

Staff Governance Committee

Thu 10 November 2022, 10:00 - 12:00

MS Teams

Agenda

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

1 min

Ms S Braiden

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

1 min

Ms S Braiden

10:02 - 10:07 **3. Minutes of Previous Meeting held on Thursday 1 September 2022**

5 min


Enclosed Ms S Braiden

 Item 03 Staff Governance Committee Minutes (unconfirmed) 20220901_.pdf (12 pages)

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

3 min

Enclosed Ms S Braiden

 Item 04 Table of Actions for 10.11.2022.pdf (2 pages)


10:10 - 10:25 **5. GOVERNANCE MATTERS**

15 min

5.1. Corporate Risk Aligned to Staff Governance Committee

Enclosed Linda Douglas / Pauline Cumming

 Item 5.1 Corporate Risks Aligned to SGC 10.11.22.pdf (5 pages)

 Item 5.1 Corporate Risks Appendix 1 Summary of Corporate Risks Aligned to the SGC as at 20 October 2022.pdf (2 pages)


 Item 5.1 Corporate Risks Appendix 2 Assurance Principles.pdf (1 pages)

 Item 5.1 Corporate Risks Appendix 3 - Example Deep Dive.pdf (2 pages)

5.2. Staff Governance Standard Overview

5.2.1. HR Policies Update

Enclosed Sandra Raynor

 Item 5.2.1 HR Policies Monitoring Update 10.11.22.pdf (16 pages)

5.3. Whistleblowing Quarter 2 Report

Enclosed Sandra Raynor

 Item 5.3 Whistleblowing Quarter 2 Report 2022-2023 10.11.22.pdf (8 pages)

10:25 - 10:55
30 min

6. STRATEGY / PLANNING

6.1. NHS Fife Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

Enclosed Rhona Waugh

Item 6.1 3 Year Workforce Plan 2022-2025 Scottish Government Feedback SBAR - 10.11.22.pdf (6 pages)

6.2. Health and Social Care Partnership Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

Verbal Nicky Connor

6.3. NHS Fife Draft Staff Health & Wellbeing Framework

Enclosed Rhona Waugh

Item 6.3 Draft Staff Health Wellbeing Framework SBAR 10.11.22.pdf (4 pages)

Item 6.3 NHS Fife Staff Health Wellbeing Framework - V0.7 Final Draft - October 2022.pdf (23 pages)

6.4. Strategic Planning & Resource Allocation 2023/2024

Enclosed Margo McGurk

Item 6.4 Strategic Planning Resources Allocation 2023-2024 SBAR.pdf (3 pages)

6.5. Annual Delivery Plan Progress & Winter Actions

Enclosed Susan Fraser

Item 6.5 Annual Delivery Plan Progress & Winter Actions SBAR.pdf (6 pages)

Item 6.5 NHS Fife Annual Delivery Plan 2022-2023 September Update.pdf (12 pages)

10:55 - 11:05
10 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed Linda Douglas

Item 7.1 IPQR Covering Report.pdf (3 pages)

Item 7.1 IPQR October 2022.pdf (8 pages)

11:05 - 11:30
25 min

8. ANNUAL REPORTS

8.1. Staff Governance Annual Monitoring Return 2021/2022

Enclosed Sandra Raynor

Item 8.1 SGC SBAR Annual Monitoring Return 2021-2022 Final Draft Return 10.11.22.pdf (4 pages)

Item 8.1 Staff Governance Standard Monitoring Arrangements 2021-2022 Return Draft v5 SGC.pdf (17 pages)

8.2. Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021/2022

Enclosed Claire Dobson

Item 8.2 Final Acute LPF Annual Report 2021-2022.pdf (24 pages)

8.3. Volunteering Annual Report 2021/2022

Enclosed *Janette Keenan*

- Item 8.3 Volunteering Annual Report SBAR.pdf (5 pages)
- Item 8.3 Volunteering Annual Report 2021-2022.pdf (8 pages)

8.4. Medical Appraisal and Revalidation Annual Report 2021/2022

Enclosed *Rhona Waugh*

- Item 8.4 Medical Appraisal and Revalidation Annual Report 2021-2022 SBAR.pdf (3 pages)
- Item 8.4 Medical Appraisal Revalidation Report 2021-2022 Final.pdf (8 pages)

8.5. Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2021/2022

Enclosed *Janette Keenan*

- Item 8.5 NM Revalidation Annual Report 2021-2022.pdf (4 pages)
- Item 8.5 AHP Professionals Annual Report 2021-2022.pdf (5 pages)

11:30 - 11:35 **9. FOR ASSURANCE**
5 min

9.1. Delivery of Annual Workplan 2022/2023

Enclosed *Linda Douglas*

- Item 9.1 Delivery of Annual Workplan 2022-2023 Report - 10.11.22.pdf (10 pages)

11:35 - 11:45 **10. LINKED COMMITTEE MINUTES**
10 min

10.1. Area Partnership Forum held on 21 September 2022 (unconfirmed)

Enclosed

- Item 10.1 APF Minutes Cover Sheet 21.9.22.pdf (1 pages)
- Item 10.1 APF Minutes (unconfirmed) 21.09.22.pdf (10 pages)

10.2. Acute Services Division & Corporate Directorates Local Partnership Forum held on 18 August 2022 (unconfirmed)

Enclosed

- Item 10.2 ASD&CD LPF 18.08.22 Cover Sheet.pdf (1 pages)
- Item 10.2 ASD& CD Local Partnership Forum Minute 18.08.22.pdf (14 pages)

10.3. Health & Social Care Partnership Local Partnership Forum held on 20 July 2022 (confirmed)

Enclosed

- Item 10.3 HSCP LPF Minutes Cover Sheet 20.7.22.pdf (1 pages)
- Item 10.3 H&SCP LPF Minutes (confirmed) 20.07.22.pdf (7 pages)

10.4. Strategic Workforce Planning Group held on 23 August 2022 (unconfirmed)

Enclosed

- Item 10.4 SWPG Minutes Covers Sheet 23.8.22.pdf (1 pages)
- Item 10.4 SWPG Minutes (unconfirmed) 23.08.22.pdf (8 pages)

10.5. Health and Safety Sub Committee held on 2 September 2022 (unconfirmed)

Enclosed

11:45 - 11:55
10 min

11. ESCALATION OFF 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

11:55 - 12:00
5 min

12. ANY OTHER BUSINESS

12:00 - 12:00
0 min

13. Date of Next Meeting: Thursday 12 January 2022 at 10.00 am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 1 SEPTEMBER 2022 AT 10AM VIA MS TEAMS

Present:

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

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
H Bett, Interim Senior Manager, Health & Social Care Partnership (*deputising for N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormack, Director of Property & Asset Management (*item 5.3 only*)
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.

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

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

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

1. Apologies for Absence

Apologies for absence were received from attendee N Connor (Director of Health & Social Care) and Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 14 July 2022

The minutes of the meeting of 14 July 2022 were **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List. The following Matters Arising were discussed:

Action No. 2 – Coverage of Staff Governance Standard

The Director of Workforce highlighted that no specific feedback been received, to date, from Committee Members in relation to providing feedback on how the strands of the Staff Governance Standard could be visibly demonstrated and linked to agenda items. Committee Members agreed this action could be closed, recognising that this will be developed over time.

S Fevre, Co-Chair, Health & Social Care LPF, suggested that SBARs coming to this Committee should be explicit in terms of which strands of Staff Governance reports are related to. The Board Secretary advised that a revised SBAR template is being presented to the Executive Directors' Group on 8 September 2022 for formal approval, with a proposal within that the Staff Governance Standard is incorporated into the template as a defined field for completing. Additionally, details of the applicable strand/s of the Standard will be included in the Assessment section of each SBAR. It was noted that this proposal had been incorporated into the papers for this meeting as an initial trial, and it was agreed this was a helpful addition.

Timeline for Receipt of Papers

W Brown, Employee Director, raised her concern that the papers were distributed less than seven days before the meeting and highlighted the difficulty she had encountered, due to this timeline, to be able to read all the Committee papers in advance of the meeting. The Director of Workforce noted that the meeting pack had been held back until completion, which was to avoid sending out more than one version and multiple emails. The Board Secretary advised that the Board's Standing Orders within the Code of Corporate Governance notes that papers should be distributed no later than three clear working days before the meeting and therefore the distribution and issue of Committee papers in this instance met this deadline. Nevertheless, a further ask will be made to report authors to request papers are submitted timeously, to provide all Committee Members with adequate time for preparation.

Action: Director of Workforce

5. GOVERNANCE / ASSURANCE

5.1 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce advised that the BAF, in its current format, will be replaced by the new Corporate Risk Register going forward and highlighted the content to the Committee for assurance.

W Brown, Employee Director, raised concern on the workforce engagement section, suggesting that closer attention is required in this area. Reassurance was requested that a high level of engagement with staff will be included in the plan and examples of good engagement was provided. The Director of Workforce confirmed that enriching workforce engagement will be taken forward.

A Morris, Non-Executive Member, noted that the BAF in its current format is difficult to read and analyse. A Morris also noted that the high risks appear to have stagnated and assurance was sought in relation to these. The Director of Finance & Strategy advised that the mechanisms currently in place make it difficult to focus on areas where risks are either deteriorating or are static. It was advised that the new Corporate Risk Register strategic risk profile process, at Board and Committee level, intends to identify these specific risks and a deep dive can then be carried out to provide meaningful discussions. Further discussion took place at Agenda item 6.1 on the Corporate Risk Register.

A Verrecchia Co-Chair, Acute Services Division and Corporate Directorates LPF, noted that, as a UNISON member, regular engagement with members and staff is carried out, and questioned the position that face-to-face engagement with staff is no longer allowed. The Director of Workforce suggested that he liaises with the Head of Workforce Resourcing & Relations outwith the meeting to discuss this further.

Action: Co-Chair, Acute Services Division and Corporate Directorates LPF and Head of Workforce Resourcing & Relations

The Committee broadly took **assurance** from the report, which confirms that:

- There have been no new linked operational high workforce risks added to the Board Assurance Framework
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

5.1.1 Linked Operational High Risk Update – Risk ID: 1420 Loss of Consultants within the Rheumatology Service

H Bett, Interim Senior Manager, HSCP, spoke to the paper. It was advised that the Health & Social Care Partnership and Senior Teams will be provided with updates on a frequent basis. The Chair questioned if there was access to more locum Consultants to support the service during this difficult period. It was advised that locum Consultants are regularly sought, although the difficulties of recruiting locum Consultants were highlighted.

A Morris, Non-Executive Member, questioned if recruitment can be carried out earlier to replace the Rheumatology Consultants who are due to retire. He also questioned the barriers around the contracts of locum Consultants that prevent recruiting permanent Rheumatologist Consultants, and whether these barriers can be overcome. The Interim Senior Manager reported that there is a national shortage of Rheumatology Consultants and explained that service redesign is required to ensure service sustainability. The Director of Finance & Strategy added that this is an

example where a more generic risk is needed that describes the supply issues in terms of medical workforce and looks at all elements within our control in terms of exercising mitigation. It was noted that there are aspects that will be outwith our control, with a level of acceptance and a tolerance level. It was also noted that there may be other specialities that will be similarly impacted, and that this is a concern going forward.

The Committee took **assurance** from the report that the risk has been appropriately identified, there are mitigations in place to support patient care and an options appraisal is being undertaken to support a future sustainable model.

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

The Director of Workforce advised that the paper provides a brief outline on the implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019, including a timetable for implementation that has been shared and communicated. The timetable will support the sequence of actions required for the implementation date. It was highlighted that the paper has had oversight from the Strategic Workforce Planning Group at their most recent meeting.

W Brown, Employee Director, expressed disappointment that there is a 14 month period for the production of the national guidance, given that the Act was originally to be implemented in 2019. The Employee Director requested that this time is used to ensure NHS Fife is well prepared for implementation. She also noted that the current staffing models will be insufficient in terms of the numbers of staff required to satisfy the Act, and that this requires being considered in future, along with meeting staff expectations. The Deputy Director of Workforce provided assurance that NHS Fife will be proactive, and that there are workstreams in place which will support the development of the national guidance.

A Morris, Non-Executive Member, highlighted the current position in relation to safe staffing levels and expressed that this is borderline safe. A Morris also raised a concern about the timing of changes required to comply with this Act. W Brown, Employee Director, responded and expressed that current staffing levels are often less than the levels given in the legislation, noting the potential safety implications.

The Director of Nursing provided an overview of the local groups involved in the preparations for the implementation of safe staffing. It was reported that Nursing & Midwifery, over the previous few years, have been heavily involved in the staffing (workload) tools and methodology, which continue to be used and form part of the safe staffing programme. It was also advised that there is a lack of Registrants to achieve the requirement identified from the staffing (workload) tools and methodology, however, mitigation and risk assessments are in place. The Director of Nursing reported that Healthcare Improvement Scotland (HIS) inspections will include consideration of how the safe staffing legislation is managed, and that NHS Fife is looking at risk and escalation processes; the importance of ensuring that this is in place was noted.

M Mahmood, Non-Executive Member, questioned the impact of new recruits in terms of the staffing levels. The Director of Nursing advised that due to the increase in the number of Registrants around new service models, there will be a shortage of c.200

Registrants compared to where we would like the staffing levels to be. It was noted that all avenues are being explored for recruitment.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that from a UNISON perspective there are serious concerns around staffing levels, and a meeting has been arranged with the Chief Executive to discuss this further as a health & safety issue within NHS Fife. He questioned if NHS Fife is offering to take part, or if they are appointed, in a pre-implementation test and learn stage, with two other Boards of varying location and size fully implementing the Act. The Deputy Director of Workforce advised that it is currently unknown how that will be decided, and the Committee will be updated once direction from the Scottish Government is provided.

The Chief Executive highlighted and explained the risk relating to safe staffing levels and advised that the Board will be asked to make difficult decisions over the coming months and years in this area.

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

- an updated timescale for the implementation of the Health and Care (Staffing) (Scotland) Act 2019
- the proposed arrangements for the implementation of the Act provisions within NHS Fife

5.3 Staff Governance Standards Overview – Improved and Safe Working Environment

The Director of Property & Asset Management joined the meeting and advised that a presentation on the Staff Governance Standards was provided at the previous meeting. He spoke to the paper and reported that the Property & Asset Management Team are looking at the impact, effect and influence they have on the safe working environment and providing that as a continuing improvement situation. The overall team consists of Estates, Facilities, Health & Safety, Capital Development and Property. It was noted a new Health & Safety Manager commenced in post in August 2022.

W Brown, Employee Director, noted that the physical environment, in terms of buildings, is not the health & safety aspect that staff are concerned with, and that the greatest concern for staff is stress and working at a high level of activity, and that this also forms part of this particular strand of the Staff Governance Standard. The Director of Property & Asset Management noted it was also important to present on the work that happens in the background to provide safe working spaces and agreed to provide a further paper detailing the wider issues.

Action: Director of Property & Asset Management

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that staff stress requires to be addressed through a number of channels within the organisation. It was noted that a Staff Facilities Group has been set up. The Chair requested that the Co-Chair, Health & Social Care LPF, Employee Director and the Director of Property & Asset Management have a discussion outwith the meeting to progress this issue.

Action: Director of Property & Asset Management

A Morris, Non-Executive Member, highlighted that although there are challenges, there are also successes.

The Chief Executive noted that in addition to the Staff Governance Committee, conversations are taking place on the impact of staff wellbeing, on a regular basis through a number of routes, and that there are opportunities for staff to raise concerns in any regard, through established processes.

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

5.4 Whistleblowing Report – Quarter 1 2022/2023

The Head of Workforce Resourcing & Relations provided an overview on the report and advised that from the Q2 report, local press coverage on whistleblowing would be included.

An update was provided on the two live cases recorded in the Q4 report, noting that these cases are now with Commissioning Officers to consider recommendations. Performance and lessons learned from the two cases will be provided in the Q2 report.

S Fevre, Co-Chair, Health & Social Care LPF, suggested including concerns raised by our staff in the reports, noting that it appears external concerns have greater merit. The Head of Workforce Resourcing & Relations advised that if a member of staff raises a whistleblowing concern, then this would be recorded in the report, however the difficulty is if the concern is raised anonymously and that it may also be recorded through another route. The Chief Executive noted that the external concerns are not more important than staff concerns. The Head of Workforce Resourcing & Relations and Co-Chair, Health & Social Care LPF agreed to discuss further outwith the meeting on the assurances that can be provided within the report.

Action: Head of Workforce Resourcing & Relations and Co-Chair, HSCP LPF

The Committee took **assurance** from the report, which confirms:

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received
- one Whistleblowing article was published in the local newspapers during Quarter 1
- the data on training from 1 April 2022 to 30 June 2022

5.5 Proposed Staff Governance Committee Dates 2023/2024

The Committee **agreed** the proposed dates for the 2023/2024 meetings.

6. RISK

6.1 Corporate Risk Register – Draft Strategic Risks

The Director of Finance & Strategy advised that the paper is being presented to all the Governance Committees at their September meetings, for onward submission to the full NHS Fife Board meeting on 27 September 2022.

The Director of Finance & Strategy provided background detail and highlighted the key areas within the paper. An explanation was provided on the 'Strategic Risk Profile' and 'Risk Improvement Trajectory & Deep Dive into deteriorating risks' graphics, at Annex 1. It was reported that a Risk & Opportunities Group has been formed, who will carry out detailed scrutiny and challenge the Corporate Risk Register before the final assessment for the period is made.

The Director of Finance & Strategy advised that 18 strategic risks have been identified within the Corporate Risk Register, detailed at Annex 2. Feedback was requested from the Committee on whether the 18 strategic risks identified are the key challenges and risks that the organisation is facing. It was also questioned if the description of the risks has improved and if there is anything missing that should be included.

The Director of Nursing commented that the new Corporate Risk Register is easier to interpret and identifies important areas for deep dives, compared to the previous Board Assurance Framework. S Fevre, Co-Chair, Health & Social Care LPF, agreed and commented that it is difficult at this point to identify if there is anything missing.

A Morris, Non-Executive Member, questioned how changes to risks are tracked over reporting periods, and how areas for further Committee discussion are actioned and recorded. The Director of Finance & Strategy noted there was no immediate solution to recording the discussions and actions and questioned if these should be captured within the minute of the meeting, or if there is a need to highlight the key points in the SBAR. It was agreed to explore this further at the November 2022 meeting, when the Corporate Risk Register is presented for the first time as a live document for members' review and discussion.

The Director of Finance & Strategy noted that the deep dives will be populated in future into the two key risks after the new report is presented to the Committee at the November 2022 meeting.

The Committee took **assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce highlighted that NHS Five is currently not achieving the sickness absence target, and similarly, the target is not yet achieved for the Personal Development Plan & Review (PDPR). Mitigations and actions are detailed in the report.

A Morris, Non-Executive Member, was encouraged that the report will include the establishment gap information in future. A Morris went onto suggest that if the PDPR process was in a simpler format, then it would be easier and less time consuming to complete these, which would hopefully bring back the momentum. The Director of Workforce noted that many managers have a light-touch approach to the process, and that the measurement provided in the IPQR is extracted from the system and is not necessarily a measurement of conversations or interactions between a team member and a team manager. The Director of Acute Services highlighted the

staffing challenges and time constraints to engage with the formal PDPR process and agreed with A Morris on having a simpler format.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the reporting system does not recognise one-to-one discussions between team members and team managers. W Brown, Employee Director, highlighted the importance of having meaningful discussions with staff through the PDPR process.

The Committee took **assurance** from the Integrated Performance & Quality Report.

7.2 Promoting Attendance Update

The Head of Workforce Resourcing & Relations highlighted the key areas within the paper and noted that the attendance data will be monitored due to the recent change in Covid reporting.

The Head of Workforce Planning & Staff Wellbeing reported that the Staff Health and Wellbeing Framework is currently being developed and that the Live Positive Stress Toolkit is has been modernised, ready for re-launch. It was advised health and wellbeing activities will be covered in more detail at a future Staff Governance Development Session.

W Brown, Employee Director, expressed disappointment that the Attendance Management Taskforce has not progressed more quickly and noted that she had not been involved in the Attendance Management Operational Group. The Chief Executive advised that the Terms of Reference for the Attendance Management Operational Group are presently being reviewed.

The Chief Executive went onto provide an update on the Attendance Management Taskforce, noting that the focus for the group would arguably be more valuable by leadership teams being visible to the workforce, in addition to what is already in place. Assurance was provided that the Taskforce will be standing down over the coming weeks, as reporting is being absorbed into the Executive Directors' Group, with the commitment of Executive Directors and the support of Local Partnership Forum members and the Employee Director.

The Committee took **assurance** from this report, which confirms:

- the sickness absence and COVID-19 absence rates for July 2022
- the work currently being undertaken by the Attendance Management Taskforce and Operational Group towards improving attendance and wellbeing

8. PROJECTS / PROGRAMMES

8.1 Development of Assistant Practitioner Role

The Director of Nursing spoke to the paper. It was advised that a Board Development Session recently took place on 31 August 2022, and the development of the Assistant Practitioner role was discussed. This item will also be discussed at the Clinical Governance Committee and Finance, Performance & Resources Committee at their September 2022 meetings, with each Committee reviewing their particular aspect of the proposal.

Concern was raised about the proposed timing of recruitment. W Brown, Employee Director, noted the importance of engagement, which had not yet fully commenced with the Band 5 cohort, who will be impacted by the new Assistant Practitioner role and will require clarity on what the role entails. The Director of Nursing advised that the next college intake is in November 2022 and preparations need to commence, such as recruitment advertising and engaging with staff. The importance of the educational component of the Assistant Practitioner role was highlighted.

W Brown, Employee Director, highlighted that recruitment is likely to be internal, which would result in other roles requiring to be backfilled as a result of staff moves. The Employee Director also noted that the Assistant Practitioner role will not substitute for Band 5 Registrant roles, and that it is also not comparable to other Band 4 roles.

A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates LPF, advised that it has been identified that there are a number of Band 2 roles who could progress easily to Band 3 roles and questioned if it will be considered that Band 3 roles could easily progress to Band 4, with support. The Director of Nursing advised that Band 3 roles will be mapped against the development framework and any additional support that may be required would be identified.

Further discussion was had on the proposal. The Chief Executive, as Accountable Officer, asked the Committee - if recruitment for the new role is delayed further - if they would accept the level of risk to a sustainable workforce by not progressing this matter as quickly as possible the following week. The Chief Executive also noted that delaying recruitment could compromise staff starting their education at the November 2022 intake. The Chief Executive requested to commence recruitment, the following week, in parallel with input from other Operational Directors, and the Committee were asked if they would accept the level of risk that would bring, for the potential to enhance our workforce with this programme. The Chief Executive acknowledged that it was not an ideal position to carry out recruitment in parallel with continued engagement.

W Brown, Employee Director, did not agree to accept the risk and advised that staff-side colleagues have commented that processes have not been followed. She also noted that consideration and consultation is required for Band 5 staff, who will be impacted by the introduction of these new roles and questioned where the additional support will come from when the new postholders are receiving the educational input. W Brown also noted that some Band 3 roles could be assimilated to the new roles.

A Morris, Non-Executive Member, noted he was in favour of moving forward with recruitment and engagement from the following week.

The Director of Finance & Strategy advised that if the Committee did not agree to proceed with recruitment the following week, then the risk appetite that has already been agreed is being challenged.

S Fevre, Co-Chair, Health & Social Care LPF, stated that he did not take assurance from the report and provided his reasons for that. The Chief Executive explained that the role of this Committee is to scrutinise the contextual part of the process and take assurance that the different strands of the work is progressing appropriately. The

Committee are not being asked for approval to commence the recruitment process; they are being offered assurance on the way forward.

W Brown, Employee Director, expressed concern that the Staff Governance Standard was not being met. The Chief Executive offered an opportunity outwith the Committee with either W Brown, S Fevre or A Verrecchia and J Owens, with input from C Dobson and N Connor, to agree at what level and how staff engagement will be carried out over two weeks from 5 September 2022 in parallel with conversations through the Clinical Governance Committee and Finance, Performance & Resources Committee, in order to progress and ensure compliance with the Staff Governance Standard. The Committee agreed to this approach.

Action: Director of Nursing

The Committee broadly took initial **assurance** on taking the role development forward, subject to further discussion as detailed above, and **noted** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance aspects in mind.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Staff Governance Annual Monitoring Return 2020/2021 Feedback and Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the return has been received and is presently being compiled. The paper described the governance arrangements to get the return completed and submitted to the Scottish Government by 18 November 2022.

The Committee took **assurance** from the report, which confirms:

- the feedback received in relation to the Staff Governance Annual Monitoring Return for 2020/2021 closes the Staff Governance Annual Monitoring exercise for 2020/2021
- the areas the Staff Governance Plan should consider when planning the subsequent return for 2021/2022.
- the development of the Staff Governance Annual Monitoring Return for 2021/2022

9.2 Health and Social Care Partnership Local Partnership Forum Annual Report 2021/2022

S Fevre, Co-Chair, Health & Social Care LPF, noted that this is the second publication of the Annual Report and this has been through the Finance, Performance & Scrutiny Committee and the Integrated Joint Board of the Fife Health & Social Care Partnership.

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

9.3 Whistleblowing Annual Performance Report 2021/2022

The Head of Workforce Resourcing & Relations advised that this is the first Whistleblowing Annual Performance Report. Any updates from April 2022 will

feature in the quarterly reports or 2022/23 report. It was also advised that the reporting element is in development and there is an evolving position in relation to the handling of whistleblowing concerns.

It was reported that an assurance statement from Non-Executive Whistleblowing Champion, Kirstie MacDonald will be included in the 2021/2022 report.

The Committee took **assurance** from the report, which confirms:

- the concerns raised from 1 April 2022 to 31 March 2022
- the data on training from 1 April 2022 to 31 March 2022

9.4 Occupational Health & Wellbeing Service Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing highlighted the ongoing important role undertaken and the work that the Occupational Health & Wellbeing Service have been involved in during the pandemic, including responding to staff outbreaks, contact tracing and providing important advice to managers. The report also details business-as-usual activity, and it was advised that there are two new post holders: the Occupational Therapist and Mental Health Occupational Nurse, supporting NHS Fife staff.

S Fevre, Co-Chair, Health & Social Care LPF, appreciated the update provided by the report and recognised the hard work of the Occupational Health & Wellbeing Service staff. The Head of Workforce Planning & Staff Wellbeing agreed to pass this on to the team.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **noted** the contents of the Occupational Health and Wellbeing Service Annual Report for 2021/2022.

9.5 NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that providing more routine information around workforce is being explored. It was noted that the frequency of reporting against availability of data is being investigated, and, in the longer term, we are looking to identify where the information will sit to enable easy access for the Committee Members.

The Deputy Director of Workforce acknowledged positive input from staff side colleagues involved in the recent Employee Relations case handling discussions.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 30 June 2022 and summary of the Staff Health and Wellbeing Support activities and statistics for April to June 2022.

10. FOR ASSURANCE

10.1 Annual Workplan 2022/2023

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

11. LINKED COMMITTEE MINUTES

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

- 11.1 Minutes of the Area Partnership Forum held on 20 July 2022 (unconfirmed)
- 11.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 June 2022 (unconfirmed)
- 11.3 Minutes of the Health and Social Care Partnership Local Partnership Forum held on 20 June 2023 (confirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

W Brown, Employee Director, highlighted that if the Staff Governance Standard in relation to the recruitment of the Assistant Practitioner Role is not met in the coming weeks, then this issue will require to be escalated to the Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday, 10 November 2022 at 10.00 am, via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 10 November 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	01/09/22	Staff Governance Standards Overview – Improved and Safe Working Environment	A further paper to be provided which details the wider issues, including on work to provide safe work places.	NM	12/01/23	Short-life Working Group established in partnership to consider Stress Management issues. First meeting to be held on 14/11/22. Update to be provided at the meeting on 12/01/23.	
2.	01/09/22	Timeline for Receipt of Papers	A further ask to be made of report authors to request papers are submitted timeously, to provide all Committee Members with adequate time for preparation.	LD	September 2022	Reminder issued to authors of papers with call for papers to ensure timely submission.	
3.	01/09/22	Development of Assistant Practitioner Role	To agree the level and nature of staff engagement to take place in September 2022, in parallel with conversations via the Clinical Governance Committee and Finance, Performance & Resources Committee, in order to progress this development.	JO	September 2022	The level and nature of staff engagement was agreed with key stakeholders. Discussion also took place at the NHS Fife Board Development session on 30 August 2022; with papers submitted to Clinical Governance Committee on 2 September 2022 and Finance, Performance and Review on 13 September 2022 for discussion and assurance.	

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
4.	14/07/22	Staff Governance Standard Strands	Members and attendees were asked to provide feedback on how the strands of the Staff Governance Standard could be demonstrated.	All	31/08/22	01/09/22 - Committee Members agreed this action could be closed, recognising that this aspect will be developed over time, as demonstrated at the Development Session held on 24 October 2022.	

Meeting:	Staff Governance Committee
Meeting date:	Thursday 10 November 2022
Title:	Update on Corporate Risks Aligned to the Committee
Responsible Executive:	Linda Douglas, Director of Workforce, NHS Fife
Report Author:	Pauline Cumming, Risk Manager, NHS Fife

1. Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

This paper is brought to the Committee as part of the first cycle of reporting to the Governance Committees on the corporate risks, following Board approval on 27 September 2022. The content reflects the baseline starting position for launching our new approach. This report will evolve and be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 20 October 2022 set out at Appendix 1;

- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to our 4 strategic priorities. This allows us to present the corporate risks in a manner which facilitates effective and focused scrutiny.

This approach will create the conditions for deeper conversations around assurance on the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This will be particularly important for risks which are deteriorating or static over time.

2.3 Assessment

NHS Fife Strategic Risk Profile

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

Summary Statement on Risk Profile

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

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

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

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


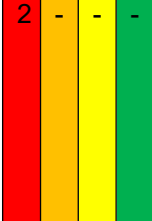

Details of the risks aligned to this Committee are summarised in Table1 below and at Appendix 1. Please note:

- the content of the risk register will be reviewed and developed, as appropriate, between each committee cycle, with consideration at the Risks and Opportunities Group, and recommendations to the Executive Directors’ Group (EDG);
- the risk target levels are under review to ensure they reflect the level to be achieved at year end (i.e. March 2023)

To this end, EDG reviewed the Register on 20 October 2022. No changes were identified to the risks currently aligned to this Committee.

Governance Committees and Aligned Corporate Risk Overview

Table 1: Risks aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve staff experience and wellbeing	2 - - - 		<ul style="list-style-type: none"> • Workforce Planning and Delivery • Staff Health and Wellbeing 	(There is no change for this Committee cycle as the Corporate Risk Register is being presented for the first time)

Deep Dive Review of Corporate Risks

An objective of the new approach is to enable better scrutiny of our corporate risks. To achieve this, deep dive reviews will be commissioned for risks:

- identified by the Governance Committees
- identified by EDG
- considered by the Risks & Opportunities Group with recommendations into EDG

The example attached at Appendix 3, (in respect of Cancer Waiting Times), is provided for illustrative purposes only, pending “Deep Dive” topic identification at the Staff Governance Committee meeting on 10 November 2022, alongside consideration of the risks ID90: National Shortage of Radiologists; and ID2214: Nursing and Midwifery Staffing Levels, already aligned to the Staff Governance Committee Workplan and scheduled for consideration at future Committee meetings on 12 January and 9 March 2023 respectively.

Members are asked to identify deep dive(s) to be reported to the Committee from its first meeting in 2023. The Committee Workplan will be updated accordingly.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Subject of the paper.

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

This paper does not generate specific issues of Equality and Diversity.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not generate issues related to Climate Emergency & Sustainability.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time, most recently at EDG on 20 October 2022.

2.3.8 Route to the Meeting

EDG on 20 October 2022 and Director of Workforce on 27 October 2022.

2.4 Recommendation

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

- Note the Corporate Risks as at 20 October 2022 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee meeting.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Summary of Corporate Risks aligned to the Staff Governance Committee as at 20 October 2022
- Appendix 2: Assurance Principles

- Appendix 3: Example Deep Dive (Cancer Waiting Times)


Report Contact:

Pauline Cumming

Risk Manager, NHS Fife

Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Staff Governance Committee as at 20 October 2022

 To improve staff experience and wellbeing							
	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
11	Workforce Planning and Delivery There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	<p>Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025.</p> <p>Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.</p>	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance

12	<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressures, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised.</p> <p>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.</p>	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance

Assurance Principles, Developed by NHS Lanarkshire

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

GENERAL QUESTIONS:

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


SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

• History of the risk (when was risk opened); has it moved towards target at any point?
• Is there a valid reason given for the current score?
• Is the target score: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile?
• Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions?
• Assessing Controls <ul style="list-style-type: none"> ○ Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? ○ Overall, do the controls look as if they are applying the level of risk mitigation stated? ○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> ○ Are they are on track to be delivered? ○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? ○ Are they likely to be sufficient to bring the risk down to the target score?
• Assess Assurances: <ul style="list-style-type: none"> ○ Do they actually relate to the listed controls and actions (surprisingly often they don't)? ○ Do they provide relevant, reliable and sufficient evidence either individually or in composite? ○ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE

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

Appendix 3: Example Deep Dive (Cancer Services)

Corporate Risk Title	Cancer Waiting Times		
Strategic Priority	 To improve the quality of health and care services		
Risk Description	There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.		
Root Cause	<p>Increased Numbers of Patients Referred with Urgent Suspicion of Cancer (76% increase in urgent suspicion of cancer referrals between 2017 and 2021)</p> <p>Increased complexity of cancer pathways – with more complex diagnostic pathways as a result of stratified models of care.</p> <p>Increasing complexity of treatment options to deliver targeted care e.g. robotic surgery options, expanding systemic anti cancer treatment (SACT) options</p> <p>Increased number of patients living with a cancer diagnosis with care now more akin to long term disease management , fantastic for our patients but places strain on capacity required for ongoing and follow up care (outpatient, inpatient and diagnostic capacity)</p> <p>People diagnosed with cancer is increasing due to the growing and aging population</p> <p>There is a clear link between deprivation and cancer diagnosis- cancer incidence is 30% higher in the most deprived areas compared to the least deprived areas.</p> <p>Around 40% of cancers are thought to be preventable. With lifestyle choices including smoking, diet and alcohol consumption is some of the key determinants.</p>		
Current Risk Level	15	Likelihood 5	Consequence 3
Target Risk Level (in year delivery)	12	Likelihood 4	Consequence 3
Management Actions (current)			
Action	Status		
Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.	On Track – ongoing		
A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time	On Track – Dec 2022		
Establishment of Acute Cancer Services Delivery Group. The purpose of this group is to ensure the routine operation of Cancer Services in NHS Fife Acute Services Division is managed effectively. It will provide assurance and highlight any exceptions to performance, waiting times, and quality standards and systems resilience.	Delivered - ongoing		

Investment of non-recurring cancer waiting times funding from Scottish Government, allowing for short term investment to increase capacity. The Executive Director's Group has also supported use of this funding for recurring posts to support service sustainability.	On Track
Pilot of NHS Fife Early Cancer Diagnostic Centre (ECDC) now known as Rapid Cancer Diagnostic Service (RCDS) now supporting a rapid diagnostic pathway for patients with vague or concerning symptoms	Delivered- ongoing operational delivery
Patient Tracking List Meeting to escalate patients at risk of breaching waiting times	Delivered - Ongoing operational delivery
The implementation of Single Point of Contact Hub (SPOCH) piloting centralised support for urological and bowel cancers. SPOCH aims to improve patient experience by providing a central contact point for contact for patients going through a cancer pathway. This supports patient experience and also helps with early identification of potential delays before they are picked up at the patient tracking meeting.	Delivered - Sept 2022
Management Actions (future)	
Action	Status
The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. Lung and prostate have been selected as pathways for priority review (lung and prostate are amongst the 5 most common cancers in Fife).	On Track - March 2023

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

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	HR Policies Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe, Effective and Person Centred

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

- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued

2. Report Summary

2.1 Situation

This report provides an update to the Staff Governance Committee on the HR Policy development work undertaken by our local HR Policy Group and also provides an update on the Once for Scotland Workforce Policies Programme which had been paused due to the pandemic, which restarted in June 2022, which is designed to review and transform existing workforce policies.

2.2 Background

The HR Policy Group is a partnership group which conducts the work of developing and maintaining local HR policies which are sent to the Area Partnership Forum for approval.

Once for Scotland Workforce policies are developed in partnership at a national level to promote NHSScotland as a modern, exemplar employer; showcasing our core values, and

promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention.

2.3 Assessment

The HR Policy Group has reviewed, updated and re-issued the following policies since October 2021 to date:

- HR18: Disruption to Staff Travel Arrangements Policy
- HR29: Reserve Forces Training and Mobilisation Policy
- HR40: Flexible Working Policy
- HR48: Retirement Policy

Future work of the HR Policy Group is detailed within the Workforce Policies Workplan 2021-2024, attached at Appendix 1.

As well as the local HR Policies that have been through the Area Partnership forum, as referred to above, the HR Policy Group continue to review the need to amend local policies and there are currently three further HR policies under review that will go to a future APF.

The group also considers any new policies required and again has commissioned some work to develop a new local policy, HR50 – Grief in the Workplace Policy.

In October 2022 the Once for Scotland Workforce Policies Programme announced the commencement of the consultation phase of the NHSScotland 'Once for Scotland' Workforce Policies Supporting the Work-Life Balance, which is running from 26 October to 25 November 2022 inclusive.

NHS Fife will put in place the necessary steps to maximise participation and ensure individual and organisational responses are submitted within the timeframe and will submit a single collated organisational response as requested.

By ensuring both national and local HR policies are compliant with legislative requirements and promote NHS Fife as a modern, exemplar employer showing case our core values and consistent employment policy and practice, complies with the Treated Fairly and Consistently strand of the NHS Scotland Staff Governance Standard.

2.3.1 Quality / Patient Care

Providing effective HR policies in line with National PIN guidelines and employment legislation assists in ensuring engaged workforce committed to excellent patient care.

2.3.2 Workforce

The work experience of staff is enhanced by the application of modern, values based HR policies.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The remaining HR policies that fall outwith the scope of the Once for Scotland Workforce Policies Programme are developed and reviewed by the HR Policy Group, which is a partnership subgroup of the Area Partnership Forum. All new and amended policies are agreed by the HR Policy Group and approved by the Area Partnership Forum.

2.3.8 Route to the Meeting

This paper has been considered by the HR Policy Group as part of its development and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The HR Policies Update report is provided to Staff Governance Committee for **Assurance** and confirms:

- The work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and an update on the Once for Scotland Workforce Policies Programme.

