direct connectivity.

LD suggested that it might be worthwhile altering the line in the report that states 'the retrospective induction for staff already in post' to indicate that was Face to Face training to avoid any misdirection that there wasn't appropriate training given electronically. New staff were triaged on commencement and given some training but it didn't cover all of the elements they required.

AM agreed and will amend wording as requested

LD also suggested that as OHSAS no longer exists, we need to divest ourselves of references of OHSAS, and asked that, in future, when we talk about occupational health services in Fife, we refer to it as Occupational Health, not OHSAS.

AM said that the OHSAS training email address has been in use for many years, so the staff are aware that it's used for booking Manual Handling & Health & Safety Training. She also said that staff who attend training are informed that the Health & Safety Team aren't part of Occupational Health but sit within Estates & Facilities. However, she can look into the possibility of changing the hub address if necessary

LD said that she thought that the idea of the QR code was fantastic and asked if it can be shared with the workforce development team.

AM said she would be more than happy to do this.

## **5.4. Health & Safety Report**

### **5.4.1. Monkey Pox and Face Fit Testing**

NM asked if AM could update the Team on some of the issues around monkey Pox and, in particular, an issue regarding the use of PPE in sexual health.

AM informed the group that when the guidance was initially released, the thoughts were that the most likely presentation of patients would either be through A&E or through sexual health. The guidance then was for staff to wear the full PPE (an FFP3 mask, a gown and gloves). The H&S Team were contacted by the Sexual Health Team with an emergent plea to have the staff face Fit Tested. The H&S Team were able to schedule FFT sessions at short notice and carry out testing for 21 nurses and healthcare support workers. Some Doctors still need to be tested. We have subsequently received further guidance which states that an FFP3 mask may not be required.

### **5.4.2. FFP3 Mask Concerns.**

AM advised the group that NHSF the remaining stock for the 3030V will run out around the end of July this year. The new replacement mask is the 3530V. Any staff who have been passed to wear a 3030V do not need to be re-tested and can swap to a 3530v. The H&S Team have tested some staff already on the 3530V. There is an issue concerning the 3530V masks as they cannot be ordered on PECOS yet. There will be a transition phase from the 3030V PECOS code and that will change over to 3530V. AM hoped that Procurement will facilitate the transition will happen quite smoothly.

### **5.4.3. Face Fit Testers Audit**

AM told the group that the H&S Team recently conducted Face Fit Testing Audits throughout Phase 3 at VHK, concentrating on the all of the Wards in the 20s, 30s, 40s and 50s.

The Audit showed that support required, so the H&S Team carried out the following actions;

- Four sessions organised in May for the initial training of Face Fit Testers
- Four sessions have been scheduled in June for Refresher Training.
- A new Face Fit Tester hub address in place, so staff could book on Face Fit Testing directly. The face fit testing hub address has been given to workforce colleagues, so they add that into the induction.

As a result of the audit the H&S Team have trained 27 staff as Face Fit Testers for the Acute Service and four additional Testers for critical care, so that has significantly increased the portfolio of trained Face Fit Testers who can provide Testing, ordering masks for their area if a COVID type event occurs again.

There is also MS Teams page for Face Fit Testers so they can come and talk to us there and we could give them any advice and support and guidance.

Audits have now been carried out in Queen Margaret Wards 01 to 08, and the H&S Team are starting to organise training sessions for QMH staff.

LD thanked AM for the report and asked if, In light of guidance from Health Workforce @ Scottish Government which talked about people having a preference to use a FFP3 mask, we have assurance

of the connections being made between that guidance and the reality and practicality about ensuring people are appropriately Fit Face Tested.

AM said that because of the work carried out by the H&S Team after the Audit, she thinks it has given assurances to the staff and they feel more protected because the process has been tightened. AM said that it's a work in progress and we're on the right track to give these assurances as best as possible at the moment regarding Face Fit Testing.

NM thanked AM for her and the H&S Team for the work, which is a useful piece of assurance for this group to pass up to clinical governance.

#### **5.4.4. Ligature Works**

AM informed the group that since September 2021, a considerable amount of work has been carried out to have a program in a process in place so that the assessments were tighter, better and more consistent. The H&S Team focused on five particular areas that AM wanted to tighten up on.

- The Ligature Risk Assessment Document
- The Ligature Risk Assessment Process
- The Ligature Risk Assessment Tool
- An Immediate High Risk Action Plan
- Setting Up the Ligature Management Oversight Group

AM told the HHSC that the Ligature Management Oversight Group has been set up and includes leads from Health & Safety, Estate Sector Managers, Service Managers and Heads of Nursing for the partnership. She reported that A Ligature Management Spreadsheet has been excel document. Discussed the Elective Assessment Tool and the implementation of a rolling program of Ligature Works for 2022. AM feels that the changes she has made have made the ligature work more streamlined and more collaborative, thinks that the changes have been well received by both Estates and Clinical Staff and definitely feels like it's more of a team approach rather than just Health and Safety.

LD said she thought this is fantastic piece of work. I think it's great that that kind of quality improvement piece very supportive of the work that's been done.

NM raised two points; Firstly that risk assessments have of changed over the years and AM is using the most well respected kind of risk assessment methodology now. but that wasn't necessarily available or in widespread use in previous years, so every now and again when we refresh the risk assessments in these areas are view on risk is changing as best practice is changed over the years as well.

Secondly, he informed the group that had a paper at FC yesterday from the Health and Social Care Partnership and there's a million pounds of revenue and which was made available by Scottish Government to address the high risk areas and for ligature as well. And hopefully that will help to address some of the highest risk issues across NHS Fife

#### **6. NHS Fife Enforcement Activity**

AM reported that there is no HSE activity at present. However, she has been informed that the HSE visited NHS Grampian in May 2022 and looked at the management of Violence & Aggression. As a result of the visit, three Improvement Notices have been served in relation to the risk of violence & Aggression and how it's been managed at Aberdeen.

AM pointed out that normally, when the HSE visit one area for a particular topic, it can lead to them visiting other areas. AM informed the group that the V&A Advisor for NHS Fife retired last month and the post has still to be filled. AM suggested that in the meantime, if she receives any V&A Queries, she can consult Bill Coyne, Kirsty Cairns or Ian Deas.

#### **7. Policies & Procedure**

Nil

#### **8. Other business**

Nil

#### **9. FOR INFORMATION/ NOTING**

Nil

**10. Next Meeting**

The next meeting will take place on Friday 09 September 2022 @ 12.30pm on Teams