3. List of Appendices

- Appendix 1: HR Policies Workplan 2021-2024

Report Contact:

Sandra Raynor

Head of Workforce Resourcing and Relations

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Appendix 1: HR Policies Workplan 2021-2024

Once For Scotland Workforce Policies Programme to Recommence on 26 May 2022

Retire and Return DL which will form part of the refreshed Retirement Policy was received on 30 August 2022 for immediate application within the Supporting Work Life Balance suite of policies and Flexible Work Location is anticipated next.

NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. A gateway review will be held toward the end of this stage to agree the next stage of policies for refresh, this will ensure that sequencing remains current.

- Supporting the Work-Life Balance Policies
- Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies
- Managing Health at Work (new policy), Embracing Equality, Diversity & Human Rights and Gender-Based Violence Policies
- Remaining policies do not form part of current PINS and/or are local NHS Fife policies are part of the action plan review cycle

POLICIES FOR REVIEW - Supporting the Work-Life Balance Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR48 – Retirement Policy	Under review due to changes	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	July 2024	HR Policy Group	Complete	√	Supporting the Work-Life Balance PIN
HR1 – Adoption & Fostering Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR2 – Breastfeeding and Returning to Work Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN

POLICIES FOR REVIEW - Supporting the Work-Life Balance Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR9 – Job Share Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR12 – Special Leave Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR13 – Paternity Leave	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN

POLICIES FOR REVIEW - Supporting the Work-Life Balance Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR23 – Maternity Leave Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR32 – Career Break Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR 49 Working from Home Policy	November 2021	Agreed next OfS policy as part of Phase 2 work	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR45 – Shared Parental Leave Policy	October 2022	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN

POLICIES FOR REVIEW - Supporting the Work-Life Balance Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR24 – Parental Leave Policy	July 2024	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Supporting the Work-Life Balance PIN
HR40 – Flexible Working Policy	November 2024	Policy reviewed and approved November 2021.	July 2024	HR Directorate / HR Policy Group	Complete	√	Supporting the Work-Life Balance PIN

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Five Policy
HR39 – Secondment Policy	October 2021	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Secondment PIN
HR16 – Redeployment Policy	November 2021	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Redeployment PIN
HR47 – Recruitment & Selection Policy	September 2022	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Safer Pre and Post Employment Checks PIN

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR28 – Policy On The Use Of Disclosures, Rehabilitation Of Offenders And Protection From Working With Vulnerable Groups	June 2023	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Safer Pre and Post Employment Checks PIN
HR31 – KSF & PDP Policy	June 2023	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Personal Development Planning & Review PIN
HR5 – Fixed Term Contracts Policy	March 2024	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Use of Fixed Term Contracts within NHSScotland PIN

POLICIES FOR REVIEW - Facilities Arrangements for Trade Unions & Professional Organisations, Use of Fixed Term Contracts, Safer Pre & Post Employment (Recruitment and Selection Policy), Secondment, Redeployment and Personal Development Planning and Review (PDPR) Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR33 – Facilities arrangements for Trade Union and Professional Organisations Policy	July 2024	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Facilities Arrangements for TUs and Professional Organisations PIN

POLICIES FOR REVIEW Managing Health at Work (new policy), Embracing Equality, Diversity & Human Rights and Gender-Based Violence Policies

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQA	PIN Policy/ NHS Fife Policy
HR36 – Policy for Dealing with Drugs & Alcohol Misuse Policy	November 2021	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Managing Health at Work PIN
HR41 – Equality, Diversity & Human Rights Policy	September 2022	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Embracing Equality, Diversity & Human Rights in NHSScotland PIN
HR43 – Gender Based Violence Policy	September 2023	Once For Scotland Workforce Policies Programme Recommended on 26 May 2022. The next stage of policy development will focus on refreshing the remaining policies within the Supporting Work Life Balance suite of policies. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Gender-based Violence PIN

POLICIES FOR REVIEW Remaining policies do not form part of current PINS and/or are local NHS Fife policies are part of the action plan review cycle

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR50 – Grief in the Workplace Policy	New policy	New policy under development	November 2022	Health & Wellbeing group/ HR Policy Group			NHS Fife Policy
HR25 – Evaluation of New Posts Covered By AfC Agreement, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject to Significant Change	Under review due to changes	Policy approved November 2020 Policy undergoing review in relation to DL2021(19) – July 2021	May 2023	HR Policy Group	Complete	√	NHS Fife Policy
HR15 Organisational Change Policy	Under review due to changes	Policy approved May 2021	February 2024	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR37 – Professional Registration Policy	June 2023	Policy approved June 2020	January 2023	HR Policy Group	Complete	√	NHS Fife Policy

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR34 – Relocation Expenses Policy	March 2024	Policy approved March 2021	December 2023	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR44 – Working Time Regulations Policy	May 2024	Policy approved May 2021	February 2024	Head of HR	Complete	√	NHS Fife Policy
HR49 – Menopause Policy and Guidance for Staff and Managers	May 2024	Policy approved May 2021	February 2024	HR Directorate/ HR Policy Group	Complete	√	NHS Fife Policy
HR18 – Disruption to Staff Travel Arrangements Policy	November 2024	Policy reviewed and approved November 2021.	N/A	N/A	N/A	N/A	NHS Fife Policy
HR29 – Reserve Forces Training & Mobilisation Policy	November 2024	Policy reviewed and approved November 2021.	July 2024	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy

ONCE FOR SCOTLAND POLICIES website: <https://workforce.nhs.scot>

- Attendance
- Bullying and Harassment
- Capability
- Conduct
- Grievance
- Workforce Policies Investigation Process
- Whistleblowing

POLICIES REMOVED

Policy / Procedure	Reason For Removal
HR3 – Management of Employee Conduct Policy	Superseded by Once for Scotland Conduct Policy
HR4 – Dignity at Work Policy	Superseded by Once for Scotland Bullying & Harassment Policy
HR6 – Dealing with Employee Grievances Policy	Superseded by Once for Scotland Grievance Policy
HR7 – Management of Capability Policy	Superseded by Once for Scotland Capability Policy
HR8 – Equal Opportunities Policy	Policy replaced by HR41 – Equality, Diversity and Human Rights Policy
HR10 – Carer Leave Policy	Policy replaced by HR12 – Special Leave
HR11 – Compassionate / Bereavement Leave Policy	Policy replaced by HR12 – Special Leave
HR14 – Unpaid Leave Policy	Policy replaced by HR12 – Special Leave

Policy / Procedure	Reason For Removal
HR17 – Covert Surveillance Policy	Policy has been removed.
HR19 - Violence & Aggression Policy	No longer an HR Policy.
HR20 – Management of Ill Health Policy	Superseded by Once for Scotland Attendance Policy
HR21 – Working Beyond Age 65 Policy	Policy has been removed.
HR22 – Support for Employees Experiencing Domestic and / or Sexual Abuse Policy	Policy replaced by HR43 – Gender Based Violence
HR26 – Transgender Policy	Policy has been removed.
HR27 – Pandemic Flu Policy	Now a General Policy – General Pandemic Policy
HR32 – Employment Break Policy	Now called Career Break Policy
HR35 – Whistleblowing Policy	Superseded by Once for Scotland Whistleblowing Policy
HR42 – Consultant Sabbatical Leave Policy	Now a Medical and Dental HR Policy – MED HR7 Consultant Sabbatical Leave Policy
HR46 – Promoting Attendance Policy	Superseded by Once for Scotland Attendance Policy
HR48 - Retiring & Returning to Work Policy and HR38 – Phased Retiral Policy	Policies combined and superseded by HR48 – NHS Fife Retirement Policy

NHS Fife

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Whistleblowing Quarter 2 Report for 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

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

2.2 Background

This report is to provide the Staff Governance Committee with an update on whistleblowing concerns, anonymous concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 July 2022 to 30 September 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

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

Given that two formal concerns lodged in Quarter 4 of 2021/2022 were not available to report on any lessons learned and performance, this report provides this information rather than the Committee waiting to see this feedback within the Annual Performance Report for 2022 / 2023.

Anonymous Concerns Reporting

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

Local Press Coverage

There was one Whistleblowing article published in the local newspaper during the second quarter, which was responded to by the Director of Nursing.

Awareness Raising and Training

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

The Quarter 2 data report referred to above is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

- There were no whistleblowing concerns received; no anonymous concerns received; one whistleblowing article was published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 2.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 2 (1 July 2022 to 30 September 2022)

Report Contact:

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

Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, Assurance of Awareness of Standards and Whistleblowing Training Undertaken During Quarter 2

1. Introduction

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

2. Whistleblowing Concerns Received During Quarter 2

There were no Whistleblowing concerns received during Quarter 2:

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

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

3. Anonymous Concerns Received During Quarter 2

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

There were no Anonymous concerns received during Quarter 2:

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

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

4. Local Press Coverage During Quarter 2

A number of actions have been undertaken which complement the media response. The Chief Executive, Director of Nursing and Director of Acute Services have met with the Senior Nurses within the Victoria Hospital to listen and to discuss pressures being faced.

The development of the Assistant Practitioner (AP) role is gaining traction with the recent appointment of 10 APs, with further recruitment planned for this exciting new role which will support a more sustainable workforce and maximise support for registered healthcare professionals.

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

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

5. Performance Data

Analysis of the Whistleblowing Concerns Raised during Quarter 4 of the 2021/2022 reporting period is detailed below, for information:

Whistleblowing Concerns Closed At Each Stage	No of Concerns
Total number of concerns closed	2
The number of concerns closed at Stage One	0
The number of Non-escalated concerns closed at Stage Two	2
The number of concerns closed at Stage Two after escalation	0
Average Times	No of Days
The average time in working days to respond to concerns at Stage One	N/A
The average time in working days to respond to concerns at Stage Two (Not escalated)	134.50
The average time in working days to respond to concerns after escalation	N/A
Number of Cases Where An Extension is Authorised	No of Concerns
The number of concerns closed at Stage 1 where extension was authorised, as a % of all concerns closed at Stage 1	N/A
The number of Non-escalated concerns closed at Stage 2 where extension was authorised, as a % of all Non-escalated concerns closed at Stage 2	100%
The number of Escalated concerns closed at Stage 2 where extension was authorised, as a % of all Escalated concern closed at Stage 2	N/A

6. Experience of Individuals Raising Concerns

No feedback is available yet in relation to the experience of those using the standards, however an update can be provided within future reporting.

7. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner. In future reporting, we intend to develop the data into charts and tables that show themes and trends over time.

Whistleblowing Concern 1

The themes identified from the report were:

- Failure of Leadership
- No evidence of delegation
- Lack of development of the workforce
- Poor communication structures
- Culture of not seeing poor quality care
- Incomplete documentation
- Requirement for robust induction processes

An Action Plan has been developed from the recommendations within the whistleblowing report relating to the Community Care Service and is already being implemented.

Whistleblowing Concern 2

The findings of the investigation made recommendations for service improvement in the following areas:

- Improving the patients day.
- Creating a more therapeutic environment – whilst acknowledging existing limitations.
- Review of meal and menu provision.
- Development and implementation of a staff competency framework to provide assurance that all staff are competent, and have the required knowledge and skills to deliver care.
- Review of the Induction process for new staff and students to ensure that all new persons to the ward are inducted safely and that there is a record of this.

Improvement in the above areas will be taken forward as part of a formal response to the findings; and, where appropriate, such as the review of the Induction Process, following discussion with the operational management team, improvement actions may be expanded to become service wide initiatives within the Complex and Clinical Care Service.

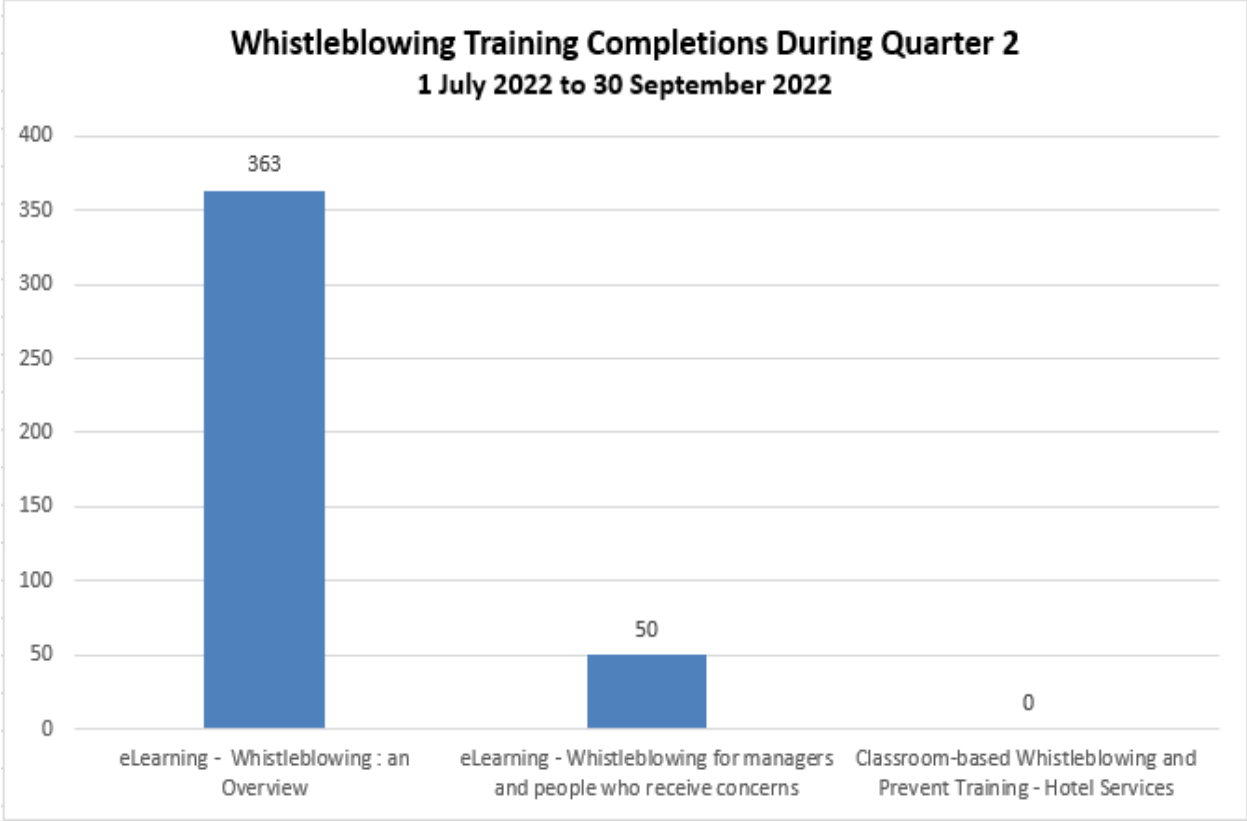
Some actions are already underway, such as the establishment of activity co-ordinators to the wards to ensure more therapeutic dialogue and engagement with patients.

8. Independent National Whistleblowing Officer Referrals and Investigations

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

9. Whistleblowing Training Data

The training data is summarised below for all the training that was undertaken during Quarter 2 (1 July 2022 to 30 September 2022):



Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	NHS Fife Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Decision

This report relates to:

- Government policy / directive

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

- Safe, Effective and Person Centred

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

- Well informed

2. Report Summary

2.1 Situation

As previously reported to the Staff Governance Committee, the draft NHS Fife 3 Year Workforce Plan 2022-2025, (the Plan), was submitted to the Scottish Government in July 2022, in line with the requirements set out in NHS Circular DL(2022)09. Feedback on the content of the Plan was provided by the Scottish Government Workforce Planning Data, Analytics and Insight Unit on 7 October 2022, attached at Appendix 1.

2.2 Background

The feedback provides commentary on aspects of the Plan and noted that work is already underway in respect of the arrangements for approval and publication of the Plan, so these aspects may require to be considered within future iterations of the Plan.

The considerations relate to financial planning linked to our workforce planning, to better understand the extent to which affordability factors are being considered as part of the overall workforce planning process, on our workforce projections over the period of the plan

and to how the workforce and services to be provided will be affected by the changing population.

Whilst there has been a delay in the anticipated national workforce projections exercise, a detailed workforce projections template has been included within the current SPRA process, so this aspect will be addressed, alongside the detailed financial planning exercise. The development of the Population Health & Wellbeing Strategy will inform service delivery and workforce requirements taking account of the ageing population and other anticipated demographic changes.

2.3 Assessment

Given the feedback relates to areas of work which are already progressing within the Board; the connections and relationship with financial planning aligned to the Workforce Plan, which are contained within the current SPRA process and the development of the Population Health and Wellbeing Strategy and aligned future Workforce Strategy, the intention is to proceed to publish the Workforce Plan, subject to Portfolio Board and NHS Fife Board approval.

While the content of the Plan covers the full range of strands within the Staff Governance Standard, the publication of the Plan aligns to the Well Informed strand.

2.3.1 Quality / Patient Care

Delivery of workforce planning across the organisation is a key enabler to successful implementation of the NHS Fife Population Health & Wellbeing Strategy. Underpinning this intent, delivery of robust workforce planning is supportive of enhanced patient care and quality standards and is a key element of the Strategic Planning and Resource Allocation process, which reflects our in year service delivery commitments.

2.3.2 Workforce

The NHS Fife Three Year Workforce Plan for 2022-2025 identifies our workforce commitments at local level, which complement the overall National Workforce Strategy for Health & Social Care in Scotland. Specific workforce considerations aligned to the Workforce Plan will be included as appropriate in proposals and updates to be considered through the governance process.

This report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Aligned to the feedback set out above and attached, the commitments within the Workforce Plan 2022-2025 will be subject to consideration through the Strategic Planning and Resource Allocation process.

2.3.4 Risk Assessment / Management

NHS Fife's Workforce Plan 2022-2025 aims to address the key workforce risks for the organisation and reflects risks identified in the former Board Assurance Framework. These risks will be updated as part of the new NHS Fife Risk Management arrangements in 2022.

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

The content and aspirations of the Workforce Plan are aligned to the merit of being an Anchor Institution. An Impact Assessment has been completed in support of the publication of the Workforce Plan and will be published at the same time.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Members of the Population Health and Wellbeing Strategy Portfolio Board, Staff Governance Committee, 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 Plan, along with contributions from key stakeholders, service leads and General Managers. This was complemented with a series of engagement meetings with key stakeholders and their subsequent feedback on the Plan.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Operational Workforce Planning Group on 28 October 2022
- Executive Directors Group on 3 November 2022

2.4 Recommendation

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

- Agreement on publication of the three year Workforce Plan for 2022-2025, taking account of the Scottish Government Workforce Planning Data, Analytics and Insight Unit feedback.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Letter from Scottish Government Workforce Planning Data, Analytics and Insight Unit dated 7 October 2022

Report Contact:

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

Appendix 1: Letter from Scottish Government Workforce Planning Data, Analytics and Insight Unit dated 7 October 2022

Scottish Government

Health Workforce Directorate

Workforce Planning Data, Analytics and Insight Unit



Carol Potter
Chief Executive
NHS Fife

7th October 2022

Dear Carol,

NHS Fife Draft 3 Year Workforce Plan: feedback

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise and are grateful for the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans, we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- NHS Fife provided helpful summaries of staffing levels within main professional groups and lists of actions to sustain the Board's current workforce.
- A number of interconnected recruitment challenges were noted, including difficulty in recruiting via local or national labour markets. In that connection, indications of a growing reliance on supplementary staffing were noted.
- The actions being taken by the Board to address these challenges were described but would benefit from further quantification, so that they can be related in numerical terms to upcoming and increasing demand for services.
- Similarly, the description of the workforce required in the short (12 month) and medium (12-36 month) terms to deliver recovery and growth could go further to describe the gap, and analyse or quantify the actions intended to address it, to assist the Board in constructing a more comprehensive forward projection in wte terms.
- The Board's commitment to developing new roles – e.g. consultant pharmacist, Physician Associates, Advanced Practitioners, Band 4 staff – was welcomed. If possible we would like to see more specific information around these roles – e.g. how many of each sort of role the Board anticipates it will require; how these roles can help address and bring down demand; and potential staffing and resourcing efficiencies these might help to accrue.
- The development of a regional workforce dashboard to help simplify analytics was noted and it was hoped that this would help provide a clearer understanding on wte of upcoming need for staff.

- More detailed references to financial planning in the draft plan would have been appreciated to better understand the extent to which affordability factors are being considered as part of the overall workforce planning process.
- It was noted that the Board intends to build in forthcoming 2022 Census results to future strategic planning and resource allocation processes. The section on population health challenges for Fife rehearsed the challenges on mortality, deprivation and inequality. However while the forward projection for 2028 anticipates a significantly ageing population, it could set out more specifically how this influences the need for services which may require different roles, in different numbers, going into the future.

We appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway. As Paula Speirs indicated in her 21 September letter to NHS Boards about the 2022/23 Annual Delivery Plan/Quarter 1 process, we are still working to more formally align our service, workforce and financial plans. From a workforce planning perspective, recruitment, retention and wellbeing are already key elements of the ADP process, and recent follow-up meetings with NHS Board colleagues were extremely helpful in providing further read-across and insight.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;
- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans. We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version however we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

Should your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022 we would appreciate that you advise us of this, along with a likely publication date, by contacting WFPPMO@gov.scot

Yours sincerely,

Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce

cc
Linda Douglas
Kevin Reith

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	NHS Fife Draft Staff Health & Wellbeing Framework 2022-2025
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Decision

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe, Effective, and Person Centred

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

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

2. Report Summary

2.1 Situation

Staff Governance Committee members will be aware of the on-going work in respect of staff health and wellbeing through previous reports to the Committee. The attached draft Staff Health and Wellbeing Framework, (the Framework), attached at Appendix 1, sets out the ambitions in respect of staff health and wellbeing. The purpose of bringing the draft Framework to the Committee is to request approval of the content for publication (EDG to note that the draft Foreword on Page 5 requires to be approved by the Director of Workforce and Employee Director and will be added prior to submission to the Staff Governance Committee).

2.2 Background

Given the importance of and continued focus on staff health and wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions as an employer is key. The Framework aligns to the commitments set out in the three year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the “Nurture” pillar of the five pillars of the workforce journey.

2.3 Assessment

The draft Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

The draft Framework demonstrates a commitment to the provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term, is an essential component of our approach to staff health and wellbeing and is set out in the Staff Health and Wellbeing Framework. Evidence suggests that the longer term provision, which is when the impact of the pandemic may affect staff most, is key. In addition, healthier staff may have long term benefits in terms of future patient population, impact on health services and on sickness absence rates.

2.3.2 Workforce

Having a defined Staff Health and Wellbeing Framework and associated structure will be beneficial for staff within the Board and in terms of the aspirational employer of choice ambition.

This report contributes to the provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Any bids for on-going support will be progressed in line with Board requirements for Fife Health Charity funding or as formal business cases in line with SPRA.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision may impact on staff attendance and on our ability to attract and retain staff in the longer term.

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

The draft Framework is aligned to wider strategic ambitions and supports the Board's role as an Anchor Institution. Activities related to staff wellbeing will foster positive links with the local community.

An Impact Assessment has been completed and will be published at the same time as the Framework.

2.3.6 Climate Emergency & Sustainability Impact

The draft Framework is aligned to the aims and targets outlined by the [NHS Scotland Climate Emergency & Sustainability Strategy](#), by supporting active travel and Cycle to Work initiatives.

2.3.7 Communication, Involvement, Engagement and Consultation

The draft Framework was developed in partnership following facilitated stakeholder workshops with representatives of the Staff Health & Wellbeing Group and takes account of expert input from Occupational Health, Psychology and Spiritual Care staff.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Fife Staff Health & Wellbeing Group, various dates during 2021 and 2022
- Area Partnership Forum, 20 July 2022
- Executive Directors Group on 3 November 2022

2.4 Recommendation

This paper is provided to Staff Governance members for **decision** and requires:

- **Endorsement** of the Staff Health & Wellbeing Framework for publication.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Draft Staff Health & Wellbeing Framework

Report Contact:

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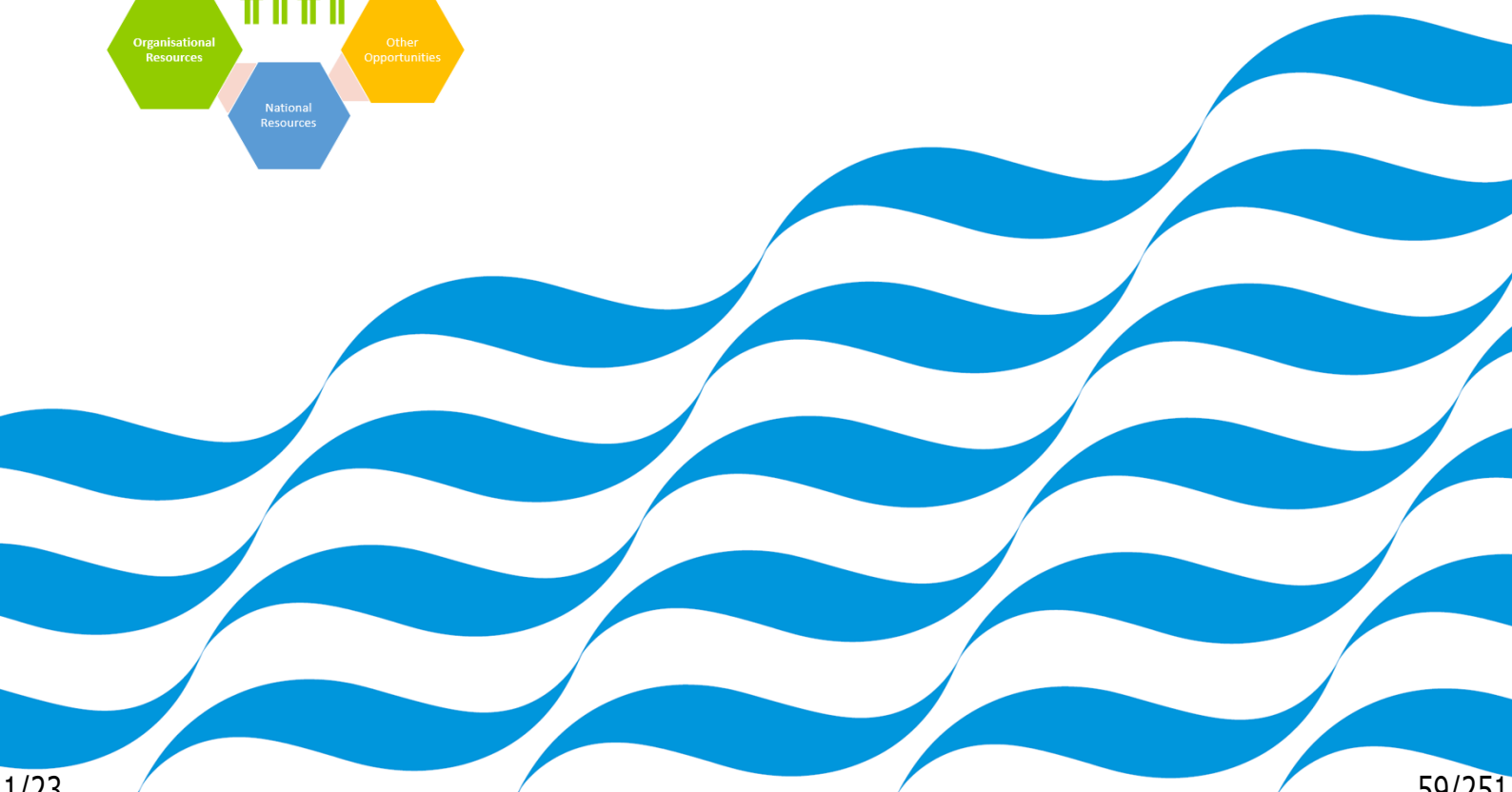
Appendix1: Draft Staff Health and Wellbeing Framework



Staff Health and Wellbeing Framework

Supporting Our Workforce and Their Wellbeing

Draft V7: October 2022



VERSION CONTROL

Draft V1	01/10/2021	Staff Health and Wellbeing Framework Drafted
Draft V2	19/11/2021	Staff Health and Wellbeing Framework Updated
Draft V3	31/01/2022	Staff Health and Wellbeing Framework Updated with comments from Staff Health & Wellbeing / Well at Work Group
Draft V4	29/03/2022	Staff Health and Wellbeing Framework Updated with further comments from Staff Health & Wellbeing / Well at Work Group / Workforce Leadership Team
Draft V5	May 2022	Staff Health and Wellbeing Framework Updated with further comments from Staff Health & Wellbeing / Well at Work Group
Draft V6	June 2022	Staff Health and Wellbeing Framework Updated with further comments from Staff Health & Wellbeing / Well at Work Group
Draft V7	October 2022	Staff Health and Wellbeing Framework Updated with further comments from Area Partnership Forum

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Foreword

NHS Fife truly recognises that our staff are our greatest resource and we are committed to improving their experience of work. We know that when it is positive, there is a greater opportunity to have a beneficial impact on the experience felt by our patients. Safe, healthy, valued, respected, and supported staff deliver higher quality care to patients.

Our Staff Health & Wellbeing Framework builds on and complements the existing work taking place across the Board and lays strong foundations for the further work and improvements. The framework sets out what we are aiming to achieve over the next three years, to ensure the development and sustainability of high quality wellbeing support services and systems including; occupational health, health promotion, health & safety and personal resilience.

Demonstrating through our actions and words; trust, respect, involving and valuing each other, developing positive relationships between staff, managers and patient, are essential to building a positive, kind workplace culture that creates wellbeing. Our Staff Health & Wellbeing Framework is, therefore, based on achieving this goal, and will be evidenced by exemplar occupational health, safety and wellbeing services and on embedding staff health, safety and wellbeing in how we do our work.

Individually we have a personal responsibility for our own health, safety and wellbeing. However, as the employer, NHS Fife has a clear obligation to provide for staff health and wellbeing in the workplace. This Framework identifies the Board's ambitions in delivering continuously on staff health, safety and wellbeing.

LINDA DOUGLAS
Director of Workforce

WILMA BROWN
Employee Director



1. Aims – Staff Health and Wellbeing

1.1 NHS Fife's Aims:

- To promote a healthy and safe working environment where our employees can thrive.
- To support the physical, mental, social and spiritual wellbeing of our employees.
- To encourage, promote and support employees to develop and maintain a healthy lifestyle.
- To support long term Health and Wellbeing through supporting sustainable measures.

1.2 Outcomes

NHS Fife will approach achieving these aims through on-going employee and partnership engagement, hearing and considering staff views, evaluating what works and refining our approach, considering changes in terms of best practice in this area and being agile in our response.

The achievement of the aims may be reflected in:

- A happier, healthier, engaged and more productive and effective workforce.
- Employees are able to take advantage of wellbeing initiatives available and evaluation of outcomes.
- Managers are confident in promoting wellbeing, using the good conversations approach (described in more detail on Page 11) and in supporting their staff and teams with Health and Wellbeing.
- Improvements in sickness absence / reduction in presenteeism, that is where staff attend work more than is required, through building personal and professional resilience.
- Employee retention.
- Employee satisfaction.
- The aspirations of being an “Employer of Choice” and of being an Anchor Institution are achieved.
- Long term health and environmental protection.
- Integration of health promotion and sustainability into everyday actions and managerial decisions.

We will ensure that this Framework links with relevant plans, strategies and surveys, as outlined above.

2. Approach

NHS Fife is committed to providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees. NHS Fife will do 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.



Further details of the Board's approach to staff Health and Wellbeing are set out below. This is aligned to the "Nurture" pillar of the five pillars of the workforce journey, described within the National Workforce Strategy¹.

2.1 Four Pillars of Wellbeing

This Framework is a core element of our Workforce Plan² and meets the overall NHS Fife objective of improving physical and mental wellbeing, through access to workplace and related staff support services. It also supports the NHS Scotland Staff Governance Standard, particularly the strand - provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community and NHS Fife's values, alongside the aims of NHS Fife's Population Health and Wellbeing Strategy 2022³ and the ambition of the Board to become an Anchor Institution.



The Health and Wellbeing of people working in health and care depends on our drive and commitment to create and sustain good work, and positive, safe and supportive environments in which to work and practice. This in turn can help to provide and sustain the highest possible quality contribution to health and care for the population of Scotland.

'Wellbeing' encompasses the individual, plus their social and structural work conditions. By working together to develop quality work and working environments we know that employee experience can be positively impacted, optimising individuals' Health and Wellbeing.

We can achieve this by working closely together, listening to and learning from each other about best practice, and collaborating to achieve a positive working experience for all staff.

Best practice in health and social care attends to the whole person; the physical, emotional, social and spiritual aspects of human living. Spiritual care is a core and fundamental component of person-centred care. When the physical, emotional, social and spiritual needs are expressed, identified and addressed, staff can experience a greater sense of personal wellbeing and resilience when dealing with ill health or other issues.

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.

[Adopting a Trauma-Informed Approach | Improvement Service](https://www.youtube.com/watch?v=aph90ZDP_14)
https://www.youtube.com/watch?v=aph90ZDP_14

2.2 The Foundation of Our Staff Health and Wellbeing Framework – Former Healthy Working Lives Gold Award

NHS Fife held the Healthy Working Lives Gold Award from 2016 to the cessation of the Awards Scheme in 2022. The ethos of the scheme recognised that employee wellbeing is part of an individual's overall wellbeing that is determined by their work and can be influenced by workplace and related interventions. It relates to all aspects of working lives and the former award scheme provides a useful framework for the Board to follow in terms of our journey through improving staff health, safety and wellbeing at work. This includes how satisfied employees are with their work, their sense of purpose, work controls and work-life balance.

More specifically, the Scottish Centre for Healthy Working Lives ([Home - Healthy Working Lives](#)) work focuses on the workplace, and as such, support employers by raising awareness and understanding of the benefits of a healthy workforce and provide advice and support through a range of services. In tackling the widening gap between those individuals with the best and worst health, it is critical that employers ensure all employees have equal access to policies and practices in the workplace, allowing everyone to experience and benefit from good work. This may mean focusing more resources on those employees who are harder to reach and may experience difficulty accessing services. This could be due to the type of job they do, or the hours they work, or because they are disadvantaged due to low pay, a disability, their ethnicity, gender or sexual orientation.

2.3 Going Beyond Gold

One of the approaches to staff Health and Wellbeing is reflected within our Going Beyond Gold programme. This programme:

- Fits with the Emotional and Social Pillar of Wellbeing.
- Focuses on two underlying factors affecting wellbeing choices of staff:
 - Being mindful;
 - Having good conversations which focus on personal outcomes.
- Has been funded by the Fife Health Charity (formerly known as the NHS Fife Endowment Fund) from April 2018.
- Is fully in line with the Well@Work, Healthy Working Lives and the Health Promoting Health Service initiatives.

- Creates a kinder, more mindful organisation where staff, patients and carers feel looked after and valued, thus improving the Health and Wellbeing of the organisation.
- Helps staff to be more mindful of their own wellbeing and how to sustain it; and to support each other and their patients more effectively with good conversations about the things that really matter to them as human beings.
- Enables this work to grow and reach across the whole organisation, extending out to patients and the local community.

2.4 Population Health and Wellbeing Strategy

NHS Fife is a complex organisation operating in a multifaceted environment with many programmes and project-related activities. A portfolio approach will facilitate an efficient, centralised management of the organisation's resources and investment whilst ensuring consistent Fife-wide governance and control standards.

The COVID-19 pandemic has brought the most significant health challenge in the history of the NHS and has made unprecedented and significant demands on our workforce.

NHS Fife's ambition is to provide excellence in the delivery of healthcare and health services in the right place at the right time, for those who need it. We are also looking to stretch beyond the place of fixing people when they are ill, toward a vision where we are an active participant in supporting our communities to address poverty, inequalities, and harm, and to improve their physical and mental wellbeing.

A Population Health and Wellbeing Portfolio Board has been established to deliver the strategic co-ordination of the emerging NHS Fife's Population Health and Wellbeing Strategy 2022³. It will enable senior leadership staff to successfully deliver the entire range of programmes, projects and other related activities across Fife on an on-going basis.

2.5 NHS Fife Staff Hubs

The provision of Staff Hubs is a key component of our Staff Health and Wellbeing Framework. The main areas of focus for our Staff Hubs are as follows:

- To provide a calm and welcoming space for all staff to take time out from work without distraction.
- A variety of easily accessible staff health and wellbeing and promotional resources are available to staff which offer advice, guidance and support.
- A selection of tea, coffee and snacks are available to staff.

2.6 Promoting Attendance Improvements

It is intended that our staff Health and Wellbeing approaches and activities support a reduction in absence rates and impact positively on attendance at work. It is recognised that sickness absence seriously affects the efficiency of any workplace; has an impact on patient care; increases everyone's workload; puts extra pressure on colleagues; and makes NHS Fife as a whole less effective than it should be. NHS Fife is committed to providing an efficient and effective service to its patients. To achieve the provision of optimum care for patients, good attendance levels from all staff are essential and the aim of this Framework is to complement the Board's promoting attendance initiatives

2.7 Workforce Development Support

Our commitment to workforce development remains a priority and it is essential to equip our managers with the necessary skills and knowledge required to guide and lead NHS Fife's workforce now, and into the future.

The newly redesigned Foundation Management Programme, which is now delivered via Microsoft Teams, will be particularly beneficial for new managers and supervisors within Agenda for Change Bands 3-6 or for existing managers who are at the start of their leadership and management journey.

The Workforce Development and Engagement Team have developed a suite of eLearning modules related to Self Care, Resilience, Compassionate Leadership, and Personal Development for staff to access in supporting Personal Health and Wellbeing.

The links below allow access to the resources and are available at any time:

- [Self Care](#) (Turas eLearning – 45 minutes)
- [Resilience](#) (Turas eLearning – 45 minutes)
- [Compassionate Leadership](#) (Turas eLearning – 45 minutes)

2.8 Health and Wellbeing Employee Engagement

This Framework links to key employee engagement and experience surveys undertaken regularly within NHS Fife.

iMatter

iMatter is a survey tool designed for staff in NHS Scotland to help individuals, teams and NHS Fife to understand and improve staff experience. 'Staff experience' is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity.

There is strong evidence that high levels of employee engagement have a positive impact on both staff and patient experience. Everyone within the organisation has a part to play; not just those who are patient-facing.

What are the benefits for staff:

- Higher staff morale and motivation
- Less absenteeism and stress
- Greater efficiency, productivity and effectiveness
- Stronger financial management

From a patient's perspective, evidence shows that higher engagement and improved staff experience results in:

- Lower mortality
- Fewer errors
- Lower infection rates
- Enhanced patient experience

3. Promoting Staff Health and Wellbeing

3.1 Promoting Staff Health and Wellbeing

NHS Fife promotes staff wellbeing in four main areas:



For each area of wellbeing, NHS Fife will have in place and promote:

- Workforce policies, processes and guidance.
- Internal wellbeing resources, such as our Occupational Health Service, Health & Safety, Pastoral and Spiritual Care, Psychology Staff Support, Staff Listening Service, Peer Support and access to Counselling and Physiotherapy.
- Resources are available to those staff who need them.
- Communication for all staff on wellbeing and for managers and staff how to access support.

The key support resources and services available to staff in line with the above are:

- **Workplace Policies** includes the introduction of the Once for Scotland Attendance Policy⁴ (<https://workforce.nhs.scot>) and supporting infrastructure, our Menopause Policy⁵, Domestic Abuse policy⁶, Smoking Policy⁷ and support for smoking cessation.
- **Internal Wellbeing Resources** are available to staff, as detailed below:
 - **The Occupational Health and Wellbeing Service** offers management and self referral, triaged access to counselling and physiotherapy, needle stick injury support, health surveillance, health clearance immunisation and a number of other services.
 - **The Department of Spiritual Care** provides confidential and impartial support services. The support offered helps staff who may be experiencing stress as a result of either their personal or professional lives, by providing a safe space to talk, reflect on experiences, and voice fears, concerns, worries, and hopes. Staff are assured that significance is placed on what they say and that they will be valued, and affirmed, as professionals and individuals. Healthcare Chaplains can also provide specific support to staff teams following critical incidents. The department offers both formal and informal support through:
 - One to One support (including a staff listening service).
 - Reflective practice, including pastoral supervision and values based reflective practice.
 - Group sessions (ward and department based) including critical incident stress management.

- Informal support in clinical settings across all hospital sites, face-to-face or by telephone.
- **Psychology Staff Support** provides access to evidence-based psychological therapies for staff who are working in Fife in any health and social care organisation in any role. This is complemented by the Access Therapies Fife website, Mood Café, Stress Courses and Staff Support Information Sessions for Managers.
- **Staff Listening Service** provides a telephone listening service for NHS Fife, Health & Social Care Partnership and Fife Council staff, all social care staff including care home staff and Fife-based ambulance staff.
- **Peer Support** is available to all staff in any role in NHS Fife. We all face difficult situations from time to time at work or at home that may cause significant distress and emotional impact, leading to a range of different reactions. It can be difficult to share this with our friends or family and may lead to a sense of isolation as we try to cope on our own. Evidence suggests that we may want to talk with an understanding colleague, but often don't know who to turn to. Our Peer Supporters are pleased to offer help in these situations.
- **Access to Counselling and Physiotherapy** – Staff can self-refer to the Occupational Health Staff Wellbeing and Safety Service. Following telephone triage, the member of staff will be given telephone and / or face-to-face appointment(s) with the appropriate service:
 - Counselling
 - Physiotherapy
 - Occupational Health Nurse
- **Stop Smoking Service** provision is available to all staff who are interested in quitting. The programme includes 12-weeks of support, advice and encouragement, plus access to free medication.
- **Easy access to free Emergency Sanitary Products** for NHS Fife staff and visitors whilst at work or in a public place.
- **Mindfulness** is offered as part of our Going Beyond Gold Programme and has been described as a “capacity that enables people to focus on what they experience in the moment, inside themselves as well as in their environment, with an attitude of openness, curiosity and care.” (Jon Kabat-Zinn).
- **The Personal Outcomes / Good Conversations** approach supports a shift in conversations from a focus on ‘*What’s wrong with you*’ to ‘*What is important to you?*’ The approach supports people to access both internal and external resources to make the best of their life circumstances. We know that having quality conversations with clients and other members of staff is fundamentally important for making good professional and organisational decisions and fostering a culture of care and compassion. Staff report being re-energised and motivated and that working in this way helps their morale.

The approach is being used between staff for peer support, supervision, management and HR conversations and team development. Training in using this approach in practice is available. There is also support available for teams to sustain and embed the approach in their ways of working.

- **Pause Pods** are nicely furnished rooms for staff to rest and recharge their body and mind at Whyteman's Brae Hospital, Kirkcaldy, and within the Playfield Institute, Stratheden Hospital, Cupar.
- Promoting **Healthy Eating** and providing recipes of the month, Staff Dining Room promotions, events and weight management support, ensuring that the Health Promoting Health Service commitments are fulfilled.
- **Staff Hubs** provide a space for relaxation and refreshments, with work completed at Queen Margaret Hospital and on-going at Victoria Hospital to provide modern, permanent facilities. Equivalent provision is being developed within the Community Hospital sites.
- The internal Intranet **StaffLink** features a wide range of information and updates, including on-line access to our dedicated Health and Wellbeing pages [Blink \(joinblink.com\)](#).
- **Fife Health Charity Bright Ideas** is a suggestion scheme for NHS Fife staff to allow staff to put forward their ideas about how NHS Fife can deliver better services for the people of Fife.
- **Environmental Sustainability** is also important: clinical, and other staff play a vital role and as well as improving the environment or safety, there are also opportunities to work on voluntary projects or greenspace planning, community projects or be a site travel contact or to be a clinical environmental lead, along with opportunities to link departments to our new environmental management system to share information. There are also group activities to improve the outdoor or internal environment or partnerships with external organisations. As well as many opportunities to work on reducing carbon emissions from procured goods or services. There are opportunities to work on medical gas and green theatre projects and to reduce your own commuting emissions by lift sharing, active travel, or public transport or low emissions vehicles to help reduce air pollution and to support active travel projects and systems, staffing, and infrastructure.

Please feel free to contact the sustainability Officer at fife.sustainability@nhs.scot if you want to get involved.

- **Physical Activity** is one of the key areas for improvement, to support this there are site walking maps, discounted gym membership, Cycle to Work scheme, access to onsite and online exercise classes, active communities, staff challenges and access to outdoor and green spaces for breaks and recharging.
- **Financial Signposting** is available from the Money & Pensions Advice Service and the NHS Credit Union.
- Through the **Boost Your Income Project**, the Financial Health Service will be providing personalised advice and support to NHS Fife staff who may be worried about debt, struggling financially or may be entitled to benefits. Further details are available by contacting Boostyourincome@carfonline.org.uk.

These services are complemented by a range of wellbeing resources including the Staff Well@Work Handbook, the Live Positive Stress Toolkit and Psychology resources. The eLearning modules (details on Page 10 above) have been designed to support staff and managers. There are positive links with the Kingdom Staff Lottery and Fife Health Charity, to support investment in staff health and wellbeing activities.

There are also a range of national online resources and services to supplement our local staff support arrangements:

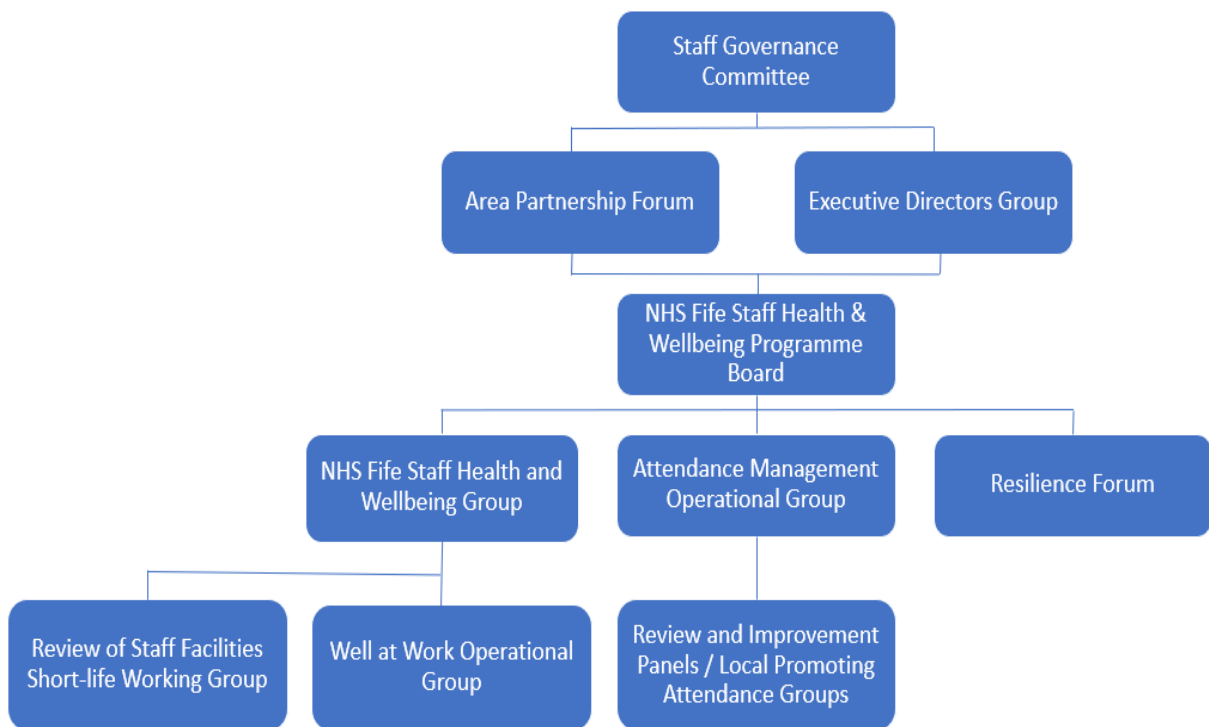
- The [National Wellbeing Hub](#) provides online support for everyone working in health and social care services, unpaid carers, volunteers, and their families. In addition to providing a range of evidence-based resources, including access to digital programmes designed to help with mental health, and Coaching for Wellbeing. The Hub also acts as a pathway to a range of psychological support and treatment services.
- The **National Wellbeing Helpline** (0800 111 4191) is available to everyone working in health and social care services. It is a compassionate listening service based within NHS 24's Mental Health Hub which you can access 24/7. Calls are responded to by trained Psychological Wellbeing Practitioners (PWPs) who can provide a range of support, including the resources available through the National Wellbeing Hub. If needed, and only with your consent, PWPs can also refer you on to your local staff support services for further support. Callers can choose to be referred to support services outwith their employing Board, if they prefer, as reciprocal arrangements have been put in place between Boards.
- **Coaching for Wellbeing** support is offered through a bespoke digital platform in partnership with NHS Education for Scotland. More than 5,000 hours of coaching have been allocated to date to over 1,500 members of staff from across health and social care. More information on Coaching for Wellbeing, including instructions on how to apply, can be found [here](#).
- The **Workforce Specialist Service** is a confidential support service available for regulated staff who, as a result of their professional role, may experience difficulty accessing confidential assessment and treatment for mental health. The service is provided by health professionals who specialise in confidentially supporting regulated professionals with mental health issues including anxiety, depression or an addiction problem, in particular where these might affect their work. More information is [available here](#).

4. Governance

The Workforce Directorate will prepare regular reports for the Area Partnership Forum, Local Partnership Fora, Staff Governance Committee and other relevant fora on progress and to provide assurance.

- Overview of staff support – poster on page 16 refers
- StaffLink – [Blink \(joinblink.com\)](https://joinblink.com)
- Once for Scotland (<https://workforce.nhs.scot>) and NHS Fife Workforce Policies ([HR policies and procedures | NHS Fife](#))

The reporting structure is as set out below:



5. Roles and Responsibilities

5.1 Employees / NHS Fife

Employees / NHS Fife are responsible for:

- Taking responsibility for their own Health and Wellbeing, co-operation with policies and procedures, co-operation with managers and embracing Health and Wellbeing activities to promote their Health and Wellbeing.
- Completion and application of all mandatory health and safety training.
- Accessing GP and other supports for health needs.
- Alerting their manager to Health and Wellbeing concerns of themselves or colleagues, raising personal wellbeing issues in relevant fora.
- Supporting the implementation of the Smoking policy in respect of colleagues, visitors, patients, volunteers, contractors and other non-NHS staff.
- Compliance with Smokefree legislation.
- Taking care of and being kind to people with whom they come into contact with.
- Taking advantage of wellbeing and related activities within and outwith the workplace.
- Promoting and supporting wellbeing in their workplace.
- Taking advantage of wellbeing activities and resources, where appropriate.
- Being proactive in inclusion of health promoting and sustainable actions.

5.2 Managers

All Managers are responsible for:

- Providing a safe and healthy working environment which supports wellbeing.
- Providing effective people management. Recognition of how management style can impact on others' wellbeing.
- Leadership.
- Visibility.
- Promoting positive wellbeing messages.
- Ensuring staff and patients adherence / compliance with the Smoking policy.
- Giving staff permission and time to take advantage of wellbeing and related activities within and out with the workplace.

- Actively managing absence and promoting positive attendance within teams.
- Ensuring completion of mandatory health and safety training.
- Managing workloads to ensure they are manageable, alongside the implementation of the Health and Care (Staffing) (Scotland) Act 2019⁸, known as the safe staffing legislation ([Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/12)).
- Implementing safe systems of work to safeguard and improve employees' Health and Wellbeing.
- Actively manage employees working hours, annual and other leave, the application and monitoring of the Working Time Directive⁹, regular breaks and presenteeism.
- Undertaking Risk Assessments, Live Positive Toolkit¹⁰ and Return to Work assessments and ensuring that recommended actions are implemented, monitored and reviewed.
- Promoting and supporting sustainability and health promotion activities within their respective area/s. With employees who express a desire to stop smoking are supported to do so.
- Consider climate risks and measures required to ensure the safety and wellbeing of their staff in this regard.

5.3 Workforce Directorate

The Workforce Directorate is responsible for:

- Enabling and enacting policies which support Health and Wellbeing.
- Ensuring fair access to Health and Wellbeing resources and support.
- Implementing monitoring and evaluation of the Staff Health and Wellbeing Framework and related initiatives.
- Raising employee awareness of Health and Wellbeing initiatives, wellbeing leads and networks.
- Monitoring of employee wellbeing in terms of provision and analysis of workforce data, evaluation of this Framework, initiatives and policies.
- Providing access to Mental Health in the Workplace training, the Live Positive Stress Toolkit and Mental Health awareness.
- Supporting Line Managers and employees.
- Encouraging Health and Wellbeing conversations with employees at one-to-one / team meetings etc.
- Supporting employees with health problems, sign posting to and promoting support services.
- Promoting mindfulness and kindness.

- Supporting effective communications. For example, using What Matters to You / Good Conversations approaches and promoting this approach with managers.
- Supporting consistent application of NHS Fife and Once for Scotland policies which support wellbeing.
- Supporting attendance management.
- Supporting risk assessments and Live Positive Stress Toolkit assessments and ensuring that recommended actions are implemented, monitored and reviewed.

5.4 NHS Fife Health and Wellbeing Champions

NHS Fife Health and Wellbeing Champions are responsible for:

- Promoting Health and Wellbeing across NHS Fife.
- Representing NHS Fife on the National Wellbeing Champions Network.
- Working in partnership with the Programme Board / Steering Group / Area Partnership Forum / Local Partnership Fora and other fora.
- Encouraging all employees to become involved in and benefit from Health and Wellbeing activities.
- Raising awareness of Health and Wellbeing initiatives and services available within NHS Fife.
- Encouraging employees to become involved in improving staff Health and Wellbeing within NHS Fife.
- Specific services, i.e. Occupational Health, Health and Safety, Health Psychology, Psychology Support, Wellbeing Activities, Challenges and Programmes, such as Mindfulness, Good Conversations, and Personal Wellbeing Plans.

5.5 Local Health and Wellbeing Group Members / Champions

Local Health and Wellbeing Group Members / Champions are responsible for:

- Promoting Health and Wellbeing activities, communications, resources and Health and Wellbeing for employees in their areas.
- Generating ideas for improving and promoting Health and Wellbeing within NHS Fife.
- Delivering Health and Wellbeing activities and initiatives.
- Working in partnership with Health Promotion service to raise awareness of risk taking behaviours in line with Public Health priorities.
- Supporting maintenance of the Gold Healthy Working Lives Award.

5.6 Executive Lead

The Executive Lead is responsible for:

- Providing and visible senior leadership for the implementation of this Framework and associated action plan.
- Ensuring effective engagement with the Executive Directors Group, Area Partnership Forum and other stakeholder groups.
- Ensuring that a fair and healthy workforce is an explicit priority for NHS Fife.
- Chairing the Health and Wellbeing Programme Board.
- Reporting to the Staff Governance Committee.

5.7 Health and Wellbeing Programme Board

The Health and Wellbeing Programme Board is responsible for:

- Overseeing the implementation of the Framework and associated Action Plans.
- Overseeing the evaluation of the impact on the NHS Fife workforce and overarching Health and Wellbeing activities.

5.8 Staff Health and Wellbeing Group

The Staff Health and Wellbeing Group is responsible for:

- Promoting Health and Wellbeing within NHS Fife and effectively communicating initiatives, supporting services and resources.
- Monitoring activity uptake, statistics and trends and making recommendations for improvements and developments.
- Designing and delivering initiatives, resources, and support for employees based on needs identified, best practice, expectations from local and national basis, survey results etc.
- Reviewing reasons for and suggesting measures to improve staff resilience and retention.
- Ensuring related Health and Safety input / incident statistics monitoring.
- Delivery of the Health and Wellbeing Action Plan.
- Compliance with Health Promoting Health Service aims and objectives.
- Providing a focus for employee Health and Wellbeing matters within NHS Fife.
- The review and evaluation of this Framework.
- Application of National initiatives.

5.9 NHS Fife's Attendance Management Operational Group

NHS Fife's Attendance Management Operational Group is responsible for:

- Providing a focus for promoting attendance matters within NHS Fife.
- Ensuring application of the Once for Scotland Attendance Policy.
- Ensuring provision of attendance management training within NHS Fife.
- Monitoring absence statistics and trends and making recommendations for improvements and developments.
- Ensuring all business units have a focus on attendance management through local Promoting Attendance Groups and / or Review and Improvement Panels.
- Identifying areas of best practice and associated reasons and consider manager competencies required and develop best practice across the Board. Explore best practice and relevant research and identify or suggest proposals to resolve or minimise the issues identified.
- Providing assurance to the Health and Wellbeing Programme Board, Area Partnership Forum and Staff Governance Committee on all matters relating to attendance management.

6. Monitoring and Evaluation

NHS Fife will monitor and measure the effectiveness of how we are supporting employee Health and Wellbeing, using the following means:

- On-going monitoring and assessment of wellbeing initiatives and services.
- On-going monitoring and assessment of access to Occupational Health, categorisation of referrals and (extra supports).
- On-going monitoring and assessment of Psychology Staff Support services.
- On-going monitoring and assessment of Spiritual Care service input for staff.
- On-going monitoring and compliance of NHS Smoking Policy⁶ and access to stop smoking support.
- Analysis of wellbeing feedback and data from staff surveys, StaffLink, Bright Ideas etc.
- Review of comparable year on year data / trends / accidents / incidents etc.
- Review of available workforce absence data, e.g. the rate / number of absences due to ill health with a view to achieving an improvement / reduction / sustainable / compared with other Boards and any national benchmarking available e.g. via Healthy Working Lives or Public Health Scotland and reference to Mental Health absence etc.
- Analysis and evaluation of feedback from Going Beyond Gold and any other initiatives or courses.
- StaffLink views / comments on specific articles and features / engagement rates on wellbeing articles and initiatives.
- National Wellbeing service contacts / feedback / evaluation.
- National Sustainability Assessment Tool (NSAT) scoring to be maintained and communicated widely to evidence how the Board is performing against the United Nations Sustainable Development Goals.
- Travel Survey outcomes which establish how we are performing in relation to reducing our carbon emissions and allowing informed decisions on supporting staff, for example increased cycle storage, access to eBikes.

References

- ¹ National Workforce Strategy for Health & Social Care in Scotland 2022
- ² NHS Fife Workforce Plan 2022-2025
- ³ NHS Fife Population Health and Wellbeing Strategy
- ⁴ Once for Scotland Attendance Policy
- ⁵ NHS Fife Menopause Policy
- ⁶ NHS Fife Domestic Abuse Policy
- ⁷ NHS Fife Smoking Policy
- ⁸ Health and Care (Staffing) (Scotland) Act 2019
- ⁹ Working Time Directive: Working Time Regulations 1998 (as amended)
- ¹⁰ NHS Fife Live Positive Toolkit

WELLBEING SUPPORT FOR FIFE HEALTH & SOCIAL CARE WORKERS

Caring for the people who care for people

Access Therapies Fife
www.accesstherapiesfife.scot.nhs.uk/hsc-staff-support-for-my-wellbeing/
National Wellbeing Hub
<https://wellbeinghub.scot>

WELLBEING
SUPPORT

Psychological Therapy – Access Therapies Fife
www.accesstherapiesfife.scot.nhs.uk/hsc-staff-talk-to-someone/

Counselling (NHS Fife Occupational Health)*
Telephone 01592 729870

Workforce Specialist Service**
Telephone 0300 0303 300

THERAPEUTIC
SUPPORT

All NHS Fife staff:*
fife.staffpeersupport@nhs.scot
Medical staff:*
fife.medicalpeersupport@nhs.scot
Critical Care staff:*
fife.criticalcareps@nhs.scot

PEER
SUPPORT

Staff Listening Service
Text 07813340137

NHS Fife Duty Chaplain
Telephone 01592643355

SPIRITUAL
CARE
SUPPORT

National Wellbeing Helpline
Telephone 0800 111 4191

STAFF
SUPPORT
LINES

*available to NHS Fife staff

**available to regulated health and social care staff

Fife Health
& Social Care
Partnership



NHS
Fife

well & work

SCAN HERE



www.accesstherapiesfife.scot.nhs.uk

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Strategic Planning and Resource Allocation 2023/2024
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Strategic Planning and Resource Allocation Process

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

- Safe, Effective and Person Centred

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

- Well informed

2. Report Summary

2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2023/2024 is in progress.

The SPRA process is a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing Strategy. This paper describes the SPRA process and provides an update on the submission process.

2.2 Background

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

2.3 Assessment

Stakeholder feedback has suggested a workshop would be very helpful to stakeholders to provide guidance and support to completing and providing the requested information. Consequently, 5 workshops have been organised for the end of October and beginning of November as follows:

Tuesday 25th October, Estates & Facilities, 2pm - 4pm, Albert Room - VHK

Wednesday 26th October, WCCS, 11.30am - 1.30pm, HH Floor 2 Meeting Room

Wednesday 26th October, Corporate Directorates, 3pm-5pm, HH Floor 2 Meeting Room

Wednesday 2nd November, PCS, 9.30am - 11.30am, Lecture Theatre - VHK

Wednesday 2nd November, ECD, 2.30pm - 4.30pm, Lecture Theatre - VHK

Colleagues from Planning, Workforce and Finance will deliver several presentations to inform how the process will be taken forward, key outcomes to be delivered, and the many challenges we currently must balance alongside our ambition and delivery of our objectives. This will be followed by a walk-through of the SPRA template with some worked examples and opportunity to ask questions and seek any clarifications required to complete the process.

Templates for completion have been revised but will not be distributed until after the workshops are complete and will be further revised if required to take account of any points raised by stakeholders at the workshops. Templates will then be distributed and once returned, submissions will be collated and reviewed to report back to EDG in January 2023 on the proposed service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of alignment to strategic priorities, quality of care as well as financial and workforce implications. Further workshops will be held in early January to provide feedback, enable further revision and information to be collated before submission to EDG.

Once completed, the governance of this work will be to provide a paper on the outputs from the SPRA process to the committees and through to the Board.

Key dates:

25 October-2 November	Workshops Held
4 November	SPRA Templates distributed to Directors
16 December	Deadline for SPRA submissions
January 2023	Workshop 2 – Feedback/further revision
January 2023	Summary of submissions to EDG followed by prioritisation
March 2023	Governance Committees
March 2023	Final SPRA report to Board

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Workforce planning is key to the SPRA process. This report contributes to the well informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

EDG, 20 October 2022

2.4 Recommendation

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

- **Note** the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

3. List of Appendices

None

Report Contact:

Maxine Michie

Deputy Director of Finance

Email: maxine.michie@nhs.scot

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Annual Delivery Plan (ADP) 2022/23 Update to September 2022
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to the:

- Annual Delivery Plan 2022/23

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

This paper reports the status update as at end of September for deliverables submitted as part of the Annual Delivery Plan (ADP) for 2022/23. This was requested in ADP feedback letter received by Scottish Government on 21 September 2022.

2.2 Background

The Annual Delivery Plan (ADP) for 2022/23 was submitted to Scottish Government at the end of July, including Deliverable Template with status as at end of June. Request for September update was received on 21 September 2022 with schedule in place for further updates that will be required for December and March.

The update for status at end of September, which included incorporating key actions for winter, was submitted to Scottish Government on 28 October 2022.

2.3 Assessment

EDG agreed to review the current presentation of this report at a recent meeting and will develop this for the next iteration.

Key achievements and **challenges/barriers to progress**

Workforce

- Three-Year Workforce Plan is in the process of being published in December 2022
- Staff Health & Wellbeing Framework will be presented to Staff Governance Committee in November 2022
- Multi-disciplinary team has been established to deliver a range of workplace and related staff support services
- Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased
- Latest phase of our East Region Recruitment Shared Service model implementation has been completed
- e-Rostering implementation programme has commenced

Recovery and Protection of Planned Care

- Two year wait target for Outpatients will be met
- Routine, longer wait inpatient cases are able to be prioritised on the QMH site
- NTC Fife Orthopaedics expected to be operational on time
- Work is ongoing with specialities to optimise the CfSD driven tools, specifically ACRT and PIR
- The Maggie's Prehabilitation pilot has been rolled out in Fife
- Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23
- 2 CT scanners being replaced without loss of activity due to the presence of a mobile CT unit
- **Recovery plan funding not sufficient to deliver the agreed plan levels**
- **Complex TTG cases prioritisation is challenged on VHK due to urgent cases**
- **Activity continues to be restricted due to unscheduled care pressures**
- **Fife allocation of additional capacity to NTC has been reduced**
- **Lack of revenue funding for an additional CT scanner**

Stabilising and Improving Urgent and Unscheduled Care

- High Impact Change Areas of focus for Fife have been identified
- Utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter
- Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway
- Initial feedback on the vision of Home First model, from engagement events, has been positive
- Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife
- **Overall attendances to the Emergency Department VHK remain high**
- **Low discharge profile within the VHK**
- **Ongoing impact of the workforce challenges**

NHS Dental Services

- Public Dental Service has fully remobilised all aspects of care and epidemiology
- **General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit**
- **No practices across Fife are taking on new patients**

Mental Health Transition and Recovery Plan

- Development of a CAMHS Urgent Response Team for young people is on track
- CAMHS additional workforce to ensure capacity to meet demand is approximately 92% complete
- Perinatal and Infant Mental Health service has transitioned to the management of CAMHS
- Regional workgroups established to address those elements of the national service specification for CAMHS
- Recruitment has been successful within Psychology General Medical Service in Clinical Health
- Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing
- Workplan developed to deliver tier 1 and 2 interventions for MAT Standards 6 and 10.
- Commissioned 3rd sector organisation provides peer support for patients with dementia across 6 meeting centres at various locations across Fife
- Tests of change have been established through the governance of the Neurodevelopmental Strategic Oversight Group
- Service plan has been developed for Fife HSCP Eating Disorder Service
- Proposal developed for locality based Mental Health and Wellbeing hubs
- **Recruitment has been challenging in some areas of Psychology with posts requiring to be readvertised**

Supporting and Improving Social Care

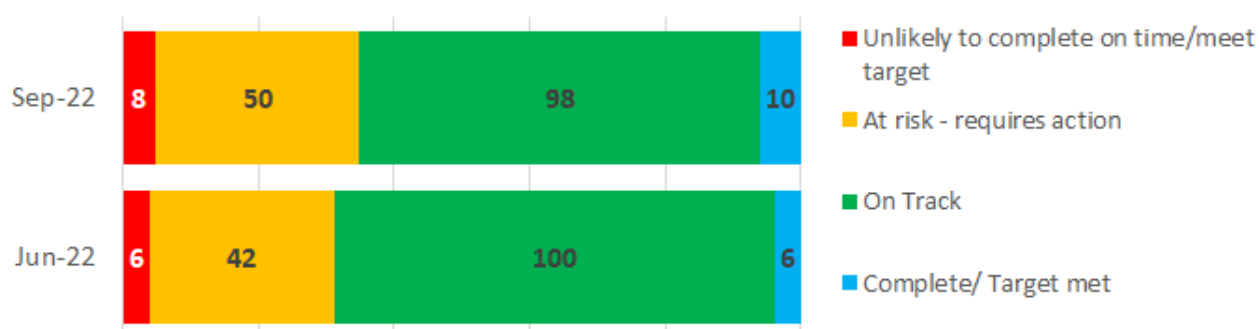
- Social Work working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment
- New pathways in development ensuring care home residents have timely access to professional support and clinical advice
- New version of Smartlife in Fife service due for release in November
- Hourly rate to care at home providers has increased, in light of the ongoing costs of living increases especially around fuel costs

Sustainability and Value

- Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation
- A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met

Summary of High-Level Deliverables; June and September 2022

The graph below illustrates the status of the high-level deliverables in the ADP for June and September



Deliverables 'unlikely to complete on time/meet target' as at the end of September are listed below. Those in **bold** are changes from June status.

- Reducing long waits; Diagnostics, Outpatients and TTG
- Bed Modelling Exercise
- Re-patriation of breast screen-detected cancer surgery to NHS Fife
- Development of transition support for children with diabetes
- Radiology -7 day working
- Secure adequate funding to ensure minimal levels of service delivery for Spiritual Care
- **Maintain current Education Programme.**
- **Recover NHS dental services to a position comparable with pre-pandemic service provision with a focus on clearing the backlog in routine dental care and reducing oral health inequalities amongst children**

Deliverables 'completed/target met' as at end of September are listed below. Those in **bold** are changes from June status.

- Implementation of the recommendations of the AU2 QI project
- Remodelling of Service Management across W&C services including Community Paediatrics
- **Delivery of appointments by both technology and face to face as a hybrid provision for review appointments in MH and LD**
- Ensure sufficient and timely availability of social work staff for under 65s to ensure timely assessment and discharge, including where appropriate, to interim placements.
- Patient pathway developed to ensure streamlined flow of information from NHS 24 to Unscheduled Care to enable patients to be seen at the right time in the right place
- Successful transitioning of Public Health Covid response team including Test and Protect teams
- Embed Corporate Programme Management Office (PMO) to support service change across NHS Fife
- **Production and monitoring of NHS Fife Annual Delivery Plan for 2022/23**
- **Review and update of IPQR**
- **Pharmacy Robotics (PAMS)**

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the central to the aims and objectives of the ADP.

2.3.2 Workforce

Workforce implications arising from the ADP have been considered and have been included in the Strategic Planning and Resource Allocation process.

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

2.3.3 Financial

The financial implications of the ADP will be covered separately in the medium term financial plan for 2022/23.

2.3.4 Risk Assessment/Management

The management of risks are integral to the delivery actions of the ADP and will be reviewed on a quarterly basis.

2.3.5 Equality and Diversity, including health inequalities

Equality and diversity are considered in the delivery actions of the ADP and will be reviewed on a quarterly basis.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the ADP.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development:

- EDG 24 October 2022
-

2.4 Recommendation

The Staff Governance Committee is asked to take **Assurance** from the status of deliverables from the Annual Delivery Plan 2022/23 at September 2022.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife ADP 2022-23 September Update

Report Contacts:

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

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

Update on Annual Delivery Plan 2022/23

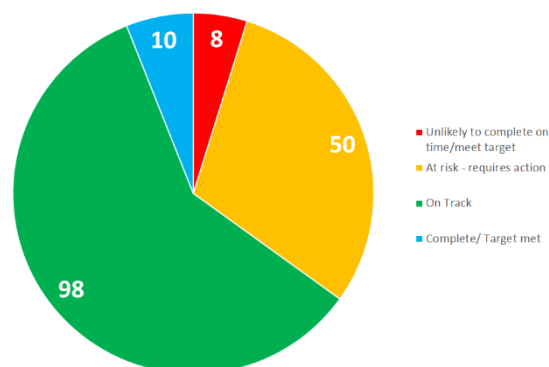
1 Introduction and Context

This is an update on progress to September 2022 relating to the Annual Delivery Plan for health and care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for 2022/23.

Services were asked to update on achievements over the last 6 months and identification of any barriers preventing delivery of the actions.

2 Summary

Status of all deliverables at the end of September is detailed below. Additional deliverables have been added in relation to winter readiness. There were four deliverables completed from position at end of June with two further unlikely to be completed on time.



3 National Priorities

3.1 Workforce

3.1.1 Three Year Workforce Plan

NHS Fife's Three-Year Workforce Plan is in the process of being published in December 2022, following Scottish Government feedback. The activity within the plan outlines how we integrate support for our employees to stay well, into all of our work and takes account of the 5 Pillars of the Workforce journey: Plan, Attract, Train, Employ and Nurture.

3.1.2 Staff Wellbeing

The NHS Fife Staff Health & Wellbeing Framework, developed in partnership, will be presented to our Staff Governance Committee in November 2022. The Framework details the range of initiatives and services in place and to be developed that will facilitate our employees to stay healthy and well at work. The Framework also enables

the ongoing review of the effectiveness of our work in this area to maximise the benefits/outcomes for our employees.

A multi-disciplinary team, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals, has been established to deliver a range of workplace and related staff support services. This work will be co-ordinated by the Staff Health and Wellbeing Group.

3.1.3 Recruitment and Retention

Recruitment of Band 2 to 4 Nursing & Midwifery roles has been increased to utilise additional Scottish Government funding and introduced our International Recruitment service, which is on target to recruit our initial aim of 40 Nurses and 3 Radiographers.

Work on developing local progression opportunities through our Employability programme has included a range of activities to identify and deliver enhanced training and job support to our local communities with the Kickstart initiative being a positive organisational commitment, continuing from our commencement of a dedicated programme of work in 2021/22.

Our immediate aims on workforce sustainability have directed efforts on recruitment as noted below in our Winter readiness activity and progressing Mental Health workforce priorities.

Latest phase of our East Region Recruitment Shared Service model implementation has been completed. This is to create a modern, sustainable recruitment function as well as using innovative recruitment approaches through targeted local and national campaigns aimed at targeting a range of job groups.

The e-Rostering implementation programme has commenced this year, and this will be a key element of our workforce planning activity with key links to both financial sustainability and safe staffing activity.

3.2 Recovery and Protection of Planned Care

3.2.1 Planned Care Activity

Enhanced infection control procedures were stepped down at the end of September, but the pressure of unscheduled care continues to impact on outpatient and inpatient capacity. There is a continued focus on urgent and cancer patients along with those who have been waiting more than 18 months and 2 years.

The new recovery plan was submitted to the Scottish Government but disappointingly the funding received was not what was expected and is not sufficient to deliver the plan outlined. Additional activity planned to deliver the new long waiting targets has been paused whilst the impact and revised plan are developed. No additional activity

has been undertaken since April apart from Breast Surgery outpatients to maintain urgent waiting times.

The two year wait target for Outpatients will be met however lack of funding compromises delivery of the December and March targets with Colorectal patients most at risk of being affected.

Inpatients and daycases have waited over 2 years and there is no plan to list patients on the Victoria Hospital (VHK) site. Routine, longer wait inpatient cases can be prioritised on the Queen Margaret Hospital (QMH) site however complex cases cannot be prioritised on VHK site due to the focus on urgent cases and the lack of capacity due to boarding patients.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies.

Every effort has been made by both management and clinical teams to move as much activity as possible to QMH. There are plans early 2023/24 for an additional theatre within QMH following refurbishment work to create a further local anaesthetic room.

Completion of the National Treatment Centre (NTC) Fife Orthopaedics remains on track, with the facility expected to be operational by January 2023. The Fife allocation of the additional capacity has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month. The Director of Acute Services is continuing dialogue with colleagues in Scottish Government on this matter.

3.2.2 Centre for Sustainable Delivery (CfSD)

Regular meetings are scheduled with CfSD leads following each month's Heatmap submission to ensure connectivity and opportunity for prioritised specialties. Work is ongoing with specialties to optimise the CfSD driven tools, specifically ACRT and PIR.

3.2.3 Supporting patients to wait well

Patients who have been waiting a long time receive regular written communication to confirm they still require their procedures or to be seen and are provided with a number to contact if they have any concerns or if their condition has worsened.

3.2.4 Cancer

The Maggie's Prehabilitation pilot has been rolled out in 8 centres across Scotland including Fife. There are weekly universal sessions for anyone with a cancer diagnosis at any stage with any prognosis. The pilot is promoted via local groups and social media. Over 90% of patients who visited feel they can make positive changes to their wellbeing.

Funding for Rapid Cancer Diagnosis Services has been confirmed for 2022/23, the service is running well with a conversion rate to cancer of 14%. Referrals are increasing and all professionals in primary care are encouraged to refer. Discussions are ongoing for consideration of a proposal to test a direct referral route from community pharmacy and looking at adopting the principles of the service into Hepatobiliary and Upper GI pathways. The service has reached the finalist stage in the Scottish Health Awards for Innovation.

3.2.5 Recovery of diagnostic activity

The new recovery plan, which included a sustainable workforce plan, was submitted to the Scottish Government but unfortunately the funding received was not what was expected. Further additional Radiology and Endoscopy activity has been paused whilst the impact and revised plan are developed.

Whilst Radiology activity is greater than projected there are challenges with ultrasound capacity. Within the Endoscopy service, no additional activity has been undertaken and core activity continues to be restricted due to unscheduled care pressures.

There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits.

Sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from absence and vacancies. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics which has now reached 52% of all referrals in radiology and the pressure from unscheduled care.

The replacement of imaging equipment has gone well in 2022/23 with two CT scanners being replaced without loss of activity due to the presence of a mobile CT unit. However, reducing the backlog is at risk due to lack of revenue funding for an additional CT scanner.

3.3 Stabilising and Improving Urgent and Unscheduled Care

3.3.1 Urgent and Unscheduled Care

Following the launch of the national Urgent and Unscheduled Care Collaborative in June, the Unscheduled Care Programme team completed the self-assessment requested by Scottish Government. This identified the following High Impact Change Areas of focus for Fife:

- Care Closer to Home
- Redesign of Urgent Care
- New Models of Acute Care
- Discharge without Delay

Within each of these priority areas, improvement plans will be further developed with key trajectories and linkage to key performance measures. Along with reporting to the national team, all high impact change areas have operational delivery groups in place reporting to the integrated Unscheduled Care Programme Board on a monthly basis, and onwards to the Portfolio Board.

We have sought, through utilising data to better understand the pressures on our system, to target change ideas that will have the biggest impact prior to winter. These include:

- Increasing pathways available to the Scottish Ambulance Service via our Flow and Navigation Centre, including social care, community respiratory teams and Hospital at Home
- Rapid enhanced senior clinical assessment of Primary Care presentations to our Medical Assessment Unit
- Introduction of virtual ward rounds for patients boarded out of their specialty ward or within a surge ward, to improve discharge planning.

Planning is currently in place to create better health infrastructure around our Care Homes, which includes better access to community-based services such as Hospital at Home and improved Anticipatory Care Planning. Supporting this further, plans are in place to create better Urgent Care support to care homes, both in and out of hours. This will include improved access to Urgent Care Advanced Nurse Practitioners in hours to all Care Homes, providing responsive and proactive support. Out of hours, we are currently trialling direct access for Care Homes to our GP Out of Hours Service, with the intention to roll this out from early November.

Testing of Emergency Nurse Practitioners supporting redirections to Minor Injuries at QMH is showing increased attendances through this pathway, but overall attendances to the Emergency Department (ED) within VHK remain high. Performance is largely impacted by the low discharge profile within the VHK and the impact of the workforce challenges across the whole site.

Work is ongoing with teams to maximise alternative pathways and reduce ED attendances, including admissions unit pathways. The Operational Escalation Framework (OPEL) triggers are under review to ensure scoring metrics accurately reflect whole site position.

Engagement events on the Home First model are actively underway. Initial feedback on the vision for the service has been positive with useful points raised to inform the detail of the Home First Strategy and intended future projects needed to define a Single Point of Access model.

Subgroups have completed several of their previously identified key actions/projects. The output from the current stakeholder events will see such areas re-focus contributions to the intended cross cutting strategic projects around the new model.

The Front Door model is progressing. This Programme will support greater understanding of all teams and services in scope, inform the mapping of current ways of working and help to identify measurable benefits.

A new coordinator has been appointed in relation to embedding Planned Date of Discharge (PDD) across Fife. This is currently being implemented in 4 wards across Acute Services and Health & Social Care.

3.3.2 General Practice appointments

NHS Fife GP Practices continue to offer a combination of face-to-face, telephone and virtual consultations. This is supported by a wider multi-disciplinary team (MDT) of Physiotherapists, ANPs, Treatment Care nurses and pharmacists, supporting GPs as senior expert generalists.

Through the continued implementation of the GMS contract (2018), we have been able to increase the wider multi-disciplinary support to all practices across Fife. In terms of the three priority areas outlined within Memorandum of Understanding 2 (MOU2) we have successfully delivered the Vaccination Transformation Programme (VTP), rolled out 65% of scoped Community Treatment and Access Centre (CTAC) Services and continue to develop our Pharmacotherapy services whilst awaiting clear National Guidance. Furthermore, our multi-disciplinary resilience team will commence in post by the end of November, which will support the wider work on maintaining sustainability across General Practice.

We are awaiting outputs from current trials taking place across Scotland in terms of localised GP activity Data.

3.3.3 Winter Readiness

Capacity and Flow meetings, consisting of Senior Managers and Strategic Planning colleagues amongst others, continued throughout the year recognising ongoing pressures on health and care system. Planning for winter 2022/23 began in May with a workshop to collate views from wider clinical teams across NHS Fife and the Fife Health & Social Care Partnership on what went well during 2021/22 and what changes are required ahead of the forthcoming winter period.

A further workshop has taken place, with themes considered and incorporated into deliverables within the Annual Delivery Plan (ADP). A further Acute Services focussed workshop is planned for the end of October, output will be incorporated into ADP in due course.

The recently received Winter Checklist is to be discussed and completed, with input from services and relevant output also to be included within the next ADP update.

The table below details deliverables that will be linked to Winter Readiness:

Deliverable	Lead
Discharge without Delay	Emergency Care
Review and Development of OPEL - Acute	Emergency Care
Band 2 Pool	Emergency Care
Maximise utilisation of QMH Theatres	Planned Care
Deliver Home First and enable Prevention and Early Intervention	Community Care
Continue to reduce delayed discharge	Community Care
Review and Development of OPEL - HSCP	Community Care
Redesign of Urgent Care in close working with partners	Primary & Preventative Care
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife	Primary & Preventative Care
eRostering	Digital
Optimise communications with all clinical teams in Acute Services and HSCP	Infection Control
Updating of Business Continuity plans	Public Health
Pharmacy First/Pharmacy First Plus Delivery	Pharmacy
Supporting the Health and Wellbeing of our Staff	Workforce
Attracting & Recruiting Staff to deliver Clinical and Workforce Strategy	Workforce
Internal and External Communications relating to Winter	Communications
Expand the reach of performance benchmarking and national planning initiatives	Planning

3.4 NHS Dental Services

The Public Dental Service has fully remobilised all aspects of care and epidemiology.

General Anaesthetic service for children is still limited by anaesthetic availability from the acute unit with access difficulties in practice continuing. No practices across Fife are taking on new patients therefore contributing to a mounting strain on daily emergency services whilst recruitment remains unsuccessful.

To facilitate access to care, an area wide review of patient lists is being undertaken.

3.5 Mental Health Transition and Recovery Plan

3.5.1 Mental Health Strategy

A review of the local Mental Health Strategy is underway and will be informed, in due course, by the publication of the revised national strategy, expected in April.

The Mental Health project team, in partnership with the operational team is developing the key building blocks. Engagement with our stakeholders will be led by the Mental Health Project Team and supported by the HSCP Participation and engagement team.

3.5.2 CAMHS

The development of a CAMHS Urgent Response Team for young people is on track with all posts recruited to and due to be in position by end of October. Revised job plans are in development to ensure clinical provision is sustainable.

Recruitment of additional workforce to ensure capacity to meet demand is approximately 92% complete, with all posts either recruited to or in the process of appointment. All core service posts are now filled which has resulted in adequate capacity to manage current demand.

The Perinatal and Infant Mental Health service has transitioned to the management of CAMHS to ensure alignment with other Perinatal and Infant Mental Health and Learning Disability services.

Regional workgroups have been established to address those elements of the national service specification, specifically forensic service, secure inpatient units, inpatient pathways, and unscheduled care.

3.5.3 Psychological Therapies

Recruitment has been successful within General Medical Service in Clinical Health including specialist with expertise in Functional Neurological Disorders. Additional resource is significantly reducing waiting time for assessment.

However, recruitment has been challenging in other areas with posts requiring to be readvertised including Unscheduled Care Brief Psychological Intervention Service vacancy that was not filled during recent recruitment round.

3.5.4 Alcohol and Drugs Partnerships (ADPs)

Medication Assisted Treatment (MAT) Standards 1 to 5 implementation plan is progressing:

- Same day prescribing is available at Methil Drop in and same day treatment further implemented at two static sites whilst LAIB (Long acting injectable buprenorphine) uptake is progressing.
- Addiction Services nurses have attended Methil Drop in since end of July with rapid access to treatment provided from September. Rapid access clinics in Kennoway and within Lynebank Hospital, Dunfermline commenced in September.
- Hospital Liaison Service is to continue following recruitment to pharmacy role within the team.

- Mapping work has commenced with Criminal Justice Social Work, SACRO (Scottish Association for the Care and Resettlement of Offenders) Custody Navigation Project and Phoenix Futures Prison Inreach to implement Standards 1 and 2 within justice settings.
- Embedding of Standards 1 to 5 is being progressed with a short life working group measuring progress in harm reduction practice and vaccination delivery.
- Workplan has been developed with Alcohol and Drug Partnership services for the improvement and workforce development required to deliver Tier 1 and 2 interventions (Standards 6 and 10).

3.5.5 Dementia - Post Diagnostic Support

Fife HSCP have commissioned STAND (Striving for A New Day), a 3rd sector organisation, to provide peer support for patients diagnosed with dementia. They now provide 6 meeting centres at various locations across Fife, providing a key contribution to our range of supports for people experiencing dementia, and their families.

3.5.6 Neuro-developmental Pathway

In partnership with, and investment from Fife Council and through the governance of the Neurodevelopmental Strategic Oversight Group, two tests of change have been established.

- Collaboration with Educational Psychology and Schools in West Fife was established to deliver immediate, proportionate intervention and support to young people with neurodevelopmental needs. This is already delivering a reduction of some 42% of individuals being referred on for Autism Assessment.
- Mental Health OT post, situated with 3rd Sector One Stop Shop, to provide clinical input, assessment, guidance, and signposting to people with Autism/ Neurodevelopment needs was appointed to in August.

3.5.7 Eating Disorders

Fife HSCP Eating Disorder Service have developed a service development plan which will provide a significant boost to multi-disciplinary capacity, recruitment is underway to deliver this.

3.5.8 Perinatal and Infant Mental Health

Both a targeted service within the wider community and specialised interventions for individual infants and their caregivers is being provided.

Expertise within the team means that individualised, specialist interventions can be made in ways that can be adapted to support the emotional wellbeing needs of infants. Targeted work in the wider community is also supported through links with 3rd sector

agencies to share learning and to ensure that the Voice of the Infant is prioritised in all settings.

3.5.9 Mental Health & Wellbeing Teams in Primary Care

A Multi-Disciplinary Oversight group has been established, reflecting colleagues from Mental Health, Primary Care and 3rd sector. This working group has developed the proposal for the development of locality based Mental Health and Wellbeing hubs, which is a cornerstone of the refreshed local Mental Health strategic direction.

Work is in the final stages to commission people with Lived Experience who will, supported by Officer colleagues, plan, prepare and initiate co-production of a design for hubs in three localities in year 1, expanding to all 7 localities in year 2.

3.5.10 Mental Health Officers

Fife HSCP have invested significantly into the Mental Health Officer service, to enhance capacity for the range of statutory requirements associated with both the Mental Health (Care and Treatment) (Scotland) Act and the Adults with Incapacity Act.

The investment is being used to employ an additional team manager and eight Mental Health Officers (MHO) resulting in two teams covering East and West Fife. Recruitment is in the final stages with majority of posts now filled.

There is a fundamental contribution to the support for Flow and Navigation, addressing and preventing delayed discharge across the system for those patients who lack capacity to make informed decisions regarding their welfare. MHOs will therefore directly contribute to the Hospital Discharge Teams and the evolving front door model.

3.6 Supporting and improving social care

Planned Date of Discharge (PDD) is now part of the Discharge Without Delay Programme. Social Work have been working alongside the Hospital Discharge Team as part of the Front Door model to increase the speed of assessment, but also to signpost to the community, where appropriate, in order to avoid admissions and create greater capacity within the hospital and the social work teams.

The next phase of developing the service provided by the Care Home Assurance and Support Nurse Team, is ongoing in partnership with colleagues. This work will create new pathways ensuring care home residents have timely access to professional support and clinical advice with the aim of preventing unnecessary admissions and enabling planned interventions to keep residents safe in their own home. Care Homes are also supported with Anticipatory Care Planning processes.

The Smartlife in Fife Service continues to be provided to the people of Fife and specific services on a 24/7 basis with new version due for release in November, this includes Life Curve component as well as additional insight module. Once implemented, there

are plans to increase staff access within other areas of Fife Council such as Housing. In addition, it is hoped there will be increased visibility of information held in the system which is available to other areas, for example, GP's and District Nurses. This will help support people to maintain their existing abilities as they age, as well as assist services to plan for future service provision.

The Home First Strategy is currently being implemented across Fife, this comprises of distinct project sub-groups that drive the strategy aims and objectives. One of these sub-groups relates to Anticipatory Care Plans (ACP) with agreement for a single ACP tool to be rolled out across Fife, firstly across the 8 Partnership Care Homes and 7 Independent Care Homes. Following the successful roll-out of the ACP and evaluation in early 2023, the sub-group will focus on supporting the roll-out of the Life Curve App within Care Homes and the wider community that will feed into the ACP and allow older adults the option to identify areas of their life they may need support with and what community groups or services exist that can help them.

Fife HSCP has also increased the hourly rate to care at home providers by 80p per hour, in light of the ongoing costs of living increases especially around fuel costs, which will be passed on directly to care staff to cover the additional costs incurring in delivering care.

3.7 Sustainability and value

3.7.1 Financial Improvement and Sustainability

At the end of August, the Cost Improvement Plans (CIPs) are £1.6m behind target, £0.9m on Grip and Control, £0.5m Acute Services and others of £0.2m. The forecast outturn assumes all CIPs will be delivered at the financial year end. Where plans are slipping, pipeline schemes are being identified and are currently being worked up to come forward to the Financial Improvement and Sustainability (FIS) Programme Board for approval to move to implementation. Whilst the final cost improvements delivered may differ in some respects from the approved schemes, all Senior Responsible Officers are working toward delivering CIPs totalling £11.7m in year and on a sustainable basis wherever possible.

The Director of Finance & Strategy has written separately to the Director of Health Finance, Scottish Government outlining the mid-year financial review position, the extent of the significant financial challenges and the ongoing actions to mitigate these challenges as far as possible.

3.7.2 Realistic Medicine

A Realistic Medicine Plan has been developed with timings and resources needed to ensure deliverables are met. The plan also contains activities to mainstream Realistic Medicine in Fife as well as develop digital strategies that enable Realistic Medicine.

Following engagement with stakeholders a Communications and Engagement Plan has been developed to spread the message about Realistic Medicine to staff, patients, relatives, the community, and other stakeholders. This includes lectures to students at the University of St Andrews and meetings to discuss the management of chronic diseases and frailty, with a focus on pain management and realistic prescribing.

4 Summary

This paper outlines the achievements made in the first 6 months of 2022/23 in line with the agreed Annual Delivery Plan. The delivery of the actions is detailed in the Delivery Action Plan and reported through the NHS Fife governance structure.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe, Effective and Person Centred

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

- Well Informed

2. Report Summary

2.1 Situation

This report informs the Staff Governance Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2022.

2.2 Background

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

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

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

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) will follow in due course.

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022.

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

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (6.50% in August, excluding COVID-19-related absence)
PDPR	Monthly	80%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

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

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment / Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

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

Not applicable

2.3.6 Climate Emergency & Sustainability Impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Staff Governance extract of the October IPQR will be available for discussion at the meeting on 10 November 2022.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 October 2022 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

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

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

3. List of Appendices

None

Report Contact:

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in October 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

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

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Staff Governance Committee comprises the following sections:

- a) **Corporate Risk Summary ****NEW******
Summarising key Corporate Risks and status.
- b) **Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There are also columns indicating where a measure is related to a key Corporate Risk and performance 'special cause variation' based on SPC methodology.
- c) **Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) **Assessment**
Summary assessment for indicators of continual focus.
- e) **Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
18 October 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

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

Summary Statement on Risk Profile

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

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

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

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



Movement Key

Improved - Risk Decreased
 No Change
 Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Aug-22	29	○	▲	▲	●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	◀▶	◀▶	●
	Inpatient Falls	6.91	Month	Aug-22	6.45	○	▲	▲	●
	Inpatient Falls with Harm	1.65	Month	Aug-22	1.69	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Aug-22	1.03	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Aug-22	10.0	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Aug-22	33.2	○	▲	▲	● QE Jun-22
	Complaints Closed - Stage 1	80%	Month	Aug-22	73.1%	○	▲	▲	● 2020/21
	Complaints Closed - Stage 2	50%	Month	Aug-22	8.9%	○	▲	▼	● 2020/21
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Aug-22	68.4%	○	▼	▼	● Aug-22
	Patient TTG % <= 12 Weeks	100%	Month	Aug-22	51.4%	●	▼	▼	● Jun-22
	New Outpatients % <= 12 Weeks	95%	Month	Aug-22	52.9%	●	▼	▼	● Jun-22
	Diagnostics % <= 6 Weeks	100%	Month	Aug-22	65.9%	●	▲	▼	● Jun-22
	18 Weeks RTT	90%	Month	Aug-22	73.6%	●	▲	▲	● QE Jun-22
	Cancer 31-Day DTT	95%	Month	Aug-22	98.5%	○	▼	▼	● QE Jun-22
	Cancer 62-Day RTT	95%	Month	Aug-22	84.7%	○	▼	▼	● QE Jun-22
	Detect Cancer Early	29%	Year Ending	Dec-21	23.9%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Aug-22	83.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Aug-22	11.9%	●	◀▶	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Aug-22	7.7%	○	▼	▲	● QE Jun-22
	Antenatal Access	80%	Month	Jun-22	81.0%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Aug-22	(£14.7m)	●	▼	—	●
	Capital Resource Limit Performance	£33.1m	Month	Aug-22	£11.5m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Aug-22	6.50%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Sep-22	33.3%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	May-22	42	●	—	▼	● QE Dec-21
	CAMHS Waiting Times	90%	Month	Aug-22	73.0%	○	▲	▼	● QE Jun-22
	Psychological Therapies Waiting Times	90%	Month	Aug-22	68.4%	○	▼	▼	● QE Jun-22
	Drugs & Alcohol Waiting Times	90%	Month	Jun-22	94.3%	●	▲	▲	● QE Jun-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Sep-22	30.1%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-22	95.2%	○	▲	▲	● QE Jun-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-22	89.9%	○	▲	▲	● QE Jun-22	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	885	1,046	1,063	2,994	0	0
	Variance	-158	-127	34	34	-59		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,291	7,832	7,301	21,424	0	0
	Variance	2,384	90	1,612	916	2,618		
Urgent	Actual	10,868	3,477	4,169	3,717	11,363	0	0
	Routine	10,083	2,814	3,663	3,584	10,061	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,550	477	617	503	1,597	0	0
	Variance	59	-20	120	6	106		
Upper Endoscopy	Actual	575	184	243	199	626	0	0
Lower Endoscopy	Actual	182	46	82	61	189	0	0
Colonscopy	Actual	738	234	269	234	737	0	0
Cystoscopy	Actual	55	13	23	9	45	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350	4,593	3,993	12,936	0	0
	Variance	1,483	354	597	-3	948		
CT Scan	Actual	4,083	1,322	1,379	1,288	3,989	0	0
MRI	Actual	2,936	979	1,109	835	2,923	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049	2,105	1,870	6,024	0	0

d. Assessment

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.50%

The sickness absence rate in August was 6.50%, 0.62% higher than in July. The COVID-19 related special leave rate, as a percentage of available contracted hours for August, was 0.98%, down from 2.21% in July.

To ensure focus on this issue, an Attendance Management Operational Group has been established which will facilitate actions and drive improvements to support achievement of the sickness absence performance target. These actions are complemented by ongoing health and wellbeing support for staff. 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. In addition, the change in national guidance on COVID absence recording, with all sickness absence (COVID-19 and non-COVID-19 related) being recorded as sickness absence from September 2022, will likely cause our sickness absence rate to increase.

PDPR Compliance

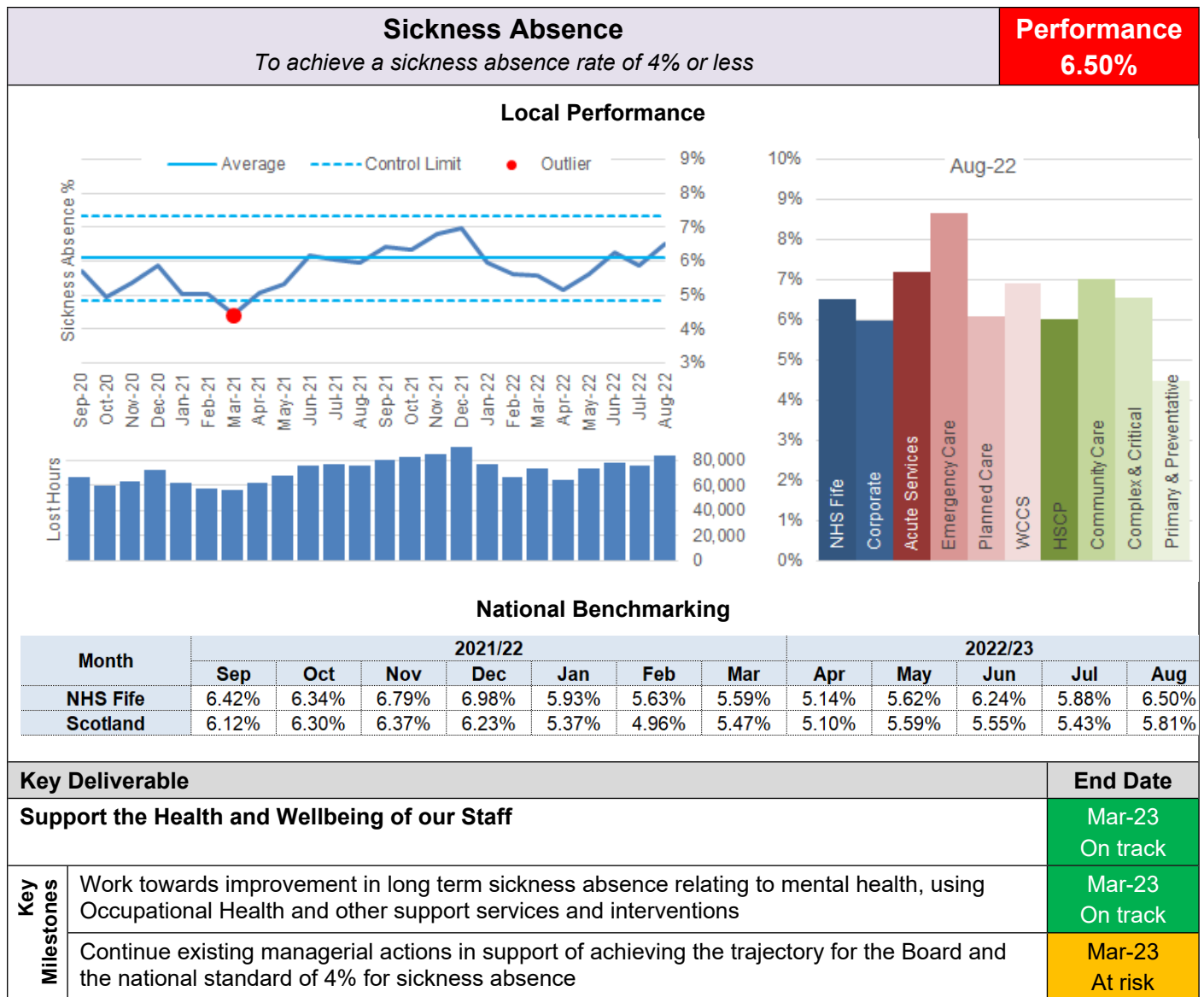
To achieve an annual PDPR compliance rate of 80%

80%

33.3%

Throughout NHS Fife, PDP compliance has shown a marginal improvement in performance, although service pressures continue to impact across the organisation. While there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. In order to increase focus on this process and sustain improvement, we will continue to monitor performance and take necessary actions to support staff engagement.

e. Performance Exception Reports



STAFF GOVERNANCE

PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>		Performance 33.3%																																											
Local Performance																																													
<p>The figure contains three charts. The left chart is a line graph showing '% PDPR' (blue line) and 'Target' (black line) from Apr-22 to Mar-23. The target is constant at 80%. The % PDPR line fluctuates around 30-40%. The bottom-left chart is a bar graph showing 'Reviews Held' (blue bars) from Apr-22 to Sep-22, with values ranging from approximately 150 to 300. The right chart is a bar graph showing '% PDPR' by service area for Sep-22, with values ranging from approximately 20% to 55%.</p> <table border="1"> <caption>Local Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>% PDPR</th> <th>Reviews Held</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>35%</td><td>280</td></tr> <tr><td>May-22</td><td>38%</td><td>300</td></tr> <tr><td>Jun-22</td><td>32%</td><td>250</td></tr> <tr><td>Jul-22</td><td>30%</td><td>180</td></tr> <tr><td>Aug-22</td><td>35%</td><td>280</td></tr> <tr><td>Sep-22</td><td>33.3%</td><td>280</td></tr> </tbody> </table> <table border="1"> <caption>Local Performance by Service Area (Sep-22)</caption> <thead> <tr> <th>Service Area</th> <th>% PDPR</th> </tr> </thead> <tbody> <tr><td>NHS Five</td><td>33%</td></tr> <tr><td>Corporate</td><td>27%</td></tr> <tr><td>Acute Services</td><td>36%</td></tr> <tr><td>EC</td><td>23%</td></tr> <tr><td>PC</td><td>36%</td></tr> <tr><td>WCCS</td><td>53%</td></tr> <tr><td>HSCP</td><td>35%</td></tr> <tr><td>Community Care</td><td>40%</td></tr> <tr><td>Complex & Critical</td><td>22%</td></tr> <tr><td>Primary & Preventative</td><td>43%</td></tr> </tbody> </table>			Month	% PDPR	Reviews Held	Apr-22	35%	280	May-22	38%	300	Jun-22	32%	250	Jul-22	30%	180	Aug-22	35%	280	Sep-22	33.3%	280	Service Area	% PDPR	NHS Five	33%	Corporate	27%	Acute Services	36%	EC	23%	PC	36%	WCCS	53%	HSCP	35%	Community Care	40%	Complex & Critical	22%	Primary & Preventative	43%
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Acute Services	36%																																												
EC	23%																																												
PC	36%																																												
WCCS	53%																																												
HSCP	35%																																												
Community Care	40%																																												
Complex & Critical	22%																																												
Primary & Preventative	43%																																												
Key Deliverable		End Date																																											
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk																																											
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track																																											
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete																																											
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 On track																																											
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete																																											

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Staff Governance Annual Monitoring Return 2021/2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to the Staff Governance Committee for:

- Discussion

This report relates to a:

- Government Policy / Directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

In view of continued service pressures faced within the Boards and the positive feedback received about the more streamlined approach taken for 2020/2021, a similar approach has been taken for the 2021/2022 exercise. As part of this year's return the Scottish Government have identified Board information already available that supported compliance with the Staff Governance Standard, this includes information expected from the operational Annual Development Plans and Workforce Plans that the Scottish Government will consider alongside Board returns.

2.2 Background

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

NHS Fife must operate within the Governance Framework (Clinical Governance, Financial Governance and Staff Governance). Staff Governance is the strand that looks at how staff are managed and how they feel they are being managed.

The Staff Governance Standard is a fundamental element of our national work and legislative focus for NHSScotland employers to ensure that they work towards achieving and maintaining exemplary employer status. The Staff Governance Monitoring process aims to provide assurance both locally and nationally that:

- The Staff Governance Standard is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and
- It allows good practice to be shared to help drive continuous improvement across all NHSScotland Health Boards.

2.3 Assessment

The Staff Governance Standard National Annual Monitoring Return 2021/2022 has been shared with the Area and Local Partnership Fora and other key stakeholders and the return has been produced with their involvement outwith the formal governance meetings and there has been continued engagement with staff side colleagues in the populating of the return. The Return refers to the existing and expected information and details questions where there are potential gaps in the information that the Scottish Government would seek our further support on.

The populated return that will be finalised for submission to the Scottish Government by 18 November 2022 is attached at Appendix 1 to this report.

The Return will be signed off by the Chair of the Staff Governance Committee and Employee Director, prior to submission to the Scottish Government.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

The Staff Governance Standard applies to all staff and helps ensure staff are treated fairly and consistently.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Completion of the Annual Staff Governance Monitoring Return 2021/2022 was undertaken through the Local Partnership Fora, Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

2.3.8 Route to the Meeting

This paper has been considered by the Executive Directors Group to ensure that the Return is completed for 2021/2022.

2.4 Recommendation

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

- **Consider** the content of the final draft Staff Governance Annual Monitoring Return for 2021/2022, subject to making any further amendments, the Chair of Staff Governance Committee and the Employee Director will approve the final return prior to submission to the Scottish Government by 18 November 2022.

3. List of Appendices

Appendix 1 –Staff Governance Standard National Annual Monitoring Return 2021/2022

Report Contact:

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

Appendix 1 – Final Draft Staff Governance Standard National Annual Monitoring Return 2021/2022

Monitoring Strand	Questions	Response
<p>Overarching – Staff Experience and Engagement</p>	<p>The Health and Social Care Staff Experience Report 2021 was published on 7 February 2022.</p> <p>Please confirm your 3 key areas identified in response to your Board Staff Experience Report and progress on actions to address these.</p>	<p>Given the unprecedented circumstances the health and social care workforce has been facing due to the COVID-19 pandemic, it is very encouraging that 59% of our staff completed the iMatter survey in 2021. We saw an increase of 10 percent in engagement with iMatter in NHS Fife in 2021. We wanted to build on our 59% response rate and increase efforts in the more difficult to reach areas. iMatter roadshows were organised in 2022 under the slogan, 'have a natter because iMatter'. To help make the survey more accessible, and to answer any questions, our iMatter team visited sites across Fife with our roving rug. People were encouraged to take a moment away from their ward and put their feet up for a short time. This encouraged them to have a natter while completing the survey. It also provided managers with a chance to ask questions or get technical support or information about iMatter. In this year's survey, our response rate climbed to 60%, the highest it's ever been for NHS Fife. The improvement over the national position of 55% is a testament to the impact of our roadshow, given the workforce pressures and challenges with the Omicron variant.</p> <p>The iMatter survey was accessible to all staff working within Health and Social Care in Fife in 2021 and more than 5,400 questionnaires were sent out. Despite 2021's questionnaire being significantly longer, the Health and Social Care Partnership (H&SCP) received its highest response rate (61%) and to date, almost 300 (out of 505) teams have completed action plans.</p>

In keeping with previous national iMatter reports, Fife H&SCP was not an outlier. There were no red flags and no significant surprises. Local Partnership Forum (LPF) time was spent discussing the H&SCP iMatter report at multiple LPF meetings and identified areas to both celebrate and also areas we need to collectively develop. These are grouped into three key areas: Let's Celebrate; Let's Develop; Let's Act.

Using this information, supportive actions were taken to guide staff out of the pandemic based on staff experiences. Since the National report was published, the following three areas have been progressed:

- In relation to Involved in Decisions, the Local Partnership Forum for Health & Social Care and Acute and Corporate have progressed partnership engagement on key issues to staff during the year and this is outlined through the development and publication of their LPF Annual Reports.
- On the theme of Appropriate Training and Development work has been undertaken to review the completion of Core training for all staff with reporting into Executive Directors Group, Area Partnership Forum and Staff Governance Committee to monitor and promote the importance of engagement in development activity for staff. This along with the commitment to re-establish Personal Development Planning & Review through inclusion in our performance reporting (detailed below) will support focus on the employee development theme and to inform appropriate action.
- To reflect the focus on Staff Wellbeing NHS Fife has recently developed a new Staff Health & Wellbeing Framework, in partnership with staff side colleagues, to consolidate and integrate our approach as the pandemic moves into the endemic phase. This builds on the key principles of employees having access to Occupational Health, including direct access to counselling and physiotherapy, Peer Support, Psychology Staff support, Spiritual Care and our Staff Listening Service, alongside signposting to PROMiS and national wellbeing resources. This is complemented by additional opportunities for staff including for example Financial

		<p>Wellbeing, Good Conversations, healthy eating, Menopause support, Mindfulness, physical activities, Values Based Reflective Practice and specific health focused sessions, e.g. Self Care, towards building a Culture of Kindness / Trauma Informed culture and a network of wellbeing champions. We have also taken the opportunity to modernise our Live Positive Stress Toolkit, which is accessible for all staff and can be used on an individual or team basis.</p> <p>Specific themes which the Health & Social Care Partnership LPF have discussed and agreed include the following:</p> <p>Continue to strengthen the role of the LPF to enable engagement of trade unions in decision making.</p> <ul style="list-style-type: none"> • LPF Annual report focussed this year on the role of the LPF in the work of the HSCP and was tabled at the Integrated Joint Board meeting on 29 July 2022. <p>Senior leadership Team (SLT) visits across services and communicate these via the Directors Brief.</p> <ul style="list-style-type: none"> • All members of the SLT have made themselves accessible to staff members through visits to departments and running online Teams lunchtime meetings. <p>Review the uptake of Mandatory Training across all service areas. Include staff development within the refreshed Organisational Development and Workforce Plan.</p> <ul style="list-style-type: none"> • Mandatory training rates are brought to our HSCP Health and Safety Assurance Group for discussion about how to improve the uptake. <p>The H&SCP Workforce Plan has staff development as a core part of its content.</p>
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<p>Overarching – Culture and Values</p>	<p>Compassionate and inclusive leadership can have significant benefits to the workforce and may also lead to better care and outcomes for patients and service users</p> <p>Please describe one action that your Board is taking to nurture these values of collaboration and compassion through leadership.</p>	<p>We aim to enable employees at all levels to recognise their leadership role and work well together. To support us to do this we need a quality approach, compassionate leadership, effective management, flexibility and to be ready for change. We have developed a Leadership Development Framework which is grounded in a set of capabilities and competencies that reflect NHS Fife’s values. As a result, it represents the foundation of leadership behaviour for all staff working across the NHS, supporting their efforts to improve patient care.</p> <p>Our framework will be launched in the Autumn and outlines four levels of leadership development, which are aligned with NHS Scotland, recognising that leadership is essential for our organisation at all levels, regardless of titles and responsibilities. There is an outline of the likely activities, skills, and behaviours associated with each level, followed by a description of the current development opportunities available at a local and national level to nurture compassionate and inclusive leadership.</p>
	<p>The letter from the Cabinet Secretary for Health and Social Care; and the Cabinet Secretary for Finance and Economy dated 9 September 2021 asked Boards to take steps to embed Fair Work First in implementing and applying workplace policies and practice.</p> <p>Please provide an example of a step your Board has taken to progress the Fair Work principles across your Health Board.</p>	<p>Taking steps to advance Fair Work principles has been a priority for NHS Fife. Our commitment to develop supported employment pathways for young people and those with barriers to employment is one example of how we have progressed the principle of 'investment in workforce development'. Engaging with the Kickstart Scheme has been one way we have supported this.</p> <p>As part of our Kickstart work experience programme, NHS Fife is providing 6-month placements to 13 young people across a range of entry-level roles across our directorates and locations. In addition to initiating the placement opportunity, we have provided pre-application advice and guidance, a bespoke induction program, an employability skills workbook, a dedicated named contact, online peer-support groups, a workplace mentor, work-related training and qualifications, opportunities for further skills development, and employability training. Thus far, the initiative has led to positive employment outcomes within NHS Fife and externally. In addition, one individual has secured flexible employment with NHS Fife and is preparing to study nursing at college. In addition, we have identified Modern Apprenticeship</p>

		<p>opportunities and are working with departments that have supported this program to develop pathways for individuals following their placement in late September. As part of our longer-term youth employment plans, NHS Fife is exploring further opportunities to engage with similar schemes.</p>
<p>Well Informed</p>	<p>We understand from your 2020-2021 Staff Governance Monitoring Return that new communication methods including digital solutions, introduced through the pandemic that have led to positive outcomes may be continued as we move back towards business as usual.</p> <p>Please provide an example of one of these communication methods that has been embedded in your Board.</p>	<p>In April 2020 NHS Fife launched an employee engagement app called StaffLink, using the Blink software platform. This replaced our outdated intranet, creating a person-centred employee engagement tool that was fully mobile enabled. A staff user group has been set up and met several times already to receive feedback from users. They have been able to provide feedback on the usability of the app as well as suggestions about possible future developments and improvements.</p> <p>StaffLink ensures that the latest news, information, policies and guidance is easily accessible not only by NHS Fife staff in all areas of the organisation, but by wider Primary Care colleagues. Since its launch, StaffLink has been accessed by staff on a 24/7 basis and has seen a significant increase in overall usage, with over 600,000 additional visits to StaffLink in 2021-22 compared to 2020-2021.</p> <p>Over 10,000 staff are signed up to the platform, currently over half of all users access the mobile version of the app, allowing staff to have 24/7 access to news and 'Hub' document and guidance content both on and off site. The flexibility to access StaffLink through either mobile devices or desktops allows staff to choose the option that meets their working needs.</p> <p>The newsfeed provides the latest organisational information in real-time, pushing out information direct to staff. Functionality such as 'Priority Posts' allows communication of important, time-sensitive information with staff instantaneously, with an alert available to those using StaffLink on their mobile devices, allowing us to communicate with members of staff who may not be desk-based.</p>

		<p>Uniquely, StaffLink encourages staff to directly connect with content e.g. in the newsfeed, staff are able to comment and 'like' a post, allowing for quick response to any queries. Engagement is encouraged and this two-way conversation means that any queries or comments staff may have on the back of a particular post can be answered quickly for the benefit of all users.</p> <p>The ability to connect easily with a cross-section of colleagues on the platform has allowed for the development of specific areas such as Fife Referral Organisational Guidance (FROG), which was launched in November 2021. It provides a central source of referral guidelines for Primary Care colleagues and other clinicians, and is regularly one of the most visited areas of the app.</p> <p>Whilst StaffLink remains a key internal communications tool, we have also introduced other ways to keep staff connected. A regular all-staff email Weekly Update provides staff with a round-up of key operational and community news items and content for that week. Further, a monthly all-staff TEAM update has been introduced, providing staff with an overview of the latest strategic information and updates directly from the Chief Executive.</p>
<p>Appropriately trained and developed</p>	<p>The Health & Social Care Staff Experience Report 2021 shows that responses to the following questions have declined on average by 2 points from 2019:</p> <ul style="list-style-type: none"> • I have sufficient support to do my job well • I am given the time and resources to support my learning growth <p>These scores suggest a need for future focus on staff development as we move from the short-term immediate crisis which has understandably been the focus over the pandemic whilst recognising continuing staff and system pressures.</p> <p>1. Please describe one action your Board is taking to focus on staff development.</p>	<p>1. Please describe one action your Board is taking to focus on staff development.</p> <p>NHS Fife are now providing a selection of new learning opportunities for the workforce. This is in recognition that the effects of the covid pandemic are still being felt and that learner needs may have changed since then. Our short courses on Writing Effective Emails, Report Writing, and Courageous Conversations are now being offered in collaboration with Fife College under the Flexible Workforce Development Fund. Aspiring managers who are considering moving into a management role can also benefit from our 3-day Aspiring Managers Programme.</p>

	<p>2. Please confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2022.</p>	<p>To support this, and all other available learning, we are currently considering how classroom or MS Teams training is currently accessed within the board. We are also considering ways we can improve this, and how to make finding appropriate development resources easier for learners. We are currently in the test phase of the TURAS Learn booking system. Learn is our new, more intelligent Learning Management System that allows learners to receive training refresher reminders, as well as recommending training topics that might be of interest to them in their roles based on their role-specific requirements. As staff already use this system for all their eLearning needs, the move to this platform for training bookings will allow all learning to be hosted on a central location in the future.</p> <p>2. Please confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2022.</p> <p>Throughout NHS Fife, PDP compliance continues to show a gradual decline in performance as the pandemic continues to impact all services. Even though there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. As at 31 March 2022, 30% of staff in NHS Fife had a signed off PDPR/Appraisal in TURAS Appraisal.</p>
<p>Involved in decisions</p>	<p>The Scottish Government are committed to working in partnership to enact our Workforce strategy. Partnership structures are integral to understanding the needs within our Health and Social Care system, and how changes are likely to impact on the experiences of Health and Social Care staff.</p> <p>1. Please provide an example of how partnership engagement through your Area Partnership Forum has influenced Policy and Practice in your Health Board over the past year.</p>	<p>1. Please provide an example of how partnership engagement through your Area Partnership Forum has influenced Policy and Practice in your Health Board over the past year.</p> <p>Health & Social Care Partnership Immunisation Workforce</p> <p>Staff engagement sessions have been used to support the transition between a temporary to a permanent workforce. Events were held in October 2021 and February 2022. Over 200 staff attended these sessions which were to deal with the workforce issues that have arisen because of the need to create a permanent workforce and to speak with staff about bringing all immunisations together to deliver a service</p>

	<p>2. Please describe how your Board ensures that areas of interest at a local level align with the work being taken forward through National Partnership Forums.</p>	<p>from the cradle to grave. The workforce has now been recruited to and work is underway to bring the COVID/Flu Immunisation workforce together with the childhood immunisation service.</p> <p>COVID-19 Response – Acute Services Division Workforce Mobilisation</p> <p>Over the winter period in late 2021 and early 2022 and as part of the response to workforce challenges faced during the COVID-19 pandemic, theatre staff across the Division were required to mobilise to work within in-patient settings. From the initial discussions and decision making the co-chair of the LPF was involved as a key member of the Acute Services Senior Leadership Team.</p> <p>It was recognised that mobilising theatre staff to ward areas would have a significant impact on the experiences of staff. Staff engagement was therefore an absolute requirement. The planning of this and the engagement sessions themselves were carried out in partnership with staff side representatives from the LPF alongside Service Managers. Whilst conversations during the engagement sessions were challenging, by working in partnership, staff side colleagues and managers were better equipped to support staff, answering questions and offering individual support as required.</p> <p>This approach supported the mobilisation of 20 staff to in-patient areas at a critical time. This was carried out in a timely and compassionate way. Staff reported feeling supported and listened to.</p> <p>2. Please describe how your Board ensures that areas of interest at a local level align with the work being taken forward through National Partnership Forums.</p> <p>Nursing</p> <p>Working collaboratively also with staff side members attending all the Community Treatment and Care Centres workforce meetings. Staff</p>
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side colleagues have been fundamental in assisting with TUPE and other workforce changes and challenges. This collaborative work involves ensuring everyone is engaged with, supported, and have the correct communication relevant to them, the situation and that it is individualised. The work with band 2/3 has been done completely in collaboration with staff side members through the short life working groups and any individual meetings.

Development of an Operational Escalation Levels (OPEL) Tool

In November 2021 NHS Fife Board acknowledged the significant on-going system wide challenges across health and care in Fife. The pandemic had exacerbated pressures in a system that was already challenged. Within the acute setting, these pressures manifested in increasingly long waits within the emergency department and capacity challenges across the Victoria Hospital. Similar to other Health Boards, NHS Fife had no single way to measure pressure across the main acute hospital site, or the whole system taking into consideration primary, community and secondary care, and the impact of pressure facing social care services on NHS services. In addition to being able to identify the challenges to patient flow, there is a need for common understanding / language and agreed actions to resolve.

The main aims of this development tool being:

- early recognition and identification of level of pressure on hospital site
- specific actions to allow consistent management of demand and risk
- clear communication
- continued delivery of planned care

This resulted in the development of the Operational Pressure Escalation Levels (OPEL) framework with the tool supported by metrics, common language, and action cards. The OPEL tool provides live and dynamic information on the status of the hospital and can be customised to meet local needs.

		<p>From the conception of the OPEL staff side colleagues have been members of the working group to develop the tool and have been key in supporting the workforce aspects within it. In addition the development of the tool was discussed and considered at the LPF and replicated within the HSCP.</p>												
<p>Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.</p>	<p>The NHSScotland Bullying and Harassment Policy provides a supportive environment to employees seeking an early resolution to bullying or harassment concerns and a formal mechanism to address unresolved, significant or persistent bullying or harassment.</p> <p>1. Please provide the number and of Bullying and Harassment cases raised during the past year at the following stages of the NHSScotland Bullying and Harassment Policy:</p> <ul style="list-style-type: none"> - Early resolution - Formal procedure <p>2. Please advise how many of the cases raised at early resolution have been resolved at this stage and how many have been progressed to the Formal procedure.</p> <p>3. Please describe any steps that have been taken locally during the past year, to embed learning from bullying and harassment cases and in particular from cases resolved at early resolution stage.</p> <p>4. Please advise what steps your Board is taking to specifically record bullying and harassment associated with protected characteristics.</p> <p>Fostering an inclusive culture and supporting individuals from all backgrounds is key to improving staff experience and delivering the best care for the people of Scotland. We encourage boards to take further steps to support a diverse</p>	<p>1. Please provide the number and of Bullying and Harassment cases raised during the past year at the following stages of the NHSScotland Bullying and Harassment Policy:</p> <ul style="list-style-type: none"> - Early resolution - Formal procedure <p>Early Resolution Information on cases raised at early resolution stages is not held centrally within NHS Fife as managers progress early resolution at service level, therefore there is no central database to record these cases.</p> <p>Formal Procedure There were 11 formal bullying and harassment cases during the period 1 April 2021 – 31 March 2022.</p> <p>2. Please advise how many of the cases raised at early resolution have been resolved at this stage and how many have been progressed to the Formal procedure.</p> <p>Please see note above regarding early resolution data.</p> <table border="1" data-bbox="1245 1182 2152 1398"> <thead> <tr> <th colspan="4">Bullying and Harassment cases 1 Apr 2021-31 Mar 2022</th> </tr> <tr> <th>Raised at Early resolution</th> <th>Resolved at Early resolution</th> <th>Raised at Early resolution and progressed to Formal</th> <th>Raised at Formal</th> </tr> </thead> <tbody> <tr> <td>Not available</td> <td>Not available</td> <td>Not available</td> <td>11</td> </tr> </tbody> </table>	Bullying and Harassment cases 1 Apr 2021-31 Mar 2022				Raised at Early resolution	Resolved at Early resolution	Raised at Early resolution and progressed to Formal	Raised at Formal	Not available	Not available	Not available	11
Bullying and Harassment cases 1 Apr 2021-31 Mar 2022														
Raised at Early resolution	Resolved at Early resolution	Raised at Early resolution and progressed to Formal	Raised at Formal											
Not available	Not available	Not available	11											

and inclusive workforce that is adaptive and involved in decisions, where equality and fairness are supported, and staff feel valued and empowered. We understand from the 2020-2021 Staff Governance Monitoring Exercise that work has been underway in Boards to enable staff networks and to improve diversity data recording and monitoring.

5. Please provide an example of a positive outcome from a staff equality network in your Board.

6. Please provide an example of work being undertaken to improve existing equalities data.

3. Please describe any steps that have been taken locally during the past year, to embed learning from bullying and harassment cases and in particular from cases resolved at early resolution stage.

Learning is shared at a local level with recommendations from formal investigation processes progressed and shared as appropriate. Learning is incorporated into policy training sessions when appropriate.

Information was shared on the NHS Fife internal communications App in May 2022 signposting to the TURAS LEARN Bullying and Harassment training modules and the Once for Scotland Bullying and Harassment policy and supporting documents. The article asked staff to be aware of how our communication and behaviour at work can impact on others, and how to identify the potential signs of these behaviours in the workplace. The communication provided information on early resolution options and how this approach can be effective when addressing these matters leading to an improved working environment and relationships.

4. Please advise what steps your Board is taking to specifically record bullying and harassment associated with protected characteristics.

This information is recorded within the Employee Relations module on the eEES system for formal cases.

5. Please provide an example of a positive outcome from a staff equality network in your Board.

As part of the work of the BAME network we had presentations from network colleagues within other Boards at two of our meetings and a presentation on unconscious bias from Dr Peter Jones took place in

		<p>June 2021. This has fostered positive links with colleagues within other Boards.</p> <p>The Executive Lead and Workforce Directorate colleagues presented information on Equality and Diversity to the APF on 25 May 2022 and Staff Governance Committee on 12 May 2022.</p> <p>6. Please provide an example of work being undertaken to improve existing equalities data.</p> <p>The Board has recently appointed a new Equality & Diversity Lead and this is an area of focus for the new post holder, with a questionnaire out to staff at present.</p>
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Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Everyone who works in our Health Service must have the confidence to raise any concerns. Boards are expected to investigate concerns fairly and appropriately and ensure that the individual raising the concern does not suffer any repercussions for doing so. The [Whistleblowing Standards](#) require Boards to record all information on whistleblowing concerns (including concerns raised anonymously).

- 1. Please provide the number and of whistleblowing cases raised and resolved during the past year at the following stages of the NHSScotland Whistleblowing Policy. For each reported, please also advise whether the investigations are on-going or concluded and whether feedback was provided to the individual.**
- 2. Please advise how many of these whistleblowing cases included a bullying or harassment element.**
- 3. Please describe the actions that your Board has undertaken to improve awareness of how to raise a concern**
- 4. Please provide an example of an improvement made in response to a concern being raised or through other continuous improvement conversations. Please describe how this was addressed to ensure staff feel encouraged and confident to raise concerns.**

Our National Workforce Strategy, published on 11 March 2022, highlights the key priority of the wellbeing of our health and social care workforce, wherever they work. In view of information that is anticipated to be included in [Board Workforce Plans](#) we do not require Boards to supply information about absence and wellbeing at this stage.

1. Please provide the number and of whistleblowing cases raised and resolved during the past year at the following stages of the NHSScotland Whistleblowing Policy. For each reported, please also advise whether the investigations are on-going or concluded and whether feedback was provided to the individual.

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

Whistleblowing cases 1 Apr 2021-31 Mar 2022				
	Number	Ongoing	Concluded	Feedback provided
Raised at Stage 1				
Resolved at Stage 1				
Raised at Stage 1 and progressed to Stage 2				
Raised at Stage 2	2		2	No
Resolved at Stage 2				
Cases raised anonymously	2			
Total cases (at all stages)	4			
Total cases with a bullying or harassment element	0			

Attainment of Healthy Working Lives has been an aspiration since 2008 (and reinforced as a commitment within [CEL 01 2012](#)).

We note the achievements and progress in Boards and do not require any further information.

The National Workforce Strategy for Health and Social Care in Scotland states our vision for: “A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do.” Key to delivering this vision is ensuring we retain our highly qualified and knowledgeable workforce.

5. Please provide an example of specific work that has been undertaken in the Board to understand the issues affecting retention across your workforce and any actions planned or implemented.

3. Please describe the actions that your Board has undertaken to improve awareness of how to raise a concern

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

- NHS Fife in advance of the launch of the standards began raising awareness of the Standards with all staff, which includes managers, via Line Managers, Staff Side Colleagues, Staff Briefs and Communications on StaffLink.
- Various iterations of papers were presented to the Executive Directors Group, LPFs and APF outlining implementation plans in the lead up to the standards coming into force.
- A Whistleblowing Champion was appointed to support the implementation of the Whistleblowing Standards.
- All managers and staff were encouraged to access the learning programme on the TURAS platform, which is added to their personal development plan. A certificate of completion was made available for each learning programme to evidence learning and understanding of this across the Board. These have been promoted via a Desktop Banner, the weekly brief and Stafflink.
- A section on the standards and the required training that has to be undertaken by all staff has been included in our new “welcome and orientation” pages on TURAS Learn and built into Core Training Guidance. In addition, a Whistleblowing hub has been established on Stafflink.
- We have also worked closely with our primary care colleagues, raising awareness through their Primary Care Manager. Processes are now in place with each primary care contractor group.

4. Please provide an example of an improvement made in response to a concern being raised or through other continuous improvement conversations. Please describe how this was addressed to ensure staff feel encouraged and confident to raise concerns.

Due to the low number of concerns received and the timing of these within 2020/2021 learning, changes or improvements to services are as yet limited. However, learning from concerns will be recorded and shared with relevant management teams and service areas, as appropriate.

Part of the on-going work will allow future learning to be captured. This will include any local or system wide learning identified during the investigation, and the Executive Director commissioning the investigation will also document any additional learning they have identified and agree/advise how best this will be shared and the appropriate forums for sharing.

5. Please provide an example of specific work that has been undertaken in the Board to understand the issues affecting retention across your workforce and any actions planned or implemented.

Analysis of leaver information was provided to Area Partnership Forum in January 2022 and work is currently on-going within the Workforce Information Team to extrapolate data from exit interviews logged into eESS. This could be helpful to identify turnover hotspots (and with modification, retention hotspots), and establishes a means to generate this value below the overall ISD Health board value. These rates could then be linked with other indicators, such as age demographics / reason for leaving and in future Exit Interview responses, noting that there is minimal exit interview activity held within eESS.

Other actions to sustain the workforce includes exploration of new roles such as Physicians' Associated with a local group established, led by a clinician and input to NES MAPs Commission.

Assistant Practitioner Role Development

In 2021, NHS Education for Scotland (NES) was commissioned by the Scottish Government to undertake a review of career pathways for Health Care Support workers (HCSW) working at Levels 2-4 of the NHS Career Framework for Health in health and social care within NHS Scotland. Cognisant of the variation in role, education provision and development for HCSW in nursing, midwifery and the allied health professions (NMAHP), including health care science, across NHS Scotland, the work aimed to propose a national education and development framework outlining the knowledge, skills and behaviours required to deliver safe, effective, person-centred care. The need to develop and enhance these roles at pace responds to current pressures in the system and the emergence of new service models. Phase 1 of this review concentrated on the development of the Band 4 Associate Practitioner (AP) role.

Development of the AP role within NHS Fife will address current gaps in the nursing workforce by a review of traditional roles and skill mix and may also provide alternative career pathways into the nursing profession, to also aid retention. It is recognised that fully competent candidates are unlikely to be identified through a recruitment process. The intention is to open the recruitment process up to trainee Associate Practitioners under an Annex 21 agreement. The educational programme will be undertaken with Fife College, with 3 intakes per year. APs will qualify following successful completion of both the educational programme and attainment of clinical competencies.

The recruitment process for APs has commenced within Acute Services and initial workforce plans have identified 25 posts can be introduced

International Recruitment

Given the recruitment challenges across both NHS Scotland and the wider UK for registered staff it was recognised that other options need to be considered to extend beyond the UK job market.

NHS Fife has commenced a programme of international recruitment of nurses and radiographers, entering into a Memorandum of Understanding (MOU) with Yeovil Hospital NHS Trust's International Recruitment Service for 40 nurses and 3 radiographers. To date, 25 nurses and 2 radiographers have started within Acute Services with a further 12 nurses and 3 radiographers in the pipeline over the next few months. Whilst the initial availability of IR nurses was Acute only, we have now been able to offer 3 posts to nurses for a community hospital.

Scottish Government has recently advised additional funding will be provided for the recruitment costs of a further 36 nurses and 2 radiographers.

Feedback from clinical services has been extremely positive with the majority of recruits settling in well. There have been some issues across all NHSScotland boards relating to the Observed Structured Clinical Examination (OSCE) tests which all nurses are required to pass before being able to become registrants with the Nursing and Midwifery Council (NMC), however support from PPD has been exceptional and there are plans for boards to develop regional OSCE preparation centres. This will be essential to enable OSCE support for the wider disciplines across mental health, learning disability, and midwifery.



**NHS Fife Acute Services Division and Corporate Directorates
Local Partnership Forum
Annual Report 2021/22**



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9. Summary

1. MESSAGE FROM THE LOCAL PARTNERSHIP FORUM CO-CHAIRS

We would like to welcome you to the second annual report of the Acute Services Division and Corporate Directorates Local Partnership Forum (LPF). The report covers the time period from April 2021 to March 2022, highlighting the key work undertaken by the LPF as well as highlighting the amazing work that individuals, teams and services undertake each and every day,

It has been another challenging year for our workforce, for services and for NHS Fife. Our workforce has worked tirelessly to ensure that people are cared for and supported. Over the course of the pandemic the LPF has continued to meet to ensure a continued and consistent approach to partnership working. As you will see the report outlines many of the ways in which workforce support has been enhanced over the past year.

This report provides an overview of the activity of the NHS Fife Acute Services and Corporate Divisions Local Partnership Forum (LPF) carried out during 2021/2022 and provides assurance that partnership working is in place to support the delivery of NHS Fife's strategic objectives. The report also outlines the focus of activity in the coming year.

We would like to take this opportunity to say a huge thank you to all staff. Our workforce is the heart of our organisation. The LPF will continue its work as a strong partnership to ensure that our workforce are well, safe and supported at work.

We would like to acknowledge the success of the Let's Take a Moment Event held on Sunday 8th May 2022. The event was to take a moment to acknowledge the last couple of years but to focus on looking forward.



Claire Dobson
LPF Co-Chair



Andrew Verrecchia
LPF Co-chair (Staff Side)

Director of Acute Services NHS Fife

2. LPF CONSTITUTION AND VALUES

This year the LPF completed a refresh of its constitution to reflect changes in the organisation as well as the membership of the group.

The main focus of the LPF continues to be:

- To promote opportunities for staff to be involved in local decision making on the planning and delivery of services.
- To act as a focal and communication point for staff across the Acute Services Division and Corporate Directorates to enable staff to contribute to the business of that part of the organisation.
- To provide input to the Acute Services Division and Corporate Directorates to ensure that the Staff Governance standard is implemented locally.
- To ensure full participation in the audit of Staff Governance across NHS Fife including the development and implementation of action plans as well as the production of an LPF Annual report.

Within the LPF and across the organisation Partnership is seen in the broadest context of organisational development and transformational change. Partnership working is not only about employee relations, it is also about trust, integrity and openness across all activities in NHS Fife. It embraces the core values of fairness and consistency that are central to the Workforce Strategy, along with the commitment to partnership working. It is also about the practical issues that affect people's daily working lives and working practices must reflect this.

Partnership values have been established to underpin and support this approach:

- Mutual trust, honesty and respect
- Openness and transparency in communications
- Recognising and valuing the contribution of all partners
- Access and sharing of information
- Consensus, collaboration and inclusion as the "best way"
- Maximising employment security
- Full commitment to the Workforce Strategy
- Full commitment to good employment practice
- The right of stakeholders to be involved, informed and consulted
- Early involvement of all staff and their Trade Unions in all discussions regarding change
- Respecting the need for confidentiality where it is required
- Firm rooting of partnership in the process of formulating and delivering strategic objectives and the Annual Operational Plan
- A team approach that underpins partnership working

3. LPF MEMBERSHIP AND MEETINGS

The LPF is made up of representatives from within the Acute Services Division and Corporate Directorates as well as accredited Trade Union Stewards. Where a Trade Union does not have a local representative; the Union can appoint a representative from another area to be a member of the LPF. A Health and Safety Advisor and the Head of Workforce Resourcing and Relations also attend the meeting.

REGULAR MEMBERS AND ATTENDEES AT LPF

NAME	ROLE
Claire Dobson	Director of Acute Services Division (LPF Co-Chair)
Andrew Verrechia	LPF Co-Chair (Staff Side)
Paul Bishop	Head of Estates
Sue Blair	British Medical Association
Lynn Campbell	Associate Director of Nursing
Murray Cross	General Manager Planned Care Directorate
Kevin Egan	UNITE
Donna Galloway	General Manager Women's, Children's and Clinical Services Directorate
Conn Gillespie	UNISON
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Ben Hannan	Director of Pharmacy and Medicines
Neil McCormick	Director of Property and Asset Management
Andrew Mackay	Deputy Chief Operating Officer
Joy Johnstone	Federation of Clinical Scientists
Anne Marie Marshall	Acting Health and Safety Advisor
Belinda Morgan	General Manager Emergency Care Directorate
Louise Noble	UNISON
Caroline Somerville	UNISON
Mimms Watts	General Manager Emergency Care Directorate
Susan Young	Human Resources Team Leader

MEETING DATES

Routinely the LPF meets every 2 months; this can be varied by the Co-Chairs.

The LPF met on the following dates (from April 2021 to March 2022):

- 6th May 2021
- 24th June 2021
- 19th August 2021
- 28th October 2021
- 23rd December 2021
- 17th February 2022

Due to the impact of the COVID-19 pandemic the LPF has been using Teams to meet virtually. However as 2022 progresses and as COVID restrictions allow the LPF intends to meet face to face.

MEETING AGENDAS

Agenda topics are agreed ahead of each meeting by the co-chairs. The meeting structure reflects the Staff Governance Standards and is developed through a mix of set agenda items discussed at every meeting as well as topical, responsive agenda items depending on priorities at that time. The Co-Chairs lead the meeting on a rotational basis.

LPF AGENDA FORMAT

- Well Informed
- Appropriately Trained
- Involved in Decisions which affect them
- Treated Fairly & Consistently
- Provided with an Improved & Safe Working Environment
- Issues from Staff side

4. COMMUNICATION

Building on and improving communications to ensure everyone is well informed remains an important focus.



StaffLink continues to provide a core way of connecting with staff across the organisation, providing the latest news and access to a range of documents and guidance.

In the last year a StaffLink User Group has been established, bringing together staff across the organisation, including Staff Side colleagues, to support the development of the platform.

Work is currently ongoing supporting services and departments to review their current content. A range of enhancements are ongoing to improve accessibility and the experience of staff using the platform.

The regular **NHS Fife Staff Weekly Update** provides another mechanism to inform and connect with staff. The email update provides a useful summary of news and information published throughout the week on StaffLink.

The monthly **T.E.A.M** update further complements existing all-staff email updates, the daily StaffLink news updates and the Weekly Update, providing the latest strategic updates from the senior management team, NHS Fife Board and NHSScotland.

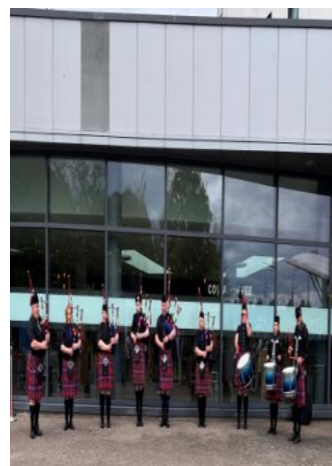
In addition, campaigns and key areas of work are highlighted using different methods and tools to communicate with staff, based on the particular audience.

Over the course of 2021/22 the Co-Chairs of the LPF have carried out a series of service and departmental visits to hear directly from staff. This programme will continue.



Let's Take a Moment

We would like to acknowledge the success of the Let's Take a Moment Event held on Sunday 8th May 2022. The event was to take a moment to acknowledge the last couple of years but to focus on looking forward. It featured key speakers and live music, allowing staff, patients and visitors to come together outside the Victoria Hospital to reflect on what has been a very challenging period health and care. This was also a key event to say thank you to all of our staff for their outstanding contribution over the course of the pandemic and beyond.



KEY PRIORITIES FOR 2022/23

- Further develop leadership walkabouts

5. HEALTH AND WELLBEING

STAFF HEALTH & WELLBEING 2021/2022

NHS Fife has a long-term commitment to supporting staff health and wellbeing. The Board is a committed health working lives employer, demonstrated by achieving and retaining the Gold Healthy Working Lives (HWL) Award, albeit the award scheme will cease in 2022.

Key dimensions of staff support



“Well @Work” is the branding of NHS Fife’s employee Health and Wellbeing programme. 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 pandemic period saw innovations in communication from senior management in NHS Fife with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognises people’s resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife Staff Health and Wellbeing group has continued to provide focus and co-ordination.

Wellbeing provision covers physical, social, mental, and financial wellbeing as well as aspects of stress, which is also a recognised Health and Safety hazard.

Information about supports and training on a wide range of wellbeing topics continues to be communicated and support arranged where required and regular news articles are published on StaffLink. A host of Well@Work wellbeing activities are on-going with more planned.

Information and resources, a Staff Wellbeing Resource pack and a Psychology Support pack for staff, were developed and promoted via NHS Fife StaffLink and have been complemented by a range of additional materials (posters attached separately).

Communication to staff and managers has been key, with enhancements to StaffLink and a new separate wellbeing section has been added to the weekly and monthly all staff news briefings. The “Going Home” suite of materials has been refreshed and re-issued and work is continuing with Fife Health Charity and the Kingdom Staff Lottery, to ensure that staff wellbeing is actively promoted and supported.



Listening Support remains in place via the NHS Fife Spiritual Care Team’s Staff Listening Service.

Mindfulness – There has been a focus on Mindfulness and as part of the NHS Fife Going Beyond Gold work to bring mindfulness into the workplace, there have been lunchtime introductory sessions, telephone peer support, video clips were filmed and published to enable access for staff outwith formal sessions, alongside Mindful movement sessions.



Psychological Interventions and Counselling – Direct self-referral for psychological support is in place via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource was secured within NHS Fife Occupational Health service and there is internal access to a new Occupational Health Occupational Therapy fatigue service to support staff resuming work following a diagnosis of long Covid.

Peer Support provides a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. A secondee from NES has been supporting **Values Based Reflective Practice** sessions for teams since January 2022 and this has been identified as an area for further development.



Physical interventions – Self referral access to physiotherapy is also available to NHS staff, via Occupational Health. Other physical wellbeing checks and support for sedentary behaviour and weight management are planned for 2022/2023, along with **Menopause** support for staff.



Support for Managers – A short life working group of the Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Signposting to resources is now available via Access Therapies Fife web pages; information-giving sessions are being offered via the Psychology Service; covering the resources are and how to access, a preventative approach to absence, the absence management process and the stress prevention tool, with time provided for discussion. Sessions received positive feedback and continue to be offered.

The Learning and Development team has developed several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience.

Advice to managers and staff has been paramount during the extended period of the pandemic, taking account of changes to guidance and responding to outbreaks.

Training to support managers in having conversations with staff including those with a focus on health, wellbeing and attendance has also been key and aligns to Good Conversations approach and our culture of Kindness.

These services have been complemented by a range of wellbeing activities and courses, including self-care and compassion, outdoor wellbeing sessions, wellbeing

champion's courses, spaces for listening, managers, compassionate connected and effective teams' workshops and fuel poverty awareness sessions.



WELLBEING SUPPORT FOR FIFE HEALTH & SOCIAL CARE WORKERS

Caring for the people who care for people

Access Therapies Fife
www.accesstherapiesfife.scot
nhs.uk/hsc-staff-support-for-my-wellbeing/
National Wellbeing Hub
<https://wellbeinghub.scot>

WELLBEING SUPPORT

Psychological Therapy – Access Therapies Fife
www.accesstherapiesfife.scot
nhs.uk/hsc-staff-talk-to-someone/
Counselling (NHS Fife Occupational Health)*
 Telephone 01592 729870
Workforce Specialist Service**
 Telephone 0300 0303 300

THERAPEUTIC SUPPORT

All NHS Fife staff:*
fife.staffpeersupport@nhs.scot
Medical staff:*
fife.medicalpeersupport@nhs.scot
Critical Care staff:*
fife.criticalcareps@nhs.scot

PEER SUPPORT

Staff Listening Service
 Text 07813340137
NHS Fife Duty Chaplain
 Telephone 01592643355

SPIRITUAL CARE SUPPORT

National Wellbeing Helpline
 Telephone 0800 111 4191

STAFF SUPPORT LINES

*available to NHS Fife staff
 **available to regulated health and social care staff

SCAN HERE

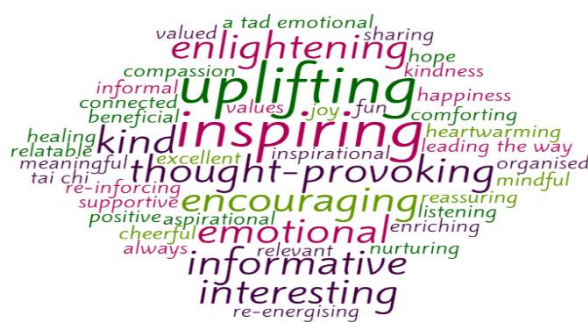
www.accesstherapiesfife.scot.nhs.uk

Inspiring a Culture of Kindness Conference 2021



The very successful “Inspiring a Culture of Kindness” Conference was held on Wednesday 26 May 2021. Over 100 staff attended this all-day virtual event, with keynote internationally renowned speaker, Dr David Hamilton, presenting on The Five Side Effects of Kindness and Ben Thurman from the Carnegie Trust presenting on The Courage to Be Kind. The main speakers were complemented by an overview of local activities and a range of Health and Wellbeing Workshops.

Feedback from the conference evaluation and one of the creative competition winner’s artwork, (Laura Affleck: *Where there is Kindness there is Hope*) are below:



Staff Hubs

Work has been continuing on the provision of Staff Hubs, to ensure staff have access to an appropriate space to rest and recharge. Refreshments and snacks have continued to be provided for staff within the existing Hubs and recognised staff rooms / rest areas, throughout the pandemic.



Work on the development of the **Staff Health and Wellbeing Framework for 2022 to 2025** is progressing with a view to this being in place by the Summer of 2022. This work is being overseen by the Staff Health & Wellbeing Group.

To ease navigation of support options, the staff support, and wellbeing section of the Fife Psychology **Access Therapies Fife website** went live in March 2021. New information and offers continue to be added.

There has been continued to promotion and signposting staff to the **NHS Scotland National Digital wellbeing hub (ProMIs)** and to the **NHS 24 helpline**. The latter provides advice and support and can sign post to local and national options.

There is NHS Fife representation on the national Workforce Wellbeing Champions Network and sharing of learning via this is shaping thoughts on future strategy and approach.

Winter Wellbeing Monies for Staff Support – The Scottish Government made available monies to help employers support their workforce with a range of emotional and practical mental health and wellbeing needs over the winter. The monies have been used to support staff wellbeing by offering:

- 2 Month Memberships to Fife Sport and Leisure Trust
- Additional items of soft furnishings and music systems for the Staff Hubs
- Wellbeing Courses for 2022/2023
- Modern vending provision to enable staff to access healthy and nutritious meals during weekends and out of hours
- Yoga Kit
- Team Development, Wellbeing and Communication Sessions
- Additional Cycle Lockers

KEY PRIORITIES FOR 2022/23

- Develop the Staff Health & Wellbeing Framework aligned to our Three-Year Workforce plan, Population Health & Wellbeing and Workforce Strategies and Annual Delivery Plan
- Ensuring a sustained focus on staff support and wellbeing and on prevention and reduction of stress
- Shaping organisational culture to support resilience across the workforce

Priority actions in line with these include:

- Providing relevant information and guidance
- Addressing the needs of staff who may struggle to seek help including the areas of workforce with limited, or no access to technology
- Progressing developments to support compassionate and trauma informed leadership
- Increasing and embedding Peer Support options and Values Based Reflective practice
- Identifying and mitigating areas of work-related stress
- To continue to promote mental health in the workplace training
- Continue to promote and facilitate staff to access the full range of support options including occupational health support and access to counselling services and physiotherapy

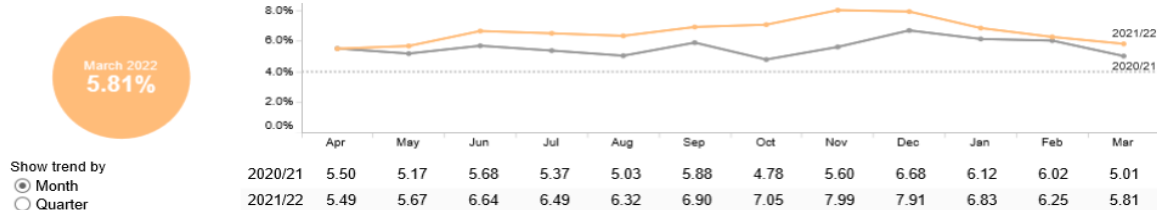
6. PROMOTING ATTENDANCE

The NHS Scotland Local Delivery Plan (LDP) Standards for sickness absence rates for all NHS Scotland Boards is 4% or less. Attendance is a standing agenda item at the Acute and Corporate Services LPF with regular reporting and discussion of the data and management actions.

The average sickness absence figure for NHS Fife in 2021-2022 was 6.02%. In comparative terms the Acute Services Division average sickness absence figure in 2021-22 was 6.62%, which is an increase from 5.57% in 2020-21. The average sickness absence figure for Corporate Services Division in 2021-22 was 5.24%, which is an increase from 4.21% in 2020-21. The March 2022 sickness absence figure was lower than the average in the year for Acute Services Division and higher than the average in the year for Corporate Services.

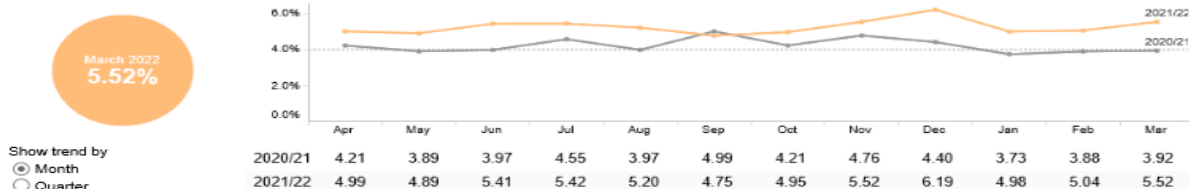
Acute Services Division

Sickness Absence Rate



Corporate Services

Sickness Absence Rate

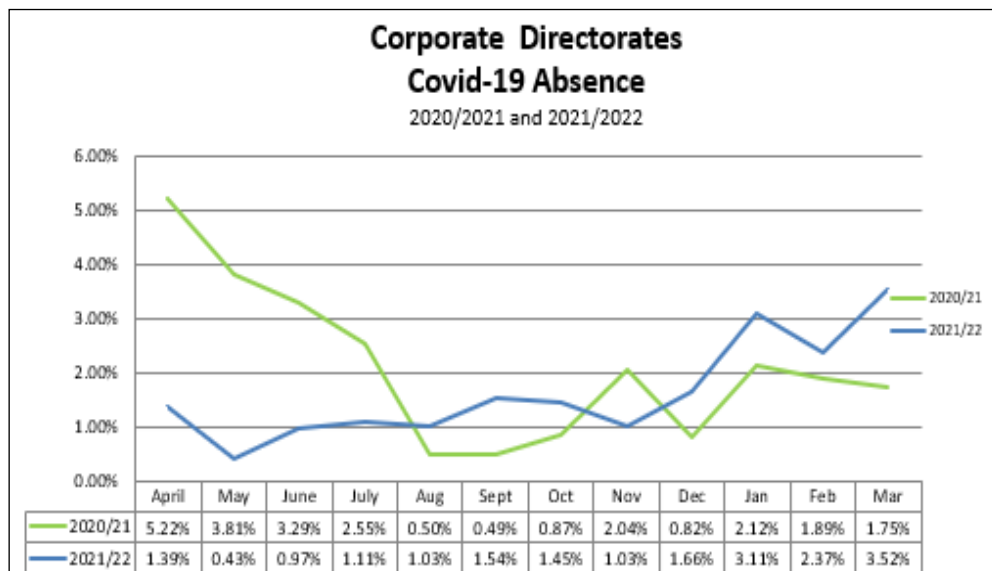
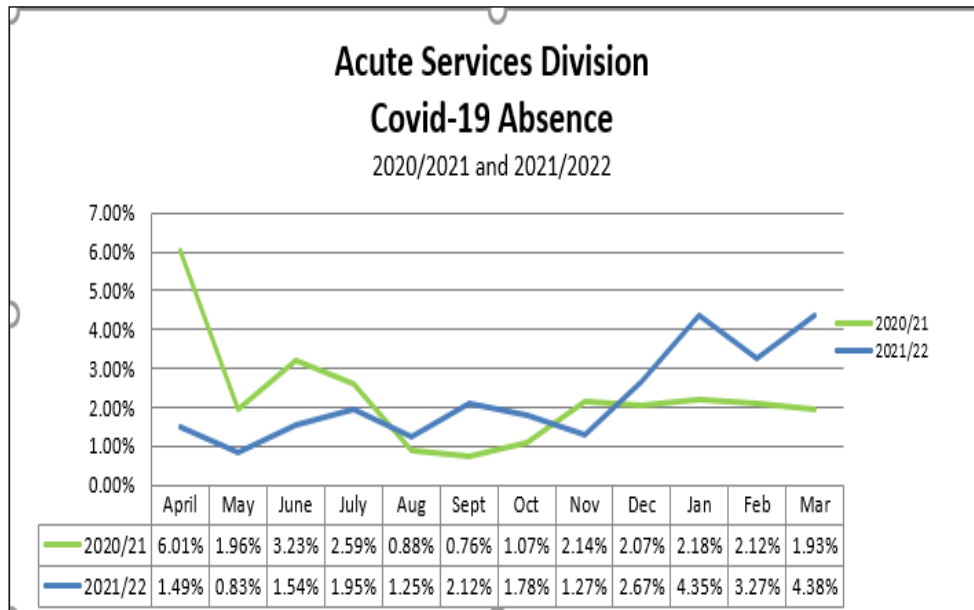


COVID-19 ABSENCE

In addition to sickness absence reporting and discussion on sickness absence issues, COVID-19 absence is reported at each LPF with discussion on this topic. From 31 August 2022 COVID-19 related absence will no longer continue to be recorded as special leave with the exception of the infection control period following a positive COVID-19 test.

The average COVID-19 special leave absence figure for Acute Services Division in 2021-22 was 2.24%, which is a decrease from 2.25% in 2020-21. The average COVID-19 special leave absence figure for Corporate Services in 2021-22 was 1.63%, which is a decrease from 2.11% in 2020-21.

Acute Services Division and Corporate Services Covid-19 Absence Rates – 2020/2021 to 2021/2022



Acute Services Division Sickness Absence Rate by Financial Structure – April to March 2022

Of the larger areas within Acute Services Division Emergency Care Directorate sickness absence was highest during the reporting period at 7.52%, followed by Planned Care & Surgery which was 6.92%, Women, Children & Clinical Services rate was 6.62%

Absence Rate by Financial Structure		<ul style="list-style-type: none"> ○ Absence Rate ● Short Term Absence Rate ● Long Term Absence Rate ● Hours Lost 														
Export		Health Board	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	Total
Click here to select all data for export into Excel	NHS Fife	Acute Nursing Directorate		2.38	7.03	0.00	0.00	0.00	3.81	4.61	4.18	4.52	4.84	4.55	0.92	3.04
		Director Of Acute Services		4.64	5.68	2.45	0.00	0.00	0.00	1.27	5.17	0.77	1.09	5.06	3.51	2.40
		Emergency Care & Medicine		6.53	6.62	7.61	8.11	7.19	8.01	7.43	9.02	8.07	7.87	7.07	6.68	7.52
		Planned Care & Surgery		4.93	4.87	6.62	6.38	6.78	7.66	7.65	8.29	8.93	7.44	7.14	6.16	6.92
		Women, Children + Clinical Ser		5.03	5.51	5.73	5.02	5.01	4.88	6.05	6.56	6.66	5.01	4.26	4.46	5.36
Total			5.49	5.67	6.64	6.49	6.32	6.90	7.05	7.99	7.91	6.83	6.25	5.81	6.62	

Corporate Directorate Absence Rate by Financial Structure – April to March 2022

Of the areas broken down by financial structure within Corporate Services Health and Safety was highest over the year at 9.75%, followed by Facilities Directorate which was 8.06%, then Estates Directorate which was 4.65% with other Corporate Services 3.46%.

Absence Rate by Financial Structure

Hover over column titles and click [-] or [+] to contract or expand the financial structure
Select the measure you would like to view the table by from the list to the right

- Absence Rate
- Short Term Absence Rate
- Long Term Absence Rate
- Hours Lost

Export	Health Board	Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total
Click here to select all data for export into Excel	NHS Fife	Corporate Services	3.64	3.00	3.28	3.33	3.30	2.88	3.25	4.36	4.24	3.40	2.88	3.82	3.46
		Estates Directorate	2.06	4.16	5.55	5.10	5.26	4.82	6.06	6.22	5.36	3.91	2.78	4.38	4.65
		Facilities Directorate	7.43	7.71	8.30	8.42	8.01	7.57	7.39	7.20	9.46	7.73	9.03	8.52	8.06
		Fe Health And Safety	8.20	3.99	13.77	11.29	11.29	11.98	10.63	13.68	14.79	13.69	1.85	0.00	9.75
Total			4.99	4.89	5.41	5.42	5.20	4.75	4.95	5.52	6.19	4.98	5.04	5.52	5.24

Acute Services Division Sickness Absence Short Term -v- Long Term – March 2022

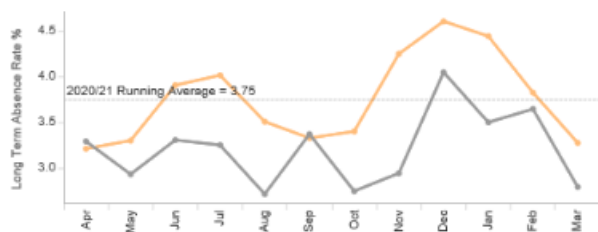
During the reporting period both short and long term sickness absence was higher than the previous year within Acute Services Division.

Sickness Absence Rate Short Term vs. Long Term

Short Term



Long Term

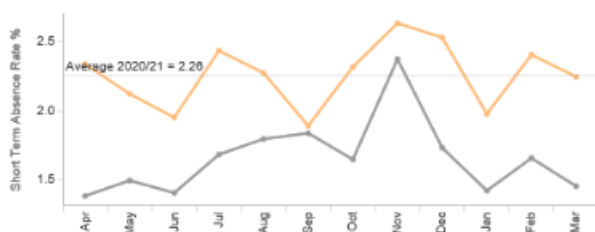


Corporate Services Directorates Sickness Absence Short Term -v- Long Term – March 2022

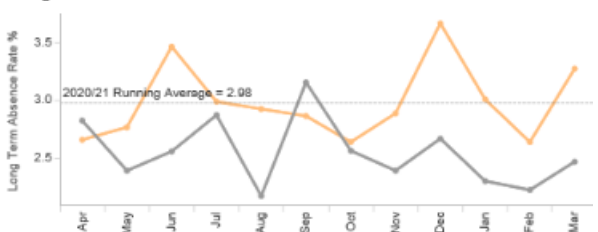
During the reporting period both short and long-term sickness absence was higher than the previous year within Corporate Services.

Sickness Absence Rate Short Term vs. Long Term

Short Term



Long Term



KEY PRIORITIES FOR 2022/23

- Given on-going workforce pressures and service challenges, the target set in relation to NHS Circular PCS (AfC) 2019/2 was not achieved. We await further NHSScotland guidance on sickness absence targets, which is expected to reflect the circumstances of the last two years.
- Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions.
- To continue 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.
- To continue with targeted managerial, Human Resources (HR) and wellbeing support for staff absent from work due to mental health related reasons.
- To introduce the Chartered Institute of Personnel and Development approved Mental Health Checklist to promote positive conversations between managers and staff to ensure early intervention and supportive actions.
- A Promoting Attendance Task Force chaired by the Chief Executive has been established, to support the reduction in absence within NHS Fife.
- To refresh the current promoting attendance training offered within the Board and align it with the actions of the EDG Attendance Task Force, alongside promotion of the Once for Scotland eLearning module to managers and staff.
- To continue to provide core HR, OH and staff wellbeing support to assist with achieving a reduction in sickness absence in line with the Local Delivery Plan standard.
- To continue to promote the Once for Scotland Attendance Policy and supporting documents to managers.
- To continue to provide attendance data and discuss attendance management issues at LPF meetings.

7. TRAINING AND DEVELOPMENT

Training & Development

There is no classroom training at this time, however several offerings have been reintroduced, including Recruitment and Selection, TURAS Appraisal, Foundation Management, and Preparing for Retirement (all delivered via Microsoft Teams). Microsoft Teams has been welcomed and enjoyed by an overwhelming majority of employees.



The TURAS Appraisal training was attended by 68 Acute employees between April 2021 and the end of March 2022 with the Foundation Management training attended by 11 members of staff.

NHS Fife has now completed the phased move from our existing Learning Management system and e-Learning authoring tool (used since 2014) to the nationally supported TURAS Learn system. The transition to TURAS Learn has allowed us to provide the workforce with more interactive and engaging eLearning. All our core training modules have been redeveloped and have also created several new wellbeing resources.

Once for Scotland eLearning is also hosted on Turas Learn to support managers and staff in understanding the following policies:

- Attendance
- Bullying and Harassment
- Grievance

The learning can be accessed [here](#).

As part of phase 2 of the Turas Learn Project, we are currently testing the course booking functionality which, when implemented, will enable learners to directly book their own classroom/Teams delivered learning without the requirement to contact training departments to secure their places. This will support our aim to provide clearer guidance on role-specific training and training refresh requirements to employees. As part of this project, we will also facilitate the manager functionality which will provide managers with access to training reports for their teams in order that Core Skills and role-specific learning compliance can be confirmed.

We have recently launched new Courageous Conversations Training, delivering 2 sessions to date which have been attended by 5 members of in Acute and we are in the final stages of developing an Aspiring Managers programme.

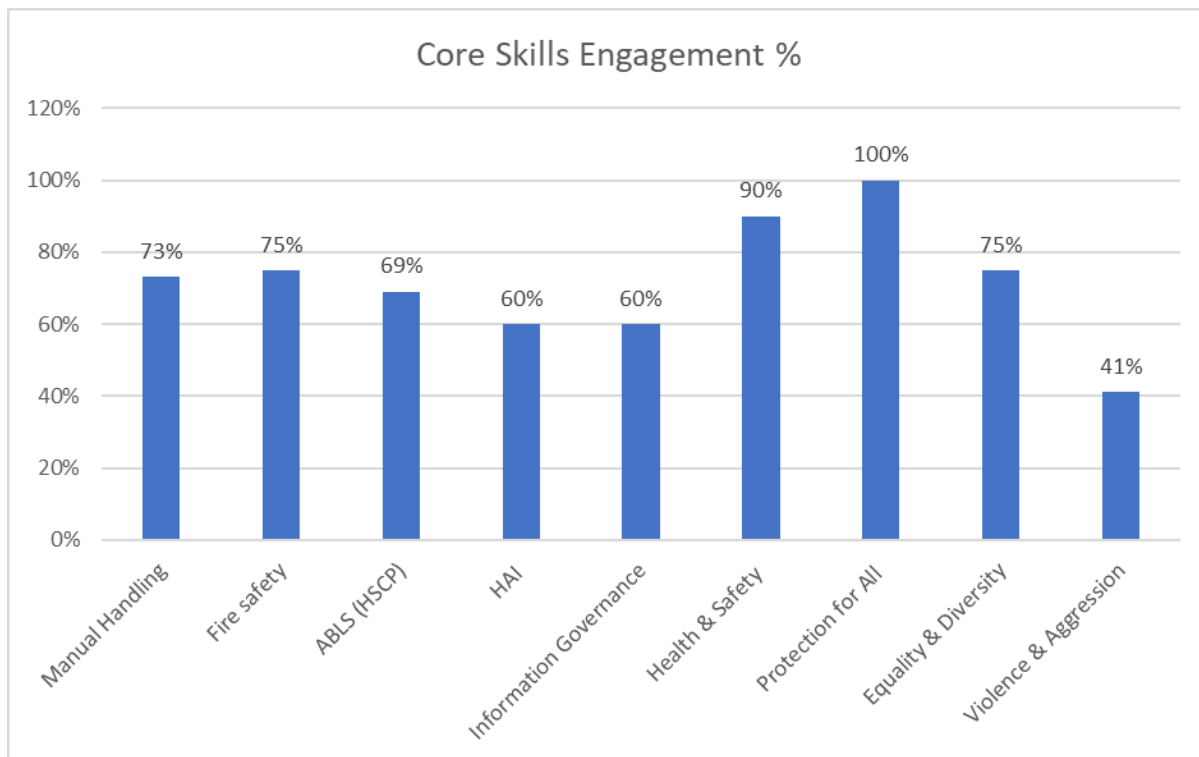
Core skills compliance

Core Skills training is monitored at the local level in accordance with organisational policy and statutory requirements. In the first 3 months of employment, all 9 core topics (shown below) must be completed, and then updated at appropriate intervals. We acknowledge that it is unrealistic to expect full participation of all employees as some members of staff will not be able to meet the core requirements due to long-term absences. It is important to note that since this data was captured, efforts have been made to improve compliance levels in several areas, including:

- Fire safety
- Information Governance, and
- Equality and Diversity

We have developed [Core Skills Training Guidance](#) and efforts are being made to provide all managers with compliance data regarding their teams, as well as some supporting guidance materials, to enable them to identify outstanding Core Training for each member of their staff.

Below is a table illustrating the Core Skills Engagement within the Acute Directorate:



Induction

As previously reported a new welcome and orientation package for employee induction was launched on our new learning platform TURAS Learn. This package went live on 1st July 2021 and ensured that every member of staff was provided with a consistent and structured approach to their initial learning and development needs, ensuring that our staff are appropriately trained to deliver a quality service to patients in line with organisational requirements. The package has been warmly welcomed and 124 new employees from the Acute Directorate have now completed this induction. We are currently seeking feedback to measure the benefit of the new learning resource to make continuous improvements.

We are currently preparing to launch facilitated career conversation lite where we will facilitate a career conversation that enables staff to: reflect on their career history, explore their current role and opportunities, and define their aspirations and development needs.

National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland came into force from 1st April 2021. This changed how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone can speak out and to raise concerns when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

The whistleblowing suite of eLearning has been updated on Turas Learn and now includes a shorter programme for line managers. This new programme is aimed at middle managers without responsibilities for investigating stage 2 concerns, or involvement in reporting to the board. Confidential contacts and anyone else who receives concerns in their day-to-day role should also find the material relevant. Access to the training can be found [here](#).

8. HEALTH AND SAFETY

Support for Staff

2022 - We have continued to look at ways in which we could bridge gaps in direct communication between the team and NHS Fife staff, including new staff to the organisation.

Focus and direction were given to:

- **Manual Handling New Start process** - We gave our training hub email address to our Workforce Development colleagues to allow all new patient handlers to have direct contact with the team to book their training /ask questions /ask for advice fife.ohsastrng@nhs.scot
- **Face Fit Testing / Training** – We introduced a new hub address purely for Face Fit Testing and Training – fife.fittesting@nhs.scot
- **FFT Support for Staff** - We have a FFT MS Teams group for our local face fit testers which allows the H&S Team to support, give advice, and assist with any concerns at a local level. The group is also a support network for fellow testers throughout NHS Fife.

Staff said – we listened

- We introduced a **QR code** for manual handling training and all H&S Training Courses - staff are given the QR code to scan with their mobile phones – this takes them to an evaluation form which they fill in anonymously. Once completed, it uploads into an excel document which records the information.

- The introduction of the QR code has allowed the team to gain invaluable information on the content of the training, the venue, length of the course and the participants' views on the trainers' knowledge and delivery of the session.
- From this continued training needs analysis, we can make changes to the training which meets current need.
- Staff who do not have a mobile phone are given a paper copy to fill out away from the session at a time to suit, which can then be emailed or sent to Willow Drive.

Support for Managers

2022 - **Face Fit Testing / Training** – We conducted a planned audit in Phase 3 with a view to support clinical areas with all Health and Safety related works.

- Face Fit Testing Audit was carried out in Phase 3 VHK in the 20's, 30's, 40's, and 50's.
- The feedback and findings suggested some support was required to assist in FFT. This was due to a combination of staff movement to other areas.
- SCN's/CN's in phase 3 (20s, 30s, 40s, 50s) were supported in the first instance as a course of action from the audit to ensure we had the capacity to fulfil our support invitation before extending across all areas and sites.
- We successfully trained 27 additional staff which significantly increased the portfolio of Face Fit Testers in Acute. This also included 4 additional trainers in Critical Care.

2022 – **RIDDOR - (Reporting of Injuries, Diseased and Dangerous Occurrences, Regulations)**. To assist with RIDDOR notifications an information sheet for managers was produced which included the RIDDOR in Health and Social Care document from the HSE (Health & Safety Executive).

2022 – **Collaborative working** – Having this platform with the ASD & CD LPF allows direct communication with the team and gives us the ability to keep colleagues up to date with developments and allow staff side representatives to raise any concerns from the service. A relationship, I'm sure you will agree, of real benefit for the Staff and Patients of NHS Fife.

Training

The reintroduction of face-to-face staff training in Manual Handling, Health and Safety and Violence and Aggression was our key aim for 2021-22, as we moved forward, learning to live with Covid-19. We can confirm that retrospective manual handling training was undertaken for staff who started with NHS Fife at the beginning of the pandemic.

Focus and direction were given to:

- Retrospective induction for staff already in post (Fully Contracted and Bank staff)
- Re-introduction of Refresher Courses (Fully Contracted and Bank staff - scenario based)
- Competency Based Assessments in wards / areas to support classroom sessions.

- Specific support to wards and areas as required and or requested.
- Bespoke sessions provided (based on risk and capacity).
- Contingency and resilience provided within plans to accommodate short notice / immediate needs of the organisation.
- Redeployment of staff.
- Reopening of wards (VHK ward 6)
- Increase in ward capacity (VHK ward 10)

All face-to-face training has resumed, inclusive of H&S, V&A and Manual Handling with associated covering risk assessments and Covid Questionnaires to facilitate a safe environment and training session for all involved. Training schedules are on StaffLink for staff to book.

KEY PRIORITIES FOR 2022/2023

Our aim and objective for 2022/2023 is to continue our relationship with the ASD & CD LPF to enhance and promote safety, transparency and collaborative working to ensure the safety of our staff.

Many thanks to all the staff for all you do, every day, year in, year out as without you, NHS Fife's vision, mission, values and objectives could never be met.

9. EQUALITY AND FAIRNESS

NHS Fife's Equality and Inclusion Initiatives:

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion, and ensuring a Human Rights based approach underpins all our functions and services.



NHS Fife Workforce:

Supporting overseas candidates to live and work in UK NHS Fife has welcomed international nursing recruits to NHS Fife. The new recruits are part of a wider project to enhance and expand NHS Fife's nursing workforce, with Fife being the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust.

Recruitment:

- New Equality, Diversity & Lead Officer appointed
- New Employability Manager appointed

Kickstart Scheme:

NHS Fife engaged with the UK Government Kickstart Scheme which enabled the creation of jobs for 16- to 24-year-olds on Universal Credit who are at risk of long-term unemployment. Appointments were made to support services and administrative roles throughout NHS Fife.

Staff Training:

- 640 staff completed the LearnPro Equality and Diversity Training last year
- 1,855 staff updated compliance with Equality Diversity and Human Rights via TURAS Learn
- The Terrance Higgins Trust ran 3 Introduction to Trans Awareness Sessions during September 2021 to November 2021 and 157 staff members attended these sessions
- 70 members of NHS staff completed the NHS Lothian eLearning Transgender Awareness Module during April 2021 to March 2022.

BAME Network:

The Black and Minority Ethnic Network was formed in February 2021 with Joint Co-Chairs nominated from within the group and Terms of Reference agreed. There are members from all areas of NHS Fife, H&SCP, Independent Contractors and partnership input, with support from Workforce Directorate. There has been learning from colleagues from other established networks in NHS Lanarkshire and NHS Lothian on how to support our network. There has been a presentation and Q&As from an external speaker on Unconscious Bias and how to improve this.

Workforce Policies:

We have reviewed Workforce Policies that support Equality and Diversity in the Workplace. These include Menopause in the Workplace Policy, Retirement Policy and Flexible Working Policy. The 'Once for Scotland' Workforce Policies Programme was paused until April 2022, and this had an impact on the review of other policies. This work will recommence in 2022-23.

NHS Fife committed during 2021-22 to:

- Improving on data collection on Protected Characteristics
- Publication of Workforce Data
- Supporting compliance with Public Sector Equality Duty
- Pride Badge Launch
- Support for BAME Network



10. SUMMARY

We would like to take this opportunity to again say thank you to all of our staff and to underline our commitment to working in partnership to ensure that staff are safe, well and supported at work.



Meeting:	Staff Governance Committee
Meeting date:	Thursday 10 November 2022
Title:	Volunteering Annual Report 2021 – 2022
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Siobhan McIlroy, Head of Patient Experience

1. Purpose

The purpose of this paper is to introduce the NHS Fife Annual Volunteering Report 2021-2022 to the Committee.

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive
- Local policy

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

- Person Centred

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

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

2. Report Summary

2.1 Situation

This report covers the period from April 2021 to March 2022 and provides a flavour of work undertaken during this time and describes plans as the service moves forward.

2.2 Background

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients, and the public alike are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

Fife volunteers come from various backgrounds and from across the whole of Fife. Our volunteers want to make a difference in the recovery and care of everyone using health services and as such volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

Volunteering also offers the volunteer a new challenge, a new focus for those retired or who have the experience to share and offer others in similar situations.

2.3 Assessment

The last 12 months have continued to be challenging for our volunteering services; balancing the benefit to our hospitals with the risk, and the expectations of our volunteers. Volunteering services and our volunteer managers have worked hard to keep volunteers engaged, informed, and supported throughout.

Many of our volunteers were ready, willing, and excited to return once allowed, and we gradually started the remobilisation of our volunteers. Our Volunteer Managers worked hard to redefine roles, explore opportunities, and manage risks so our volunteers were able to return.

Whilst the April 2021 to March 2022 period heralded the start of the remobilisation of previously stood-down volunteers, it was also marred by setbacks such as the Omicron variant which saw volunteer roles suspended once again, to help reduce the footfall within the hospitals to protect patients and volunteers alike. Ward-based volunteering was also further impacted in Spring 2022 by localised closures to bays and wards due to further infection control measurements requirements.

As part of a National reporting exercise to the Scottish Government, in the period between October 2021 and March 2022 (inclusive), NHS Fife recorded an average of 24 volunteers delivering over 1,500 hours of support across Acute and Community Hospitals.

STAFF GOVERNANCE STANDARD

STRAND	LINKAGE
Well informed	The Volunteering in NHSScotland Programme, delivered by Healthcare Improvement Scotland (HIS), drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland. They have a range of publications providing information, guidance and good practice.
Appropriately trained & developed	In response to the pandemic there has been a shift towards a digital first approach to training. The Volunteering in NHSScotland Programme, together with National Education Scotland, developed a Once for Scotland approach to volunteer induction training, with a dedicated module now hosted via TURAS.

Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	We are unable to adequately monitor our equality and diversity characteristics due to the limitations of the national Volunteer Information System, however anecdotal evidence suggests an increase in youth volunteering and BAME representation. The service is now exploring other electronic solutions to allow secure and meaningful collection of equality monitoring data.
Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community	Scottish Governments Scotland's Volunteering Action Plan, June 2022, seeks to build upon the Volunteering for All Framework; the Action Plan seeks to maximise the impact of volunteering. It aims to create an environment and a community of practice in which volunteering can adapt to changing priorities and continue to thrive.

2.3.1 Quality / Patient Care

Our volunteers want to make a difference to the recovery and care of everyone using health services and, as such, volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day

2.3.2 Workforce

There has been change in the staffing complement within the Volunteering Team. The team had consisted of three Volunteer Leads in post (2.8 WTE) supported by an administrative assistant (0.48 WTE). As a result of retirement, the team now consists of two Volunteer Leads (1.8 WTE). In recognition of the high level of administrative tasks involved in the service, the administrative support has increased to full time, with one administrative assistant (1.0 WTE). The service reports directly to the Head of Patient Experience (HoPE).

This report contributes to the Well informed; Appropriately trained & developed; Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued; and Provided with a continuously improving & safe working environment, promoting the health & wellbeing of staff, patients and the wider community strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Funding – Whilst there is designated funding volunteering service workforce team, there is no dedicated source of funds for the everyday running of the service for items such as uniforms, thank you cards, postage, volunteer expenses and celebratory events such as the annual Volunteers Week and Christmas. To date funding has been ad hoc via both NHS Fife charities fund and individual ward endowments. To support and grow the service, and acknowledge the significant impact volunteers have within NHS Fife, a dedicated source of recurring funding is being sought.

2.3.4 Risk Assessment / Management

During this time the Volunteering Service has faced several challenges including workforce changes, remobilisation, and the ever-changing landscape of the COVID-19 pandemic and associated infection control and prevention measures. Infection Control and Prevention

education modules are available and have been recommended by the Infection Prevention and Control Team.

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

Volunteering within NHSScotland is supported by Scottish Government's, Volunteering for All, Our National Framework, April 2019. The Framework sets the direction for Scotland's approach to volunteering over the next decade by focusing first and foremost on the volunteer, rooted in our national values of kindness, dignity and respect. It highlights and recognises the changes required to break down barriers to volunteering and to create more diverse and inclusive opportunities for everyone to engage in throughout their life.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Annually NHS Fife take part in recognising and celebrating our volunteers across National Volunteers Week, 1-7 June. Due to the pandemic we were unable to gather volunteers to mark the occasion, however this was acknowledged through thank you cards and a series of social media posts highlighting and thanking our volunteers.

Steering Group – With a new Head of Patient Experience (HoPE) in post, it is an opportune time to relaunch a volunteering steering group to aid development, raise the profile of the service, and strengthen governance and assurance.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

- EDG 20 October 2022
- Clinical Governance Committee 4 November 2022

2.4 Recommendation

This paper is provided to Staff Governance members for:

- **Assurance** – For Members' information.
- **Discussion** – For examining and considering the implications of a matter.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Volunteering Annual Report 2021-2022

Report Contact:

Siobhan McIlroy
Head of Patient Experience
Email siobhan.mcilroy@nhs.scot



NHS Fife

**Volunteering
Annual Report**

2021-2022

Foreword

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients, and the public alike are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

NHS Fife volunteers come from various backgrounds and from across the whole of Fife. Our volunteers want to make a difference in the recovery and care of everyone using health services and as such volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

Volunteering also offers the volunteer a new challenge, a new focus for those retired or who have the experience to share and offer others in similar situations. Our volunteers are supportive and find a shared purpose in their new relationships with each other as well as being able to learn new skills. Volunteers bring as much to our services as they can do to the volunteers' life. NHS Fife is keen to explore and build on these positive achievements by working with local communities to support their return to work, personal development, and community development.

The last 12 months have continued to be challenging for our volunteering services; balancing the benefit to our hospitals with the risk, and the expectations of our volunteers. Volunteering services and our volunteer managers have worked hard to keep volunteers engaged, informed, and supported throughout.

Many of our volunteers were ready, willing, and excited to return once allowed and we gradually started the remobilisation of our volunteers. Our Volunteer Managers worked hard to redefine roles, explore opportunities, and manage risks so our volunteers were able to return.

We are delighted to have our volunteers back with us working and look forward to continuing to grow and develop this service within NHS Fife. We cannot emphasise enough the value of their commitment and contribution to NHS Fife.

Siobhan McIlroy
Head of Patient Experience

Introduction & Summary

This Annual Report for NHS Fife Volunteering Service covers the financial period between 1 April 2021 to 31 March 2022 and details the volunteering activity throughout this period.

During this time the Volunteering Service has faced several challenges including workforce changes, remobilisation, and the ever-changing landscape of the COVID-19 pandemic and associated infection control and prevention measures.

Whilst the April 2021 to March 2022 period heralded the start of the remobilisation of previously stood-down volunteers, it was also marred by setbacks such as the Omicron variant which saw volunteer roles suspended once again, to help reduce the footfall within the hospitals to protect patients and volunteers alike. Ward-based volunteering was also further impacted in Spring 2022 by localised closures to bays and wards due to further infection control measurements requirements.

As part of a National reporting exercise to the Scottish Government, in the period between October 2021 and March 2022 (inclusive), NHS Fife recorded an average of 24 volunteers delivering over 1,500 hours of support across Acute and Community Hospitals.

National Guidance & Policy

Volunteering within NHSScotland is supported by Scottish Governments, Volunteering for All, Our National Framework, April 2019. The Framework sets the direction for Scotland's approach to volunteering over the next decade by focusing first and foremost on the volunteer, rooted in our national values of kindness, dignity and respect. It highlights and recognises the changes required to break down barriers to volunteering and to create more diverse and inclusive opportunities for everyone to engage in throughout their life.

Scottish Governments Scotland's Volunteering Action Plan, June 2022, seeks to build upon the Volunteering for All Framework; the Action Plan seeks to maximise the impact of volunteering. It aims to create an environment and a community of practice in which volunteering can adapt to changing priorities and continue to thrive. It seeks to establish accountability for ensuring that the needs of volunteers are at the centre of future decision-making.

NHS Fife's current policy was last reviewed in April 2021, with the next refresh due no later than April 2024. It is hoped however that the associated NHS Fife Volunteer Expenses Procedure is reviewed ahead of this time to reflect a national decision to increase the mileage rate for volunteers, as this has not been amended by Scottish Government for over 10 years. Volunteer Leads are conscious of the impact of the increased cost of living on our volunteers, and apprehensive that this may become a

barrier to entry for some. The Volunteering in NHSScotland Programme are taking this agenda forward with Scottish Government.

Workforce & Support to Volunteering Services

There has been change in the staffing complement within the Volunteering Team. The team, had consisted of three Volunteer Leads in post (2.8 WTE) supported by an administrative assistant (0.48 WTE). As a result of retirement, the team now consists of two Volunteer Leads (1.8 WTE). In recognition of the high level of administrative tasks involved in the service, the administrative support has increased to full time, with one administrative assistant (1.0 WTE). The service reports directly to the Head of Patient Experience (HoPE).

The Volunteering in NHSScotland Programme, delivered by Healthcare Improvement Scotland (HIS), drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland. They have a range of publications providing information, guidance and good practice. The programme offers a package of support to volunteer managers with peer networking sessions, practice development sessions and access to their 'volunteering helpdesk' for support, alongside a virtual Volunteering Community of Practice.

NHS Fife Volunteer Leads have taken part in various development groups with the programme to influence outcomes with the proposed new Volunteer Information System (VIS) and review of the NHSScotland Volunteer Induction Module hosted via TURAS.

Fife Voluntary Action (FVA) are our local Third Sector Interface (TSI) who provide good practise guidance, training and networking opportunities for the volunteering team and are a means of promoting volunteer opportunities and recruitment locally.

Remobilisation

The COVID-19 pandemic has led to significant changes in volunteer management practice in NHSScotland. Working with HIS, and to Scottish Government guidelines, the Volunteering Service, together with NHS Fife colleagues across Health & Safety, Infection Prevention & Control, Human Resources and Occupational Health & Wellbeing, developed a Standing Operating Procedure for the Remobilisation of Volunteers after COVID-19 and supporting documentation. This has been continuously changing with regards to national guidelines change to reflect shielding, immunisation status, lateral flow testing, mask wearing and social distancing.

A number of the previous volunteer cohort have re-engaged with us through remobilisation process, and subsequent training provided. Roles which have remobilised include play volunteers, ward helpers and meaningful activity volunteers. This has seen the return of the weekly singing group at Queen Margaret Hospital, hosted by a long standing volunteer.

Volunteering within the palliative care service is yet to resume as a result of the closure and refurbishment of the Victoria Hospital based hospice, and the change of service delivery within ward 16 hospice provision at Queen Margaret Hospital.

Some volunteers have however taken this opportunity to retire for many reasons; including change of circumstances, age, own physical health/health concerns and necessity to wear face masks.

During this period of time recruitment has re-opened with a limited number of opportunities available; balancing the needs of clinical services and risks.

Training & Development of Volunteers

In response to the pandemic there has been a shift towards a digital first approach to training. The Volunteering in NHSScotland Programme, together with National Education Scotland, developed a Once for Scotland approach to volunteer induction training, with a dedicated module now hosted via TURAS. This has been invaluable to NHS Fife to provide a remote and flexible means of delivering volunteer specific content, not only new recruits, but as part of the remobilisation training for those returning post pandemic. Infection Control and Prevention modules are also available and have been recommended by the Infection Prevention and Control Team (IPCT).

There is of course a need to apply this approach in a measured way; assessing the suitability of a digital first approach within different volunteer demographics; recognising gaps in information technology (IT) literacy, learning styles and access to technology. In order to maximise inclusion, when online learning is not appropriate a blended approach of face to face training is delivered by the Volunteer Leads and/or by IPCT.

Volunteer Demographic

NHS Fife Volunteering Services presently has 52 volunteers across 6 sites (Victoria Hospital, Queen Margaret Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and St Andrews Hospital) along with 9 public partner volunteers currently engaging with groups virtually across NHS Fife.

We are unable to adequately monitor our equality and diversity characteristics due to the limitations of the national Volunteer Information System, however anecdotal evidence suggests an increase in youth volunteering and BAME representation. The

service is now exploring other electronic solutions to allow secure and meaningful collection of equality monitoring data.

Role Development

Alongside our existing roles which have remobilised, the service has welcomed a number of new developments.

Our existing “Meet and Greet” volunteers have supported the International Recruitment Programme by offering a tour of the Victoria Hospital to each incoming cohort of international recruits as part of their initial orientation programme.

To support the newly refurbished Fife Simulation Training and Education Centre at Queen Margaret Hospital, volunteers have been recruited to act as simulation patients; assisting in staff and student training sessions; participating within directed role play as a “patient” within healthcare based scenarios.

A number of new public partner volunteers have been welcomed to NHS Fife to support within the Cancer Governance & Strategy Group and the Cancer Services Single Point of Contact Hub Project Group.

Volunteers & NHS Fife Community Listening Service

Our Community Listening Volunteers continue to provide an important service to the population of Fife. As we moved out of the pandemic a number of our long serving volunteers took the opportunity to “retire” and we are grateful for all they have done and the commitment to Community Listening Chaplaincy (CCL). Between the 1st April to the 30th September 2022 CCL received 494 referrals and provided 629 listening sessions.

We currently have 19 active listeners providing CCL in 14 GP Practices and to the Improving Cancer Journey Project. In the summer we ran the National Formation Course where 2 new listeners were identified for NHS Fife. It is our hope that the 2 new volunteers will be appointed in autumn 2022.

CCL in Fife started almost a decade ago as a national demonstrator project. Over the years NHS Fife has been at the forefront of developing CCL and the use of volunteers. Up until now, the cost of providing CCL has been met from a slight under spend in the Department of Spiritual Care’s core funding (usually from vacancy) and allocating a Healthcare Chaplain (5 hours per week) to support the volunteers and coordinate the service. However, as services remobilise we see a significant increase for Chaplains to support staff. As such, without dedicated funding or resources, CCL may have to cease in March 2023.

Celebrating Volunteering

Annually NHS Fife take part in recognising and celebrating our volunteers across National Volunteers Week, 1-7 June. Due to the pandemic we were unable to gather volunteers to mark the occasion, however this was acknowledged through thank you cards and a series of social media posts highlighting and thanking our volunteers.

“Esther started this week and she has been fab! For such a young girl she has just come into the ward and got stuck in. The staff are already very impressed with her. It's such a boost to the ward having the volunteers in”.

(Senior Charge Nurse, Cameron Hospital)

“Volunteering over these past 10 months before going off to university has been an incredibly rewarding experience which has allowed me to learn and grow in confidence. The skills I have been taught and developed will always be with me as I move forward towards my medical career. Thank you for your support and for taking me on in the first place - I've loved every second of it!!”

(Meet & Greet and Ward Helper Victoria Hospital)

“The return of volunteers to the ward has been another step towards normality after the last few years. Volunteers bring something extra to the ward, someone for patients to talk to that is not connected to their medical care, a different face. Wards are busy places and staff do not always have 15 minutes to sit with someone who needs a chat and a friendly face, a bit of reassurance and their mind taken off their worries, but the volunteers do. They provide an invaluable service that has been hugely missed, everyone on the wards were delighted to see their return and for them to become part of the team again.”

(Lead Nurse, Queen Margaret Hospital)

“The staff in the hospital are so appreciative of your help and support. They make me feel like what I'm doing is worthwhile, and that gives you a positivity and a bit of a buzz...it gives you a purpose, it energises you, you're mixing with other people, you're learning things. People have their own stories and their own experiences and I feel I get as much out of it as the people I'm trying to help get out of it... it's a win win situation”

(Patient Experience Volunteer, Victoria Hospital)

“Wow it is challenging to quantify ALL the benefits volunteers bring to the Unit. All my experiences of working with volunteers have been extremely positive, we (NHS Fife and departmentally) benefit from the wealth of knowledge and experience volunteers bring. An important one for us is play delivery in the play areas, Meg involves the children and families in arts/crafts, this not only engages them in the activity it reduces their anxiety, increases the parent and child interaction, making their hospital visit FUN rather than a scary worry, this in turn leads to an improved consultation as many health professionals have told me. As a health playworker I feel really lucky to have a volunteer who really is in tune with me, the values and benefits of play and is always trying to improve the children's hospital journey.”

(Health Playworker, Queen Margaret Hospital)

Moving Forward 2022-23

Funding – Whilst there is designated funding for payroll of the volunteering service workforce there is no dedicated source of funds for the everyday running of the service for items such as uniform, thank you cards, postage, volunteer expenses and celebratory events such as the annual Volunteers Week and Christmas. To date funding has been ad hoc via both NHS Fife charities fund and individual ward endowments. In order to support and grow the service, and acknowledge the significant impact volunteers have within NHS Fife, a dedicated source of recurring funding is being sought.

Steering Group – With a new Head of Patient Experience (HoPE) in post it is an opportune time to relaunch a volunteering steering group to aid development, raise the profile of the service, and strengthen governance and assurance.

Reach & Roles – As detailed in this report the current spread of the volunteering service is not Fife Wide, with a notable absence within Mental Health Services. Once remobilised volunteering has been embedded, this is an area that requires review.

Associated Documents/Links

- Volunteering in NHSScotland Programme Annual Report 2021-22;
[Annual Report 2021-22 | HIS Engage](#)
- NHS Fife Volunteering Policy;
[Volunteering Policy | NHS Fife](#)
- Volunteering for All: National Framework;
[Volunteering for All: national framework - gov.scot \(www.gov.scot\)](#)
- Scotland's Volunteering Action Plan;
[Volunteering action plan - gov.scot \(www.gov.scot\)](#)

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Medical Appraisal and Revalidation Annual Report 2021/2022
Responsible Executive:	Dr Chris McKenna, Medical Director, NHS Fife
Report Author:	Alison Gracey, Medical Appraisal and Revalidation Co-ordinator

1. Purpose

This report is presented to Staff Governance Committee for:

- Awareness

This report relates to an:

- Annual Operational Plan

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

- Safe, Effective and Person Centred

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

- Appropriately trained & developed

2. Report Summary

2.1 Situation

The Medical Staff Revalidation and Appraisal report for 2021/2022 is being brought to the Staff Governance Committee for their awareness. The report provides the committee with an assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

2.2 Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3 Assessment

NHS Fife responds well to the challenges of Medical Revalidation and Appraisal with few problems, is managing to meet the requirements of the GMC. Appraisal is getting back on track following the lockdowns due to Covid 19 of 2020/2021. Secondary Care still struggle to recruit and retain sufficient NES Trained Appraisers and are relying on bank appraisers to fill the gap. Secondary Care continue to advertise the role.

2.3.1 Quality/ Patient Care

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.2 Workforce

2021/2022 was challenging for all those working in the health and care services, with many appraisals having previously been delayed due to the pandemic.

The national data collection for 2021/2022 was cancelled by National Education Scotland (NES) due to the Covid-19 pandemic. Appraisal figures for the year are noted within the Medical Appraisal and Revalidation Annual Report 2021/2022, attached at Appendix 1.

The content of the Medical Appraisal and Revalidation Annual Report 2021/2022 contributes to the Appropriately Trained & Developed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment / Management

There may be a risk of being unable to meet the GMC requirements for Medical Revalidation and Appraisal if unable to recruit and retain sufficient numbers of NES Trained Appraisers.

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

Not applicable

2.3.6 Climate Emergency & Sustainability Impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a Medical and Appraisal Revalidation Group, who assess and implements any changes which need to be made to current system to keep in line with the national enhanced appraisal process.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases,

closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

This paper is provided to Staff Governance members for **awareness** and members are asked to **note** the contents of the:

- Medical Appraisal and Revalidation Annual Report for 2021/2022.

3. List of Appendices

The following appendix is included within this report:

Appendix 1: Medical Appraisal and Revalidation Annual Report 2021/2022

Report Contact:

Alison Gracey
Medical Appraisal and Revalidation Coordinator, NHS Fife
Email: alison.gracey@nhs.scot



Medical Appraisal and Revalidation Annual Report

Consultants, Career Grade Doctors and General
Practitioners

2021/2022

Contents

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Medical Appraisal and Revalidation 2021/2022

Consultants, Career Grade Doctors and General Practitioners

Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation requires annual appraisal, including feedback from colleagues and patients at least once during the five year period. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns is also reviewed.

Governance Structure

Every doctor wishing to practise medicine in the UK must be linked to a Designated Body and its' Responsible Officer (RO) referred to as a "prescribed connection". Recommendations for the revalidation of all doctors is achieved through each Health Board's RO.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Helen Hellewell is NHS Fife's Deputy Responsible Officer. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Medical Revalidation in NHS Fife is overseen by the Medical Appraisal and Revalidation Group chaired by Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife. This group reports to NHS Fife's Clinical and Staff Governance Committees.

Annual Appraisal

Revalidation for doctors in Scotland is achieved by using a standardised bespoke "Enhanced Appraisal" system designed by the National Appraisal Leads Group for Scotland (NALG).

All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal.

Appraisals are documented using the NHS Education Scotland (NES) provided web based system SOAR (Scottish Online Appraisal Resource). A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

Medical Appraisal & Revalidation 2021/2022	Version 2.0 (Draft)	Date: 30 September 2022
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 1 of 5	Review Date: N/A

Appraisers

All appraisers in Scotland must be NES trained. In Primary Care there are **15** NHS Fife appointed NES trained Appraisers. This allows every General Practitioner (GP) to have an annual appraisal. GP Appraiser recruitment is undertaken locally.

In Secondary Care there were 41 NES trained appraisers as of 31 March 2022, this is a slight increase from 36 in 2020/2021.

The recruitment and retention of appraisers in Secondary Care can be challenging hence NHS Fife has enlisted the help of a small bank of retired appraisers.

Appraisers in Secondary Care are expected to cover 10 appraisals per year within 0.5 of a Supporting Professional Activity (SPA).

NES have increased the frequency of the appraiser training course with at least 2 courses available per month; however with the pressures on services, it has still been difficult to recruit. The course, previously 2 days held at venues across Scotland, is now 2 half days delivered virtually in combination with e-learning modules.

A revised approach to attracting eligible doctors to undertake appraiser training is being developed.

Impact of Covid 19 Pandemic on Appraisal/Revalidation 2021/2022

Although the appraisal and revalidation process was up and running again following the lockdowns of 2020/2021, there was a knock on affect into 2021/2022. With many doctors playing catch up on delayed appraisals.

Some doctors are still struggling to obtain patient feedback, however the situation is improving as services return to a new normal.

A number of doctors have required a deferral of their revalidation date due to the delays and issues obtaining patient feedback. See Chart 1 for figures.

Medical Appraisal & Revalidation 2021/2022	Version 2.0 (Draft)	Date: 30 September 2022
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 2 of 5	Review Date: N/A

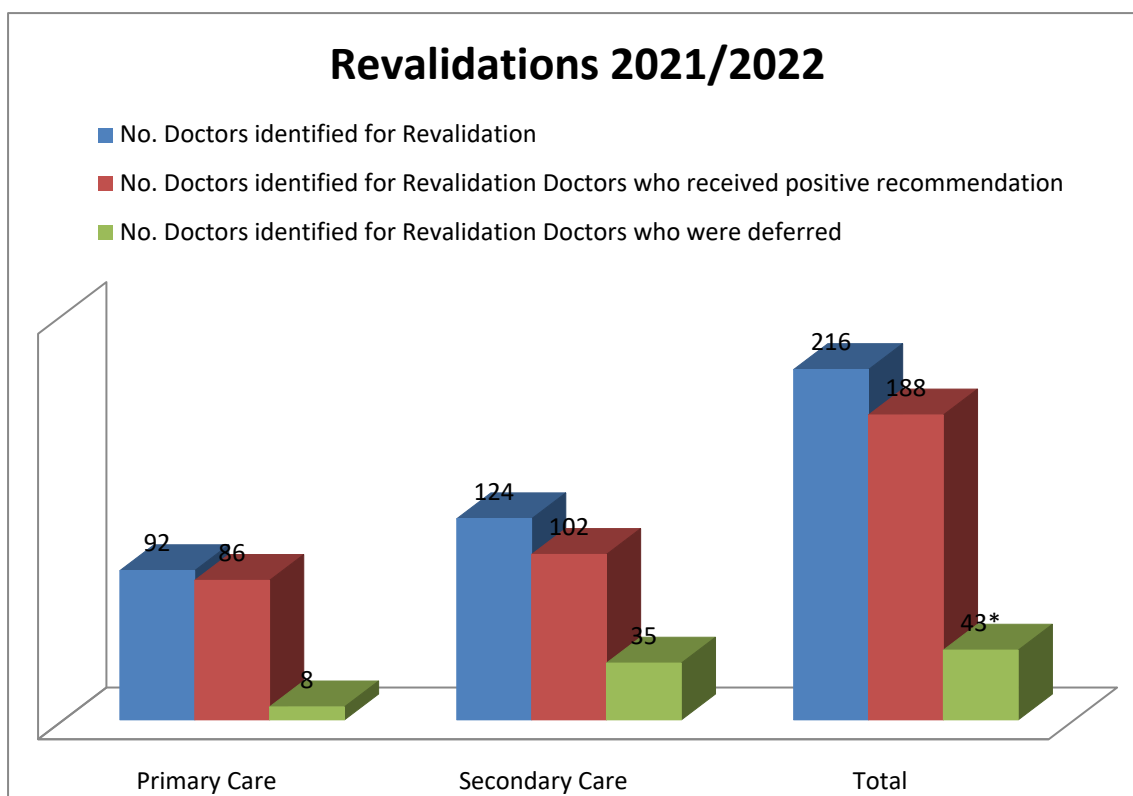


Chart 1: Revalidation 2021/2022

* A total of 15 doctors (2 PC and 13 SC) who were deferred later revalidated in the same period.

Appraisal within NHS Fife for Period 1 April 2021– 31 March 2022

As at 31 March 2022 there were 722 doctors with a prescribed connection to NHS Fife. This includes Primary Care (GP's), Secondary Care (Consultants, SAS Doctors, Clinical Fellows and Honorary Consultants), and University staff without an honorary contract.

The appraisal process is recovering well following the lockdowns of 2020/2021 due to the Covid 19 pandemic. Although the focus still remains on wellbeing and there are some issues gathering certain evidence, we are seeing more and more appraisals returning to pre pandemic levels of evidence. Many more have successfully managed to complete an appraisal during 2021/2022. Numbers and appraisal status for 2021/2022 can be seen in Chart 2 below. Although there are still some delays, there have been far fewer Form 5A's (exemption from appraisal) required in 2021/2022 (See Chart 3).

Medical Appraisal & Revalidation 2021/2022	Version 2.0 (Draft)	Date: 30 September 2022
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 3 of 5	Review Date: N/A

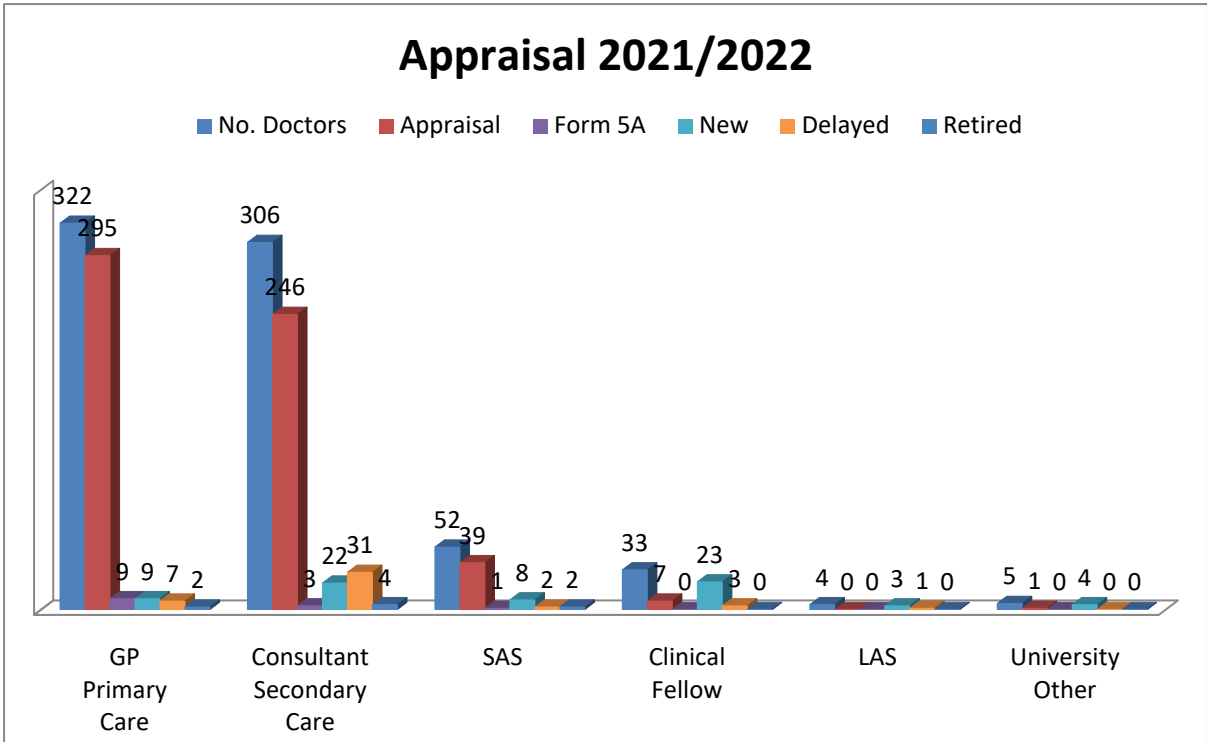


Chart 2: Appraisal 2021/22

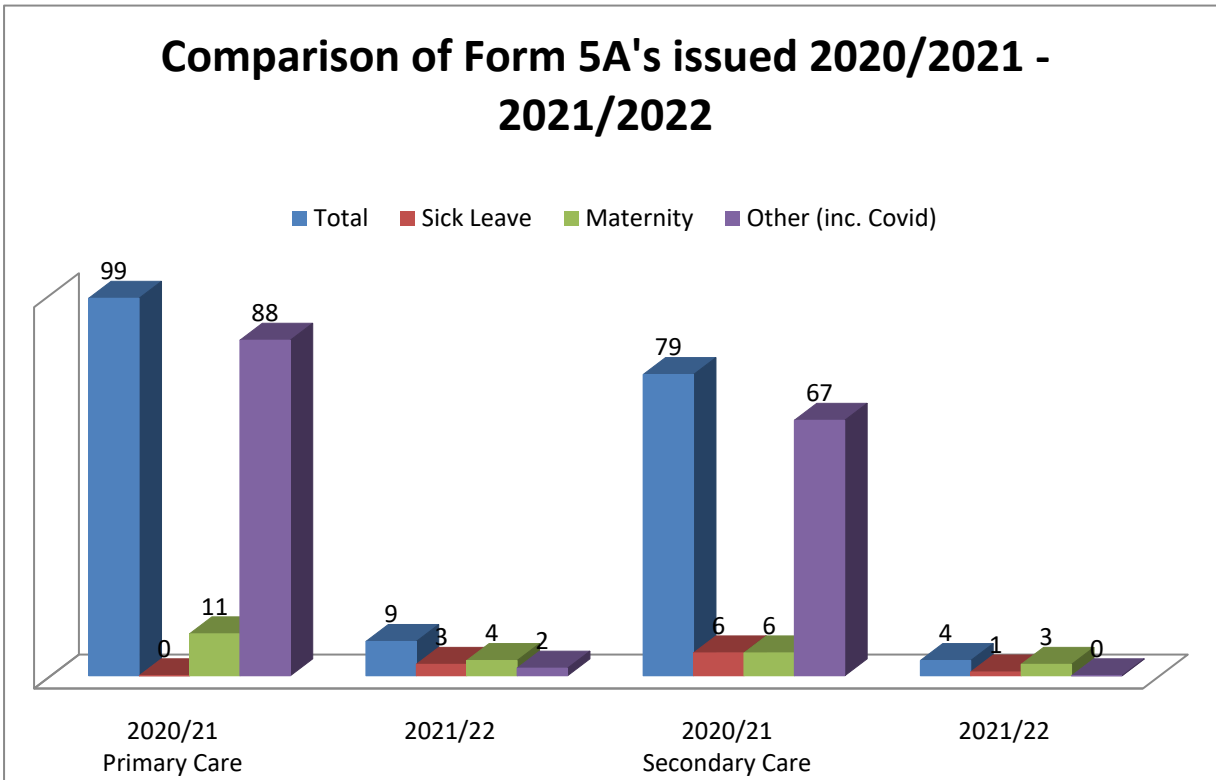


Chart 3: Comparison of Form 5A's Issued 2020/21 – 2021/2022

Medical Appraisal & Revalidation 2021/2022	Version 2.0 (Draft)	Date: 30 September 2022
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 4 of 5	Review Date: N/A

Summary

The key issues for 2021/2022

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation despite the Covid 19 pandemic delays and issues around patient feedback.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.
4. MARG continues to be instrumental in overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.

The key actions for 2022/2023

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a “prescribed connection”.
2. Develop a strategy to encourage the recruitment of trained appraisers within secondary care in NHS Fife. Create a supportive ‘myth busting’ approach towards appraisal and revalidation in Fife.
3. Continue to support doctors with the appraisal/revalidation process following the Covid 19 pandemic who are having difficulties obtaining patient feedback or getting back on track after significant delays.

Alison Gracey
Medical Appraisal and Revalidation Coordinator
NHS Fife
30 September 2022

Medical Appraisal & Revalidation 2021/2022	Version 2.0 (Draft)	Date: 30 September 2022
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 5 of 5	Review Date: N/A

Meeting:	Staff Governance Committee
Meeting date:	Thursday 10 November 2022
Title:	Nursing and Midwifery Registration and Revalidation Annual Update
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Nicola Robertson, Associate Director of Nursing

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- Local policy

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

The Nursing and Midwifery Registration and Revalidation update is being brought to the Staff Governance Committee for assurance that all nurses and midwives across NHS Fife are supported to meet the Nursing and Midwifery Council's (NMC) registration and revalidation requirements.

2.2 Background

Any nurse or midwife wishing to practise their profession in the UK must be registered with the NMC. NMC registration must be updated annually to permit practise as a registrant and each nurse/midwife must also revalidate every 3 years. Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

2.3.i The core role of the Nursing and Midwifery Council is to **regulate**:

1. the NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England.
2. the NMC maintains the register of professionals eligible to practise.
3. the NMC investigates concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year.

NHS Fife has responded well to the challenges of nursing and midwifery revalidation with few problems and is meeting the requirements of the NMC. Supervision, appraisal and PDP have continued over the course of the pandemic utilising the TURAS platform.

All registrants are responsible for ensuring their professional registration is current, that revalidation is completed in a timely manner, and that any payment or information submission (including revalidation) required by the NMC is provided to ensure their maintenance on the register.

Utilising the online revalidation programme, the process is streamlined. Assurance can be provided that any lapses were swiftly identified and dealt with appropriately via HR processes to ensure patient and public safety.

However, during the pandemic, the NMC recognised that social distancing, an increased workload and working from home are among the factors that may make it difficult for registrants to complete their revalidation. These factors might also apply to colleagues who could be confirmers or reflective discussion partners. As such, for those due to revalidate from January 2022 onwards, an extension of eight weeks once the revalidation application is open, can be requested. The NMC considers these requests on a case by case basis

2.3.ii For revalidation, the registrant is required to demonstrate, with their confirmer, that they have met the requirements of revalidation in accordance with the NMC:

- **Practice hours**

Via written evidence (e.g payslip) that satisfies the confirmer that the registrant practised the minimum number of hours (450hours) over a three-year period required for their registration. Where a registrant is on both parts of the nursing and midwifery register, the registrant must evidence the required 900 hours of practice.

- **Continuing Professional Development (CPD)**

Via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.

- **Practice-related feedback**

The confirmer must be satisfied that they have received evidence that the registrant has obtained five pieces of practice-related feedback.

- **Written reflective accounts**

The confirmer must be provided with written evidence of five written reflective accounts on the registrant's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to The Code.

- **Reflective discussion**

The reflective discussion must cover the registrant's five written reflective accounts. The reflective discussion partner must be a NMC registrant but does not require to be on the same part of the NMC register.

2.3.iii The nursing and midwifery registration and revalidation procedure V2.1 (FWP-N&MR-01) is implemented across NHS Fife (Appendix 1).

2.3.iv Staff Governance Standard:

STRAND	LINKAGE
Well Informed	<p>Support to complete revalidation process is offered.</p> <p>The NMC Regulation Advisor (Scotland) has delivered several sessions for registered nurses and midwives across Fife, including the Care Home sector on the role of the NMC, on accountability and delegation.</p>
Appropriately Trained and Developed	<p>The core role of the Nursing and Midwifery Council is to regulate: the NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England.</p> <p>Part of the revalidation process is via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.</p>
Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community	<p>Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.</p>

2.3.1 Quality / Patient Care

Regular supervision, appraisal and PDP setting ensures that registered Nurses and Midwives are up-to-date and are practising to the appropriate regulatory and professional standards. The revalidation process also provides an opportunity to provide further evidence, by using the formal documentation to support the professional declaration.

2.3.2 Workforce

The year, April 2021 to March 2022, was challenging for all those working in the health and care services. However, registration and revalidation process have been maintained throughout the pandemic to ensure staff could provide adequate evidence to allow revalidation to take place.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment / Management

Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

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

EQIA is not required as the registration / revalidation process does not consider anyone's protected characteristic.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a NMAHP Professional Assurance Framework in place. Each Directorate and Division also reports on the compliance for staff with appraisal and PDP within the TURAS platform through performance reports.

The Director of Nursing has quarterly meetings with the NMC Regulation Advisor (Scotland). Fitness to Practice cases are discussed; NMC updates are provided.

The Regulation Advisor delivered several sessions across Fife, discussing Accountability and Delegation and giving a general update on the work of the NMC. The sessions were recorded to allow staff to view them who were unable to attend the session (sessions were via Teams).

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development:

EDG: 3 November 2022

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance**.

3. List of Appendices

N/A

Report Contact

Nicola Robertson

Associate Director of Nursing

Email Nicola.Robertson12@nhs.scot

Meeting:	Staff Governance Committee
Meeting date:	Thursday 10 November 2022
Title:	Allied Health Professionals Appraisal and Re-registration 2021/2022
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Amanda Wong, Director of Allied Health Professions

1. Purpose

This is presented to Staff Governance Committee for:
Assurance

This report relates to :

- Legal requirement
- AHP Professional Assurance in relation to supervision, appraisal, PDP and re-registration

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

- Safe, Effective & Person Centred

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

- Appropriately trained & developed

2. Report Summary

2.1 Situation

The AHP supervision, appraisal, PDP and revalidation update is being brought to the Staff Governance Committee for their awareness. The report provides the committee with an assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

2.2 Background

For the purpose of this report Allied Health Professions is an umbrella term that covers 10 professions; Arts Therapists (Art, Music & Drama), Dietitians, Occupational Therapists, Orthotists, Orthoptists, Physiotherapists, Podiatrists, Prosthetists, Radiographers (Diagnostic and Therapeutic) and Speech & Language Therapists.

Any AHP wishing to practise their profession in the UK must be registered with the Health & Care Professions Council (HCPC) and this registration allow them to practise and needs to be renewed every 2 years. This is to assure the public, patients, employers and other healthcare professionals that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

NHS Fife has responded well to the challenges of AHP Re-registration with few problems, and is managing to meet the requirements of the HCPC. Supervision, appraisal and PDP have continued over the course of this year utilising the TURAS platform.

Not all professions re-registration with the HCPC at the same time given the number of professions the regulator oversees. Within the period of January to December 2022 the professions who have completed revalidated are, Arts Therapists, Dietitians, Physiotherapists, Podiatrists and Radiographers. Due to the introduction of an online re-registration programme the process has not always run smoothly, but assurance can be provided that any lapses were swiftly identified and dealt with appropriately via our HR processes to ensure patient and public safety.

Arts Therapy; we have 3 Arts Therapists currently in our organisation and 100% re-registered in the appropriate timescale.

Dietetics; we have 69 Dietitians currently in our organisation and 100% re-registered in the appropriate timescale.

Physiotherapy; we have 201 Physiotherapists currently in our organisation and 100% re-registered in the appropriate timescale.

Podiatry; we have 57 Podiatrists currently in our organisation and 100% re-registered in the appropriate timescale.

Radiography; we have 89 Radiographers currently in our organisation and 99% re-registered in the appropriate timescale. 1 radiographer's re-registration was delayed, due to an administrative error by the regulator (HCPC); the error was recognised by the service immediately. This was managed through a well established process between the service and HR; the time off the register was very short, and the radiographer was re-registered within the day.

2.3.1 Quality/ Patient Care

Regular supervision, appraisal and PDP setting ensures that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. The re-registration process also provides an opportunity to provide further evidence, by using the formal appraisal and PDP structures and Continuing Professional Development Portfolio documentation to support the professional declaration.

2.3.2 Workforce

2021/2022 has continued to be challenging for all those working in the health and care services. However, supervision, appraisal and PDP activities were continued throughout to ensure staff could provide adequate evidence to allow re-registration to take place.

The content of this AHP supervision, appraisal and re-registration update meets the appropriately trained and developed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

Not applicable

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

EQIA is not required as the registration / revalidation process does not consider anyone's protected characteristic

2.3.6 Climate Emergency & Sustainability Impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a NMAHP Professional Assurance Framework in place, and alongside this we also have an AHP Supervision Framework and an audit tool has been developed to measure the efficacy of this. Each professional service also reports regularly on the compliance for the staff with appraisal and PDP within the TURAS platform through the operational management units.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development:

- EDG: 3 November 2022

2.4 Recommendation

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

- **Note** the List of Re-registration Dates for AHP's provided by the HCPC.

3. List of Appendices

- Appendix 1: List of Re-registration Dates for AHP's provided by the HCPC

Report Contact:

Amanda Wong
Associate Director of Allied Health Professions
Email: amanda.wong@nhs.scot

Appendix 1

HCPC Revalidation Renewal dates

<u>Profession</u>	<u>Renewal open</u>	<u>Renewal deadline</u>
Orthoptists	1 June 2023	31 August 2023
Prosthetists / Orthotists	1 July 2023	30 September 2023
Speech and language therapists	1 July 2023	30 September 2023
Occupational therapists	1 August 2023	31 October 2023
Radiographers	1 December 2023	28 February 2024
Physiotherapists	1 February 2024	30 April 2024
Arts therapists	1 March 2024	31 May 2024
Dietitians	1 April 2024	30 June 2024
Chiropodists / podiatrists	1 May 2024	31 July 2024

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 10 November 2022
Title:	Delivery of Annual Workplan 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan at the meeting on 3 March 2022. For assurance, the updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments in yellow to enable the Committee to clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

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

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider, endorse or take assurance from during 2022 / 2023.

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

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2022 / 2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes

account of items discussed at the meetings on 3 March, 12 May, 14 July, 1 September and planned for 10 November 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 1 September 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:

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

**STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023**

Governance – General							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Review of 2022 / 2023	Director of Workforce	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan: Proposed 2023 / 2024	Director of Workforce						✓
Annual Review of Staff Governance Committee Terms of Reference	Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee (replacing the Board Assurance Framework)	Director of Workforce	✓	✓	✓ Risk ID 1420: Loss of Consultants within the Rheumatology Service	✓ Replaced by Corporate Risks	✓ Replaced by Corporate Risks Risk ID 90: National Shortage of Radiologists	✓ Replaced by Corporate Risks Risk ID 2214: N&M Staffing Levels

Governance Matters (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	Board Secretary	✓ (Draft)	Not required following SGC meeting on 12/5/22				
Staff Governance Committee Self Assessment Report 2022 / 2023	Board Secretary						✓
Update on Equality, Diversity and Human Rights, including BAME	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 3 Report	✓ Quarter 4 Report	✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Strategy / Planning							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Objectives 2022 / 2023	Director of Finance & Strategy	✓					
NHS Fife Three Year Workforce Plan for 2022 to 2025	Head of Workforce Planning & Staff Wellbeing	✓ (Draft)	✓		✓		
H&SCP Three Year Workforce Plan for 2022 to 2025	Director of Health and Social Care Partnership	Rescheduled to 14/7/22	✓		✓		
Workforce Strategy 2022 to 2025	Deputy Director of Workforce						✓
Annual Workforce Projections for 2023 / 2024 – TBC	Head of Workforce Planning & Staff Wellbeing						

Strategy / Planning (Continued)								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Annual Delivery Plan 2022/2023	Director of Finance & Strategy		✓ Private Session	✓ Private Session	✓ Progress and Winter Actions			
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan	Director of Finance & Strategy	✓ (2021/2022 Update)	Annual Delivery Plan 2022 / 2023 has replaced this item					
NHS Fife Projects / Programmes								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	Director of Health & Social Care Partnership		✓		Rescheduled to 12/1/23	✓	✓	
Quality / Performance								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓	
Staff Governance & Staff Governance Standards								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Staff Governance Standards Overview	Various Contributors			Now being considered for a future development session on 24/10/22			Now being considered for a future development session	
<ul style="list-style-type: none"> Appropriately Trained <ul style="list-style-type: none"> Medical Appraisal & Revalidation Annual Report 2021 / 2022 	Medical Director				✓			

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"> - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022 - Training Compliance Report 2021 / 2022 • Improved and Safe Working Environment • Well Informed – Communication & Feedback • Treated Fairly and Consistently <ul style="list-style-type: none"> - Workforce Policies Update • Involved in Decisions 	Director of Nursing				✓		
	Head of Workforce Development & Engagement				Rescheduled to 12/1/23	✓	
	Director of Property & Asset Management		Rescheduled to 1/9/22	✓	Deferred to 12/1/23 pending SLWG	✓	✓
	TBC						
	Head of Workforce Resourcing & Relations				✓		
TBC							
iMatter Report	Head of Workforce Development & Engagement					✓	
Annual Reports / Other Reports							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	Head of Workforce Resourcing & Relations	Rescheduled to 14/7/22	Rescheduled to 1/9/22	✓ (Including 2020 / 2021 Feedback)	✓		

Annual Reports / Other Reports (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			Deferred to 10/11/22	✓		
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			✓			
Whistleblowing Annual Report 2021 / 2022	Head of Workforce Resourcing and Relations			✓			
Volunteering Annual Report 2021 / 2022	Director of Nursing				✓		
Occupational Health and Wellbeing Service Annual Report 2021 / 2022	Head of Workforce Planning & Staff Wellbeing			✓	Presented on 1/9/22		
Workforce Information Overview	Deputy Director of Workforce	✓	✓	✓ Q1 (to reflect data availability)		✓ Q2 (to reflect data availability)	

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Risk Management Improvement Programme Progress Update	Director of Finance and Strategy	✓		✓			
Integrated Performance and Quality Report Review Progress Report	Director of Finance and Strategy		✓				
Promoting Attendance Update	Head of Workforce Resourcing and Relations			✓			
Development of Assistant Practitioner Role	Director of Nursing			✓			
NHS Fife Draft Staff Health & Wellbeing Framework	Head of Workforce Resourcing and Relations				✓		
Strategic Planning and Resource Allocation 2023/2024	Director of Finance and Strategy				✓		

Briefing Sessions	
Session 1: Monday 24 October 2022 at 11.00 am via MS Teams	Lead(s)
<ul style="list-style-type: none"> Staff Governance Standard 	Employee Director, LPF Chairs and Co-Chairs and Workforce Senior Leadership Team.
Session 2: Thursday 16 February 2023 at 2.00 pm	Lead(s)
<ul style="list-style-type: none"> 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. 	Input from Nursing leadership, Practice Development, International recruitment and the potential for a staff story.
<ul style="list-style-type: none"> Immunisation Team journey to substantive workforce. 	Service Leads; Immunisation Programme Director; Clinical Services Manager Immunisation; and LPF Co-Chair, H&SCP.
Session 3: Date to be confirmed	Lead(s)
<ul style="list-style-type: none"> Health and wellbeing approaches – various to select from to complement the staff story below. 	Head of Workforce Planning & Staff Wellbeing, plus Health Psychologist, Going Beyond Leaf for Mindfulness.
<ul style="list-style-type: none"> An employee story – Speech & Language Therapy employee with complex management of attendance / return to work plan. 	Head of Service to present and employee has agreed to their case being covered.

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 10th November 2022)

The main focus of the Area Partnership Forum meeting held on Wednesday 21st September 2022 was on the ongoing workforce and financial challenges, and staff health and wellbeing, together with a presentation on the eRostering Project, and items on iMatter and Youth Employment and Employability. Speak Up Week was also highlighted.

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 21ST SEPTEMBER 2022 AT 13:30 HRS IN ROOM 10, ROTHES HALLS

Chair: Carol Potter, Chief Executive

Present:

Lynn Barker, Associate Director of Nursing H&SC (for Janette Owens)	Margo McGurk, Director of Finance & Strategy
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement	Chris McKenna, Medical Director
Wilma Brown, Employee Director	Louise Noble, UNISON
Nicky Connor, Director of Health & Social Care	Lynne Parsons, College of Podiatrists
Claire Dobson, Director of Acute Services	Sandra Raynor, Head of Workforce Resourcing & Relations
Linda Douglas, Director of Workforce	Kevin Reith, Deputy Director of Workforce
Simon Fevre, British Dietetic Association	Jim Rotheram, Head of Facilities (for Neil McCormick)
Mary Ann Gillan, Royal College of Midwives	Caroline Somerville, UNISON
Ben Hannan, Director of Pharmacy & Medicines	Andrew Verrecchia, UNISON
Kirsty MacGregor, Associate Director of Communications	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Wendy McConville, UNISON	

In Attendance:

Susan Fraser, Associate Director of Planning and Performance (Item 6.2)
Jackie Millen, Learning & Development Officer - KSF (iMatter Lunchtime Session)
Marie Richmond, Head of Strategy and Programmes, Digital and Information (Item 2)
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME AND APOLOGIES

C Potter welcomed colleagues to the meeting and observed that APF had last met 'in person' in January 2020.

Apologies were noted from I Banerjee, V Bennett, K Egan, N Groat, P Hayter, J Johnstone, A Kopyto, C Lim, N McCormick (J Rotheram attending), A Nicoll, J Owens (L Barker attending), J Pickles, J Tomlinson and M Whyte.

02. PRESENTATION: eROSTERING PROJECT

M Richmond gave a presentation on the eRostering Project, one of the biggest programmes Digital & Information has been tasked with delivering across the whole of NHS Fife. Explaining that Allocate (the company / software that successfully tendered for the work) is already used within NHS Fife (Nurse Bank for rostering shifts), there are 4 main areas of functionality, each with different core applications: 'Plan' (eJobPlan11 and eRota); 'Roster' (HealthRoster11, MedicOnDuty and Activity Manager); 'Flex' (Bank staff) and Care (SafeCare).

M Richmond advised that the NHS Fife eRostering Programme Board includes staff side colleagues at all levels of the reporting and governance structure.

The National Programme Team is responsible for contract and supplier

management, benefits realisation, delivery of the operating model and for high level Board support for implementation.

eRostering will 'go live' in NHS Fife on 27 September 2022, initially rolling out to 9 services and then fully rolled out in phases over the next two years.

M Richmond indicated that the training required to familiarise staff with the system is minimal.

Regrettably, the platform is not yet compatible with SSTS or the eESS interface work will progress to achieve this, although a date is not yet known for this undertaking.

M Richmond offered to share the slide deck with APF members and, following a request from C Potter, will arrange a demo of the system.

MR

During the discussion that followed, it was noted that eRostering has huge potential to save time with the preparation of rosters, freeing up time to care; early adopters have reacted positively. M Richmond explained that research into manual versus electronic rostering had been undertaken, therefore benefits can be measured. M McGurk confirmed that successful implementation of eRostering would help with financial sustainability, providing clearer information on rosters and impacting on Bank and Agency use. M Richmond confirmed regarding the annual leave function that the system is based on funded establishment and any deviation would create an alert. Staff would not be disadvantaged if they didn't have access to, or the skills to use, a digital device e.g. when requesting annual leave, as parameters can be set. Support with the provision of / usage of electronic devices could be enabled. M Richmond indicated that unintended consequences would be identified and addressed.

03. REFLECTIONS ON IMATTER REPORT

K Berchtenbreiter thanked everyone for their feedback provided during the lunchtime session and advised this will be collated and shared with APF in due course. K Berchtenbreiter highlighted that viewing the NHS Fife Board report alongside the NHS Scotland report demonstrates similar responses – NHS Fife was not an outlier, and was delighted to report that NHS Fife had the best response rate for the second year in a row, creating a positive culture of employee voice.

KB

K Berchtenbreiter advised that although the deadline for uploading action plans was 20 September 2022, action plans can be developed and uploaded until the day before the next survey. In terms of the QR code question today on the experience of working in the organisation, it was 6.8 in the Board Report and 8.1 in the room today. The main theme every year, with 5 years of data, is about improving trust and confidence in Board members: simple things such as biographies, a photo, who are they, how they support values of the organisation would help. This is the first time the Board has prepared a Board Action Plan and will be a baseline for going forward.

A Verrecchia queried in relation to 'Board members visibility' and 'involved in decisions within my organisation' whether staff are perceiving this as their own team/ directorate rather than the organisation as a whole which may affect the score/ rating given to that question.

K Brechtenbreiter, in response to S Fevre's question on behalf of H&SC LPF, indicated there wasn't a means of tracking progress of action plans, other than to download the figures to date and then do likewise at the end of the year; the system doesn't allow for automatic reporting. K Berchtenbreiter's suggestion to share with S Fevre and A Verrecchia how each question relates to which

KB

component of the Staff Governance Standards was agreed.

L Douglas suggested a system development would be to enable more readily accessible management information, not just to iMatter Leads, to allow real time data reporting rather than the current manual intervention. This request will be made to the National iMatter Team

KB

C Potter recognised the iMatter survey is a snap shot in time. We should celebrate our successes but not be complacent and learn from the results. It was agreed that iMatter is not simply a 'tick box exercise' and it should reflect Staff Governance standards.

The national iMatter report will be brought to the APF once the report is available.

KB

04. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 20th July 2022 were accepted as a true and accurate record. The Action List was reviewed and agreed.

05. MATTERS ARISING

Audit Report

W Brown queried whether the Internal Audit Annual Report had been circulated to APF members, noting the references to reporting against staff governance standards within that report. L Douglas apologised for the oversight and said the Workforce Directorate would ensure this was done.

JM

Employee Relations (ER) Update

K Reith reported that A Verrecchia, S Fevre, W Brown, W McConville, S Raynor, Susan Young, HR Team Leader and he had met and had a positive conversation around the issues and challenges involved with ER case handling. Areas to be addressed have been identified and an action plan is to be drawn up. This will be discussed further at the Partnership Group which will provide an oversight to the work. Another important factor is engagement with services in terms of ER case handling to ensure there is management, human resources and staff side input. At Staff Governance Committee all members recognised and welcomed the approach that well-managed arrangements with compassionate and considerate handling of the situation achieves the best outcomes, in the spirit of the Once for Scotland Policy Framework which champions early intervention, avoiding formality, resolving quickly, reducing timelines and the overall number of formal cases, and enhancing informal activity, with the offer of training and support to managers and staff side colleagues.

W Brown acknowledged the positive meeting but stressed it is not a positive experience for those waiting several months for their case to be heard and noted there are a number of cases awaiting resolution. K Reith described that from emergent themes an action plan could be produced and then circulated. L Parsons emphasised the importance to get the process right otherwise staff vote with their feet and leave. C Dobson and N Connor advised that they are made aware of long-term outstanding cases to enable appropriate practical support to move cases on. K Reith confirmed a range of actions with differing timescales are being taken and consideration is being given to the reporting format for APF to ensure an accurate picture is provided. L Douglas explained that the reason for some of the longstanding cases are not in our gift to resolve e.g, court case pending, complex situation. W Brown suggested it is helpful to

KR

have regular communication with those involved in the case.

Staff Health & Wellbeing Hubs

J Rotheram advised that the Staff Health and Wellbeing Hub at Queen Margaret Hospital officially opened earlier in the summer; there are plans to create a small library. The site at Victoria Hospital has been agreed (WRVS), costs and contracts to be prepared, the exact timeline for which is to be confirmed. Work is ongoing for Hubs in Community Hospital grounds; liaising with Mark McGeachie, Charity Director, for support from the Health Charity.

S Fevre added that a Staff Facilities Group had been set up to establish priorities and take forward the work involved with the Hubs, Staff Changing Rooms and Facilities in general.

A discussion ensued during which C Somerville suggested that given the cost of living crisis, NHS Fife should consider how to make use of foodstuffs that might otherwise be wasted, e.g. a community larder. M McGurk stated these are unprecedented times and indicated charities monies /COVID donations are available and encouraged the development of a proposal. R Waugh suggested Yvonne Telfer, Senior Health Promotion Officer (Acute Services) could assist, given her links with Greener Kirkcaldy and Boost Your Income campaign and agreed to ask her to contact J Rotheram, and other key stakeholders to progress. W Brown suggested staff need practical help, not only with food, that we could provide as an Anchor Institution.

RW

06. WELL INFORMED

6.1 NHS Fife Population Health & Wellbeing Strategy Update

M McGurk proposed that at the next APF she be given a 45 minute slot on the agenda to present more fully on the development of the strategy and to allow meaningful engagement and discussion on the topic.

SR/MM

M McGurk summarised the work to date, indicating that one of the key strategic priorities is to support the health and wellbeing of staff, given the preceding conversation and recognising the immediate need. Key strands include the review of the existing Clinical Strategy by S Fraser and C McKenna and using the findings as a baseline for the new document. Public Health (PH) colleagues have undertaken an assessment of PH services across Fife and identified specific areas of focus. Community engagement will be launched this week.

APF **noted** the update.

6.2 Annual Delivery Plan Update

S Fraser explained that the ADP covers our local strategic priorities, namely Staff Wellbeing, Recruitment & Retention, Planned Care, Unscheduled Care, Mental Health, Social Care and Sustainability & Value, our work as an Anchor Institution and our approach to Risk Management; and aligns to the Workforce Plan 2022-25.

S Fraser indicated that the ADP had received positive verbal feedback from SG, with additional information requested on planned care changes and plans for the Orthopaedic Centre. NHS Fife however were not yet in receipt of written confirmation from Scottish Government (SG) regarding the Annual Delivery Plan (ADP) and therefore she would provide the ADP to the next meeting of the APF.

SF

S Fraser advised that the actions from the Strategic Planning and Resources Allocation (SPRA) process together with guidance from SG and specific asks

had informed the ADP.

APF **noted** the update.

6.3 NHS Fife Workforce Plan 2022-25 Feedback

R Waugh confirmed that although positive verbal feedback has been received from SG on the NHS Fife Workforce Plan 2022-25, again as with previous item written confirmation is still awaited from SG, therefore the plan can't be shared with APF, nor will it be available to be presented to the Board on 27 September 2022 as planned. However, SG has indicated written feedback will be issued within the next two weeks, and the document will be presented at the next meeting of the APF.

RW

APF **noted** the update.

6.4 Workforce Information Overview

K Reith explained that the content of the report is evolving over time to provide a broader reflection of workforce information in a standardised format. This will help to inform discussion and decision making. New information incorporated as requested includes 'leaver reasons' and consideration is being given to whether PDPR (Personal Development Plan Review) data sits within this overview or is better placed in the IPQR (Integrated Performance & Quality Report). iMatter has been included to date. It is anticipated that when there is more integration between workforce reporting systems, there will be a greater richness of data. We are working towards all managers having online access with the development of a national Workforce Dashboard system ongoing.

W Brown queried the high percentage of doctors on fixed term. The main reasons are that Doctors in Training are on fixed-term contracts, also Clinical Fellows, and non-medical staff such as those within Contact Tracing and Vaccination teams employed on fixed term contracts. In addition, short-term funding is often awarded for medical projects/ research. However, it was recognised that supplementary staffing (bank and agency) levels may reduce if more staff were able to be given permanent contracts. It was suggested by staff side colleagues that the use of fixed term contracts may put off attracting new employees.

A Verrecchia indicated that NHS Fife strives to be an 'exemplar employer' and yet staff on part-time, fixed-term contracts on lower bands could be better off working in a supermarket. C Potter agreed that NHS Fife seeks to be a caring and compassionate employer, W Brown recognised NHS Fife's Terms and Conditions are favourable compared to other organisations.

C McKenna drew attention to the stark statistic that the age profile of our staff is an average of 45 years old. Within Medical specialities, there are issues with recruitment and retention and a risk of attrition given radical changes to pension arrangements. Training time doesn't match the gap, and C McKenna stressed the importance of succession planning. It was recognised that certain areas had a majority of an aging workforce who tend to have higher absence levels, therefore workforce planning and workforce projections require careful consideration.

C Potter highlighted that given NHS Fife has a mainly female workforce aged over 50 we need to support attendance at work relating to the menopause. R Waugh reported that locally Lynn Sutherland, Gynaecology Clinical Nurse Practitioner is offering Menopause Sessions to talk about what's working, what's not, break down barriers and taboos and clarify misinformation There is

also a telephone helpline being set up and a specific email address for questions. L Douglas advised of the national work to develop a Menopause Policy and locally NHS Fife has developed a Menopause Policy.

APF **noted** the update.

6.5 Finance Update

M McGurk described NHS Fife's position as 'challenging as ever': as at 30 June 2022 there was an overspend of £6.2m with no sign of it reducing. The main reasons for the overspend are the continuing huge levels of demand at the Front Door and within H&SC together with significant staff absence requiring a considerable amount of supplementary staffing. M McGurk explained that she had put forward a 3-year financial plan; however SG are pushing for savings to be made every year which are, in effect, undeliverable. In addition there is the impact of the cost of living crisis and the large increase in energy costs.

C Potter advised that a letter from SG had been received in July 2022 notifying their priorities for each Health Board and the requirement to achieve a break even position at the end of 2022/23 without any further financial support. C Potter confirmed that conversations have been held with SG noting the view of the NHS Fife board that it was not realistic to expect all priorities were able to be delivered alongside financial balance by 31 March 2023; a medium term view was required which shows a far more positive outlook for NHS Fife.

APF **noted** the update.

6.6 Communications Update

K MacGregor reported that the StaffLink User Group continues to meet on a regular basis to discuss feedback on areas to improve. As at 31 July 2022, there were >5,800 items on the Hubs which received around 98,500 views. The most accessed sites on StaffLink are Staff Room, Business Systems, Acute, Clinical Systems and FROG. On the News Feed, Health and Wellbeing topics are most popular, followed by News and Training & Development.

K MacGregor summarised current areas of focus: refining the Hubs (information for which had been migrated from the old intranet); adding video content; enhancing internal communications and 'how to' guides; improving the analytics toolkit to establish engagement levels; enhanced News Feed, with the Carousel drawing attention to headline stories and priority posts; ensuring consistency for new members of staff so that they are more likely to use StaffLink and branded induction materials.

Future developments include improving the Search functionality to ensure more accurate results; bulk upload of users for teams; being able to schedule posts allowing forward planning; and to scope customisation of the landing page to make your StaffLink experience more relevant to you.

C McKenna indicated that feedback from Clinicians suggests that the terminology used is not particularly intuitive e.g. Clinical Guidelines being located within the 'Reference' section and they spend a lot of time trying to find the materials they are looking for. K MacGregor reassured colleagues that StaffLink is evolving, we can make any necessary changes, prepare user guides, offer training to staff so that they familiarise themselves with how to navigate around the system. In addition C McKenna suggested a review and revamp of the QuickLinks list to reduce content.

K MacGregor will share her slide deck with APF members.

**KMacG/
KB**

KMacG

Speak Up Week 3 - 7 October 2022

K MacGregor confirmed that there are no national promotional materials, therefore a local campaign within NHS Fife is being launched during Speak Up Week under the overarching brand 'Know Who to Talk to' and will feature on StaffLink, the Weekly Briefing and Desktop graphics to create awareness. Kirstie MacDonald, Whistleblowing Champion is keen to make it as easy as possible for staff to raise a concern of any nature and to access the range of support (from Spiritual Care, Confidential Contacts, Staff Side colleagues) available. L Douglas confirmed that during this period there is the opportunity to introduce the Whistleblowing Champion and Whistleblowing Standards and to promote how to access Confidential Contacts. Infographics are being drafted to assist with how to 'speak up' and reach out rather than staff feeling they need to raise matters as anonymous concerns.

It was noted that it can be a challenge to access Confidential Contacts; numbers have fallen within NHS Fife and it is planned to recruit/ train more staff for the role as others have moved on/ can no longer commit.

APF **noted** the update.

07. APPROPRIATELY TRAINED

7.1 Band 4 Assistant Practitioners Update

L Barker was delighted to advise on the current position: out to advert on 09 September 2022 for eight Band 4 Assistant Practitioners for AU1 with applications already received. Recruitment to other areas will progress shortly. C Potter thanked everyone for their patience and perseverance with this piece of work.

APF **noted** the update.

7.2 Youth Employment and Employability

K Berchtenbreiter talked to the paper that had also gone to the Portfolio Board on 15 September 2022. Youth employment and employability activities have been delayed due to the Coronavirus pandemic and resource limitations. Work to date includes promoting NHS Fife careers within schools and at careers fairs, building key relationships with local schools, colleges and employers and re-establishing links with Developing the Young Workforce Leads in Fife schools.

'Kickstart' is an SG initiative run in partnership with Fife Council which gives young people with barriers to employment a six month contract to gain experience in the workplace. Although there were inevitably challenges to overcome, it has been a fantastic success, with all participants securing future employment with NHS Fife or elsewhere in Fife and we will continue to support them for a further 6 months. K Berchtenbreiter will arrange to circulate the evaluation and success stories with APF. It is hoped that further funding can be secured to provide opportunities for individuals; appendices in the paper detail plans on establishing, building and expanding that programme of work.

KB

During the discussion that followed it was recognised that it is a good way for individuals to gain experience working for the NHS (which can lead to further development and the opportunity to explore career options) and for ensuring that those on placement have a positive experience with an appropriate level of support/ mentoring. The intention is to build on and sustain the good work to date. It was suggested a case study is prepared to promote the initiative and to

encourage others to participate.

C Potter advised that as Chair of the National Anchor Delivery Group, she could feed directly into SG and policy makers of the Community Wealth Building legislation to highlight barriers to employment. In response to N Connor's query, regarding the 'Career Ready' initiative it was agreed that a business case for investment be produced and submitted via the Financial Improvement and Sustainability Programme Board. Such business cases would be an excellent means of creating a staffing pipeline for modest investment.

KB

APF **noted** the report.

08. INVOLVED IN DECISIONS

8.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

C Dobson reported that Acute Services faces a continually challenging, enduring position of ongoing pressures, particularly within unscheduled care. OPEL levels fluctuate between red/ purple most of the time. Staffing remains challenging, especially nursing. Tests of Change have been implemented to pilot different ways of working in Wards 44 and 54: ringfenced beds and to ensure staff remain in their own ward and are not moved around the hospital. Currently ongoing, will continue to monitor and evaluate the test of change, with positive feedback to date. However, there was some resistance initially, perhaps indicative of fatigue levels.

Band 4 Assistant Practitioner: really positive response to the advert just gone out with more applicants than posts; further advert for the next cohort within Acute to follow.

Staff feedback on walkabouts around Victoria Hospital: Theatre staff, who are on their feet all day, have concerns that there is nowhere to sit in rest areas as chairs have been removed for infection control and social distancing reasons; they have to eat standing up or go elsewhere in the hospital. C Dobson indicated this would be a timely opportunity to review 'COVID' rules and regulations in staff rest areas and dining rooms. C Dobson suggested the benefits to staff wellbeing and morale outweigh the risks of COVID, especially as we head into winter. A Verrecchia highlighted that Theatre staff cannot sit as we are in the meeting and the continued social distancing and additional infection control measures are chipping away at staff morale. C Potter acknowledged that the world is moving on; however, should COVID cases rise again we need to be able to quickly reinstate appropriate procedures. Locally, it was agreed to review current guidelines early next week; L Barker advised that it has been suggested in other Boards masks only need to be worn in clinical areas, confirmation to follow.

APF **noted** the update.

8.2 Health & Social Care Local Partnership Forum Update

N Connor reported similar challenges and pressures in H&SC, there has been no let up in demand for services during the summer. There was a frank discussion at LPF in relation to the realities being faced: nobody wants to have surge beds open, however patient care is foremost. Work being taken forward within Mental Health and Learning Disabilities services is making a real difference.

In terms of iMatter within H&SC, celebrating 63% uptake with 53% completion

of action plans. iMatter has become a year round discussion, enabling teams to plan ahead for iMatter conversations and meet timelines. W McConville had suggested a means of how to help the Board feel closer to service areas was to share organisational charts and what it means for other parts of the service, which led to a discussion on good practice, how to generate learning, identify themes and look at teams across the organisation. S Fevre acknowledged the help and assistance of Principal Lead for Organisational Development & Culture, H&SC and his team; as the extra support is vital to drive things forward.

S Fevre also drew attention to the following topics discussed at the LPF: Immunisation: as at 20 September 2022, >5,500 vaccinated, approx. 78% flu jags; 81% were COVID. The 'drop in' clinics have proved successful. With regard to Workforce, S Fevre reiterated the strong discussion on surge beds and bays with additional beds as staff are struggling with the workload and logistics of working in wards where patients are 'squeezed' in. There is a shared understanding of where we want to get to and the associated risks. Mental Health and Learning Disabilities wards are facing recruitment challenges and are improving their use of Bank Staff, Staff Pools and reducing movement as staff prefer working on a specific ward to the unfamiliar environment of wards elsewhere in NHS Fife. S Fevre was pleased to report the TV advert had resulted in the recruitment of 16 new staff. Whistleblowing had also been discussed at the LPF and that the NHS Fife and Fife Council Policies are being reviewed to ensure there are no barriers of employment to staff speaking up. An SBAR is going to LPF and will be taken forward by HR, R Lawrence and NHS Fife and Fife Council Trade Unions; the aim is to create an ethos of speaking up and being listened to.

C Potter explained that bed capacity is reported on a daily basis and as at midnight 20 September 2022, only 30 of a total of 800 beds across NHS Fife, were available.

APF **noted** the update.

09. TREATED FAIRLY AND CONSISTENTLY

9.1 Band 2 to 3 Healthcare Support Worker's Review Update

S Raynor reported that new profiles had been prepared generating the need to review every Band 2 Healthcare Support Worker job description, and a new generic one has been created. Job evaluation in partnership has been re-established and a panel is meeting on 23 September 2022 to evaluate the job description to confirm the banding. Following final approval of an information pack containing the generic job description, local guidance and a notification form with checklist, this will allow services to move forward. Engagement sessions are also being arranged over October 2022 with an ambitious deadline of 31 December 2022 set by which time every Band 2 (approximately 1600) will have had an initial meeting and job description assessment. APF will be kept updated at a future meeting on the review.

S Raynor took the opportunity to advise that the Community Treatment and Care Service (CTAC) had created an Annex 21 however it was proposed to use this team as early implementers of this process and a meeting with the service lead and staff side was being set up to do this.

APF **noted** the update.

9.2 Whistleblowing Report 2022/23 Quarter One Report

S Raynor explained that the report covers the first quarter of 2022/23 (April – June 2022) and welcomed feedback on the new template format. S Raynor advised that quarter four cases meeting whistleblowing criteria was now closed and the performance and lessons learned would be in future reports. S Raynor informed colleagues that Kirstie MacDonald, NHS Fife Whistleblowing Champion has added a Statement of Assurance to the Annual Performance Report that is going to the Board on 27 September 2022, and will be shared with APF colleagues in due course for their awareness.

SR

APF **noted** the update and associated appendices.

9.3 Staff Governance Monitoring Return 2021/22

S Raynor indicated that the return is in the process of being populated. The draft return as well as the governance route within the paper will be going to the LPFs for comment prior to the complete return being submitted to SG on 18th November 2022 and shared with APF for information.

APF **noted** the update for awareness.

10. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

10.1 Occupational Health & Staff Wellbeing Annual Report 2021/22

R Waugh spoke to the paper, highlighting the important work that Occupational Health Services had done to support staff through the unprecedented circumstances of the pandemic, and what they do normally through 'business as usual' activity; data and analysis is detailed in the report. The intention is to produce a similar report next year. R Waugh confirmed there is a Patient Leaflet outlining OH services and processes.

APF **noted** the update.

11. ITEMS FOR NOTING

The following items were **noted** by APF:

- 11.1 H&SCP LPF – Minutes of 21st June 2022
- 11.2 AS&CD LPF – Unconfirmed Minutes of 18th August 2022
- 11.3 NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 21st June 2022
- 11.4 Briefing Note: 'Once for Scotland' Workforce Policies Programme (August 2022)

12. AOB

There was no other business.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 23rd November 2022 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 18 August 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 18 AUGUST 2022 AT 2.00 PM IN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Claire Dobson (CD), Director of Acute Services
 Andrew Mackay (AM), Deputy Chief Operating Officer
 Lynn Campbell (LC), Associate Director of Nursing
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services
 Miriam Watts (MW), General Manager – Emergency Care
 Belinda Morgan (BM), General Manager – Emergency Care
 Sally Tyson (ST), Head of Pharmacy – Development & Innovation
 Anne-Marie Marshall (A-MM), Acting Health & Safety Advisor / Manual Handling Team Lead
 William Nixon (WN), Health & Safety Manager
 Susan Young (SY), HR Team Leader
 Louise Noble (LN), Unison
 Caroline Somerville (CS), Unison
 Joy Johnstone (JJ), FCS

In Attendance:

Gillian McKinnon (GMcK), PA to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>AV opened the meeting and welcomed everyone to this face-to face meeting.</p> <p>Apologies were received from Murray Cross, Benjamin Hannan, Mary Ann Gillan, Neil Groat, Neil McCormick and Paul Bishop.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 23 JUNE 2022</p> <p>The Minutes of the Meeting held on 23 June 2022 were accepted as an accurate record.</p>	
<p>3 ACTION LIST & MATTERS ARISING</p> <p>3.1 <u>Attendance Management Update</u></p> <ul style="list-style-type: none"> • Wellness Action Plan shared with LPF colleagues via email on 24 June 2022. • Close action. 	GMcK

3.2 **Annual Report**

- Email sent to colleagues on 27 June 2022 asking for contributions to the development of this year's Annual Report.
- Close Action.

GMcK

3.3 **Acute & Corporate Adverse Events Report**

- Paul Smith agreed to split the report for the next meeting.
- Close Action.

GMcK

3.4 **Staffing Challenges**

- AV advised he had been unable to progress the approval of the Annex 21 for the Associate Practitioners.
- LC advised due to the shortage of registrant posts the skill-mix will require to change moving forward. There is a national programme looking at the development and pathway for Bands 2-4.
- CD advised this is a positive development for our workforce in NHS Fife, however there are difficulties in how we achieve this, what we do, at what pace and at what time. Last week along with the Director of Workforce, Director of Nursing and Director of HSCP they had met to discuss the steps that we need to take.
- CD advised there is already a working group looking at this, and the membership will be strengthened and BM will join the group alongside colleagues from Acute Services to help progress this agenda. The above Directors will act as a steering group.
- CD advised Wilma Brown has been part of these discussions as Employee Director.
- CD advised moving forward there will be a plan with timescales to progress this.
- CD advised a Private Session of the NHS Fife Board had taken place on 17 August 2022. One of the items discussed was the Proposal to Develop Assistant Practitioner Role. Janette Owens, Director of Nursing sought endorsement from the NHS Fife Board to progress with this. There will also be a Board Development Session at the end of the month and there will be a more expansive presentation at that time.
- It was noted this was being discussed at other levels of the organisation and LPF colleagues agreed to close this action.

GMcK

3.5 **Issues for Next Meeting**

- Further discussions required on the Annual Report and current staffing challenges added to Agenda.
- Close Action.

GMcK

3.6 **Issues for Escalation to APF**

- Staffing challenges and staff training escalated to APF on 20 July 2022.
- Close action.

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was distributed and noted, for information.
- A-MM welcomed WN to the meeting as Health & Safety Manager and advised he would be attending the meetings moving forward but she would be happy to continue to attend the meetings to provide a Manual Handling update.
- A-MM advised in the coming months there will be some restructuring and review of the current staff within the Health & Safety Services Team.
- A-MM asked if colleagues wished to have specific DATIX incidents to be included in the H&S Report and started to provide an update on patient falls. LPF colleagues agreed this was not relevant for this forum as this information was reported through the different Clinical Governance Groups.
- A-MM advised there were 7 incidents reported via DATIX relating to manual handling injuries. 3 related to patient handling and 4 related to load handling. Only 1 was RIDDOR reportable and the other 3 were triggered by over 7-day absence. 2 of the patient handling incidents were more related to a violence and aggression issue and not a patient handling issue.
- A-MM advised in Ward 34 there were 3 verbal assaults from relatives towards staff, 1 verbal assault from patients and 2 physical assaults. In Ward 33 there was 1 incident of a verbal assault from patients and 3 other incidents of unwanted behaviour which were drug related.
- A-MM advised there were 11 recorded sharps injuries in June and July 2022. The table provides details of the incidents together with the contributing factors. There were a number of environmental factors, including heat and stress.
- A-MM advised there were 7 recorded RIDDOR reportable incidents. 3 slip/trip/falls, 1 physical assault, 1 patient fall, 1 load handling and 1 sharps incident which has been wrongly recorded. The triggers were 5 over 7-day absence and 1 patient fall (fractured sustained).
- A-MM advised manual handling training has been very well attended with the lowest percentage noted in June 2022 for one of the induction sessions with 50% of the staff who were booked attended on the day. The Manual Handling Hub address is now given out at induction for staff to book in themselves. Despite the staffing pressures over the last couple of months the

numbers have been well subscribed and asked for thanks to be passed on to individual teams.

- A-MM advised she was having difficulty in encouraging staff to attend the Sharps Strategy Group and any input from colleagues would be helpful.
- A-MM advised she has a more sustainable plan around sharps training for staff on the wards. Health and Safety staff would provide training to Senior Charge Nurses who would then be the trainers for their area and keep the records. In order to do that we need to know what we use in NHS Fife, and she has repeatedly asked Procurement colleagues for this information.
- LN noted the current staffing pressures and summer annual leave period and asked if there was an option for staff to come in and do their manual handling training on their day off and to be paid overtime. A-MM advised moving forward there is a plan whereby the hospital updates would be taken out of the classroom and take the training to staff on site. The only time staff would be in a classroom would be for induction.
- LC advised the offer of overtime was there but noted the need to enable staff downtime as well. There was some really successful work previously when Moving and Handling staff were coming into the wards and working alongside staff and the reality at the moment needs to be more like that.
- LC advised she was aware of the incidents noted in Ward 34 and Ward 33 and advised that we often we get a spike because we have a particular risk or challenge at a time however, we need to look at presenting trends to consider in detail. It was also noted that often those reports will be around the same individual.
- LC advised asking our nursing staff to do more and adopt a train the trainer approach was not appropriate at the moment. The Senior Charge Nurses are currently working on the floor as part of teams delivering patient care and there is very limited capacity.
- LC advised at Item 9.3 there is an Adverse Events Report around the DATIX reports. There is perhaps an overlap however this was something that can be consider to ensure the necessary items were covered for efficiency.
- ST asked if we had an overall picture of compliance for manual handling as it would be useful to see the bigger picture. A-MM advised we were down on compliance, but the majority is COVID related and staff pressures on the wards.
- ST noted the split between additional and scheduled training was 50% and asked if will we continue doing additional or schedule in more. A-MM advised the plan moving forward would be to increase more scheduled courses.
- AV asked A-MM to send an email to himself and CD to advise which areas she was short of representatives for the Sharps Strategy Group, and they would take this forward with individual areas.

**A-MM/
AV/CD**

- AV asked about the 3 verbal assaults from relatives in Ward 34 and asked whether it was predominantly non patients who are the protagonists. A-MM advised not always and was mainly repeat incidents from a particular patient.
- SY asked if we felt this was true reporting or whether there was under reporting in violence and aggression. A-MM advised there was definitely under reporting. It is hoped once a Violence & Aggression Reduction Advisor is in post this will make a difference.

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

- CD advised at the last meeting we painted quite a bleak picture in terms of the staffing challenges we were anticipating as we headed into the summer. The position has been extremely challenging over the summer in terms of maintaining safe staffing levels across all of our site.
- CD advised operationally it has continued to be busy and has been unrelenting over the period of the summer.
- CD advised our division expectations are high in terms of the recovery and remobilisation of the elective programme with the introduction of some new targets around long waiting patients.
- AM advised compared to last year we have an increase of 11,000 occupied bed days for the period from the start of April 2022 until now, a 22% increase. This highlights the level our system is at on a daily basis within Acute.
- AM advised linked to this is the number of surge beds we have open. A snapshot shows we had an additional 18 surge beds open within Acute.
- AM advised we are seeing a shift in frailty through the level of demand going into the discharge hub and Health and Social Care Partnership system. As at today we have 75 patients in the hospital who are awaiting onward community transfer (3 wards worth of patients sitting in Acute).
- AM advised comparing the previous 6-week period to the same period last year, 70.9% of admissions through the front door of the hospital were with patients who were aged 65+. For the same period last year was 64.6%, which is a 6% increase in that age range of patients. This puts in an increased length of stay and increased input across our clinical teams for that patient group.
- MW advised in addition to all of the figures mentioned there has been a sustained increase coming through our Emergency Department. The 75 patients on the Hub list are sitting within our hospital and 2½ of those wards have been sitting within Planned Care because we have not had the space within

Emergency Care. This is having an ongoing impact on Planned Care, nursing staff and on the medical cover on a daily basis. There is a daily accumulation of challenges.

- MW advised we are working with the teams and today we had a briefing session around our Discharge Without Delay Programme which is picking up pace. We have 3 pathfinder wards which are Wards 43, 32 and 6 and how we can bring all of that expertise together to have a model that we can roll-out and develop work away from SCN level to Band 3 level and opportunities with our Discharge Co-ordinators within wards.
- MW advised we need to work on pathways and solutions that will take us forward into winter, and we are now in the process of winter planning within the Directorates. CD advised there is a winter event which has been badged as flow and capacity but is the formal event on 1 September 2022.
- CD advised we continue to work closely with Health and Social Care Partnership colleagues around this but noted the challenges we face they also face.
- DG advised within the Women, Children & Clinical Services Directorate they are facing the same kind of demand but have different escalation processes in place to manage it. They are seeing the knock-on effect and impacts in Radiology and AHPs.
- LC advised colleagues are aware of the significant nursing challenges due to vacancies coupled with sickness absence, and other leave such as annual leave and parental leave. Within the next 4 weeks the Division will see 82 Newly Qualified Practitioners (NQP) come into post and they are currently working in their final placements in the wards where they have their posts. The NQPs will require some additional support and there is a Practice Education Facilitator nominated for each of the wards.
- LC advised we have 21 international recruits in the system, 14 have currently passed their OSCE exams and on the register. SY advised we now have the pipeline for the Philippines as well and this should increase our number of international recruits coming through.
- LC advised we continue to have the endorsed HNC and that supports in developing our own staff, and we are also exploring the Open University for staff to develop into nursing.
- LC advised we continue to work in a different model of care but wanted to highlight that while we receive complaints that of course are important, there are ten-fold positive messages. Patients often reflect how busy it is, but the experience of care is broadly positive.
- BM advised there are continued attendances through our Emergency Department and increased frailty. We are skill-mixing but also bringing in AHPs into the Emergency Department which is working well recognising the cohort of patients that are 65+ years plus will need additional support.

We are discussing how to extend this into weekend working to support patients and staff within the Emergency Department.

- AV advised staff side colleagues can see the efforts being put in and the effect this has on our senior leadership team.

5.2 Attendance Management Update

- The Attendance Management Report was distributed and noted for information.

NHS Fife

- SY advised the overall sickness absence rate for NHS Fife in May 2022 was 5.32% and a slight increase to 5.58% in June 2022. There was COVID-19 absence on top of that at 1.17% in May 2022 and an increase to 2.33% in June 2022.

Acute

- SY advised in Acute Services both sickness absence and COVID-19 absence are higher than the NHS Fife average and sitting at 6.52% in June 2022 and 2.57% for COVID-19 absence.
- SY advised for June 2022 the Emergency Care Directorate was highest at 8.23%, Planned Care Directorate at 5.96% and Women, Children & Clinical Services Directorate at 5.68%.
- SY advised gastro-intestinal problems was the highest number of episodes of absence, followed by anxiety, stress, depression.
- SY advised nursing and midwifery (both trained and untrained) has the highest number of hours lost.
- SY advised short-term absence stayed steady for the last two months but is up from April 2022. Long-term absence has had a spike from May – June 2022 and may impact into future months.
- SY advised a new chart has been included in the report which details absence rate and hours lost by age group. The age group 60-64 has had the highest % of absence. In terms of hours lost it is age group 35-39 followed closely by age group 30-34.
- SY advised there are 15 high priority areas above 10%.

Corporate Services

- SY advised in Corporate Services sickness absence has increased in June 2022 to 6.02% and 1.71% for COVID-19 absence.
- SY advised June 2022 is the first month since December 2021 that has been a high for sickness absence.

- SY advised Corporate Services absence rate as a whole remains low at 3.5%, the Estates Directorate higher than usual at 6.08% and the Facilities Directorate at 7.77%.
- SY advised anxiety, stress, depression was the highest number of episodes of absence, followed by gastro-intestinal problems. There was an increase in unknown causes but sometimes this was dependent on who has input the data, but they continue to tease this out at Review and Improvement Panels to ensure the correct absence reason is recorded.
- SY advised Support Services is sitting with the highest absence rate and hours lost within Corporate Services.
- SY advised short-term and long-term absence has increased within Corporate Services.
- SY advised the highest absence rate is the 60-64 age group and 55-59 age group is the highest number of hours lost.
- SY advised there are 9 high priority areas above 10%.

General

- SY advised it would be interesting to see for the next report how the position changes as the COVID absence reporting will change and we will only be recording COVID positive absence as special leave. Staff would move on to their contractual sick pay entitlement for COVID-related absence beyond the infection control period.

5.3 Feedback from NHS Fife Board & Executive Directors

- CD advised Anne Haston has joined the NHS Fife Board as a new non-Executive. Colleagues will be aware there will be quite a few changes to the NHS Fife Board this year as their tenure comes to an end.
- CD advised a Private Session of the NHS Fife Board took place yesterday. The Laboratory Information Management System (LIMS) and the Proposal to Develop Assistant Practitioner Roles was discussed.
- CD advised the Committee cycles would recommence in September 2022.
- CD advised Professor Jason Leitch, National Clinical Director had visited QMH and VHK on 5 August 2022.
- CD advised Caroline Lamb, Chief Executive NHS Scotland / Director General for Health and Social Care and John Burns, Chief Operating Officer, NHSScotland would visit both QMH and VHK on 19 August 2022.
- CD advised a thank-you event has been scheduled for September for staff to attend. Applications have been invited via a ballot.
- CD advised the Annual Delivery Plan (ADP) has been submitted to the Scottish Government.

- BM advised there had been very good feedback from staff who were part of the Professor Jason Leitch visit. Staff felt valued, appreciated and listen to. SY advised a thank-you message from Professor Leitch was available on StaffLink for those staff who did not manage to meet him.

6 B Appropriately Trained

6.1 Training Update

- LC advised we continue to experience staffing challenges however prioritised clinical training is ongoing, e.g. a training programme is ongoing to replace all the Baxter pumps.
- LC gave assurance that we continue to prioritise and support training in balance with care delivery.

6.2 Turas Update

- CD advised this is work we would really like to do with staff but is extremely challenging at the moment.

7 C Involved in Decisions which Affect Them

7.1 Annual Report

- CD thanked colleagues for their contributions to the Annual Report.
- CD/AV to meet and pull the Annual Report into a final version and once ready this will be shared via email with LPF colleagues before submission.

CD/AV

7.2 Staff Briefings & Internal Communications

- CD/AV confirmed they were committed to undertake walkabouts where and when they can.

7.3 iMatter

- SY advised iMatter participation is up on last year.
- SY appreciates the current challenges, however managers should be encouraged to meet with teams to agree and upload Action Plans before 6 September 2022.
- LC asked if the number of email reminders could be minimised or stopped as this puts additional pressure on staff. SY agreed to highlight this issue to the iMatter Lead.

SY

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

- CD advised the current hot topics and issues have been discussed and AV was involved in these discussions as a member of the Acute Senior Leadership Team.
- CD advised we are progressing with the remobilisation of the elective programme and working through the new targets from Scottish Government around long waiting patients. There would be some changes at the front door around the use of the modular building.
- CD advised the development of the Assistant Practitioners have already been discussed.
- AM advised work was ongoing between staff groups in Acute and procurement colleagues around Cost Improvement Plans. CD advised our savings target this year is £5.5m but current pressures are making it extremely difficult for us to achieve these cost improvements.
- CD advised there are opportunities for staff to visit the Fife Elective Orthopaedic Centre (FEOC) and it would be useful to invite Fiona Cameron to come to the next LPF meeting to give colleagues an update on progress.
- LN asked about progress on staffing for FEOC. LC advised there has been a lot of posts advertised. Some posts have already been filled internally but there are still some vacancies. There are potentially some international recruits that can be aligned.
- AV advised as part of the FEOC Programme Board they had been asked to provide thoughts on an advert to recruit into the orthopaedic unit. AV commented the advert was heavily centred on working in Orthopaedics, however the advert should be amended to reflect that staff may be required to move to work in other specialties.

CD

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

- The Staff Health and Wellbeing Update report was noted for information.
- SY advised Sue Ponton continues to support the Occupational Health Service while Mandy Mackintosh's role is replaced. There is temporary cover in place for Dr Fenwick.
- SY advised the Well@Work Outdoor Sessions continue to be popular and there is an extension of dates.
- SY advised Staff Support Information Sessions for Managers continue.
- SY advised a further meeting of the Attendance Management Workforce takes place this afternoon. The Attendance Management Operational Group has also met on a couple of occasions.
- SY advised the Staff Health & Wellbeing Framework had been shared through the LPF and comments had been sought.

- SY advised if anyone was interested in becoming a member of the Staff Health & Wellbeing (Well at Work) they should contact Rhona Waugh.

9.2 **Capital Projects Report**

- The July 2022 Capital Projects Report was noted for information.
- CD advised additional works on the Hayfield House lift should be completed by the middle of next week.
- CD advised work has commenced on the Staff Health & Wellbeing Hub.

9.3 **Acute & Corporate Adverse Events Report**

- The Acute & Corporate Adverse Events Report for the period August 2021 to July 2022 was noted, for information.
- LC advised at the last meeting the report had been changed and had included Corporate Services figures. This had shifted what the report previously had looked like. Paul Smith has helpfully separated out the Acute Services and Corporate Services sections.
- LC advised there is no change in terms of the list of incidents affecting Acute Services staff, with infrastructure incidents being the highest for a period of time.
- LC advised we continue to encourage staff to DATIX any staffing issues and this has been more sustained over June and July 2022.
- LC advised the next highest were unwanted behaviours, violence and aggression followed by sharps incidents were the categories affecting Acute Services staff. There is nothing flagging any higher than normal regarding sharps incidents.
- LC advised she was not best placed to comment on the information relating to Corporate Services, however it is clear they have a different ranking with personal accidents being the top incident affecting staff. Quite high up is also unwanted behaviours, violence and aggression. Sharps incidents also feature but does not appear to be as high.
- LC advised Table 3 outlines the top-ranking areas of reported infrastructure incidents within Acute Services. These areas are not a surprise as they have high vacancy factors. There is also a reporting culture within some areas much better at reporting than others.
- LC advised she would like the report to continue to be split for Acute Services and Corporate Services information however would speak to other colleagues regarding the Corporate Services incidents.
- LC to sense check with Paul Smith the reference to vehicle incidents on Page 2 of the report.

LC

10 ISSUES FROM STAFF-SIDE

10.1 Nurse Staffing

- AV advised the Acute Senior Leadership Team had discussed a few weeks the ongoing high site occupancy and a decision had been made to cancel 65 urgent admissions the following week as the hospital remained full and we did not have the requisite staff to care for these patients, predominately nursing staff.
- AV advised the Acute Services Leadership Team came to a decision the following week to put in a plan from the start of this week to protect staffing within Ward 44 and Ward 54 in terms of those elective areas.
- CD advised further discussions had taken place on Friday with members of the Acute Senior Leadership Team. The first suggestions around how we could support Wards 44 and 54 were not well received, particularly by colleagues within clinical nurse management.
- CD advised having agreed we could not continue doing the same as we had been doing and taking on board the views of the Clinical Nurse Managers, General Managers and Clinical Leads a secondary plan was agreed which involved reducing the number of beds within Ward 54 by 6 and how we could make a more suitable environment for surgery and to ensure Ward 44 had a stable nursing environment.
- CD advised changes were made to the system from Monday and as the week has gone on the General Managers have worked with the Clinical Nurse Managers and are currently evaluating the changes that have been made. At the Acute Senior Leadership Team meeting on Tuesday a fuller discussion will take place as to how this past week has gone. We also have 75 patients on the VHK site awaiting a community transfer and this is making the changes really difficult to sustain.
- LC advised she has weekly drop-in sessions with the Senior Charge Nurses and Clinical Nurse Managers/Heads of Nursing. They have been having open and transparent discussions as a lot of Boards in Scotland have had to go to 1 registrant in wards. We have avoided that so far and the commitment is to avoid that, however discussions have taken place to consider what might be an approach if this happened. These have been difficult conversations but e.g. yesterday there were discussions highlighting actions to promote the opportunity for staff to work in a ward for a week to get a feel for it so that if they are moved it is less of an anxiety. Good feedback has been received from the co-ordinators regarding break relief cover overnight with theatre staff letting them know they had some capacity and could offer break relief. The collective discussions feel very collegiate and thinking about all the things

we can try to maintain a good experience for staff and safety of patients.

- AM advised everything we are doing has an impact and knock-on-effect somewhere else and we are trying to get an even balance across the system as there is pressure in every area. There is not one thing that can be fixed for a particular staff group and will take some time to get that balance right.
- CD advised we have to remember we do not work in silo, and we have to take into account what is also happening within Primary Care and the Health and Social Care Partnership.
- CD advised there is a commitment to continue to be open and honest.
- LN advised there has been a huge shift in the issues that staff are now contacting Unison colleagues with and are so different to the issues they had previously being contacted about.
- LPF colleagues agreed the issues staff are raising are large and time consuming however acknowledged these were not normal times.
- AV advised the moving of staff remains unpopular however staff do not always feel they can speak out. It was noted some staff worked in a particular area for health grounds and these staff were concerned they were being asked to move into an area that was not suitable and some felt unable to speak out.
- A-MM advised at every health and safety training session staff are always reminded they have the support of the health and safety team, and the team are able to support managers for risk assessments for individualised staff members.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meeting held on 2 June 2022 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

LPF colleagues agreed the following issues required further discussion:

- Associate Practitioners
- Nurse Staffing

12.2 Issues for Escalation to Area Partnership Forum

LPF colleagues agreed the following issues would be escalated to the APF:

GMcK

AV/CD

- Associate Practitioners
- Nurse Staffing
- Test different ways of working

13 ANY OTHER COMPETENT BUSINESS

13.1 Ballot

- AV advised every health trade union in Scotland has a consultative ballot regarding the pay offer for Agenda for Change staff and this has been rejected.
- AV advised the next step is the for the Joint Trade Union Group to have further discussions to see if a better offer can be achieved.
- AV advised if they go to a ballot they would be balloting for industrial action at the beginning of October if there has been no significant movement from Humza Yousaf at that point.

13.2 Acute Services Health & Safety Committee

- A-MM advised she had found an old Terms of Reference for the Acute Services Health & Safety Committee and wanted to check whether it had been absorbed into this group.
- AV and LC advised as the same colleagues were attending both groups it was agreed it was sensible to absorb the Acute Services Health & Safety Committee into the ASD & CD Local Partnership Forum and Craig Webster was invited at that time to attend to provide health and safety updates.

14 DATE OF NEXT MEETING

Thursday 27 October 2022 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2022/180822

HSCP LOCAL PARTNERSHIP FORUM

(Meeting on 20 July 2022)

No issues were raised for escalation to the Staff Governance Committee.



HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 20 JULY 2022 AT 9.00 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
Audrey Valente, Chief Finance Officer, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Karen Laird, HR Officer, NHS Fife (for Susan Young)
Kenny McCallum, UNISON
Lisa Cooper, Immunisation Programme Director (for Bryan Davies)
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Alison Nicoll, RCN
Angela Kopyto, Dental Officer, NHS Fife
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Bryan Davies, Head of Primary & Preventative Care Services
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Susan Young, HR Team Leader, NHS Fife
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 21 June 2022 The Minute from the meeting held on 21 June 2022 was approved as an accurate record of the meeting.	

NO	HEADING	ACTION
2.2	Action Log from 21 June 2022	
	The Action Log from the meeting held on 21 June 2022 was updated slightly and then approved as accurate.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor advised that to date the iMatter survey has had a 63% response rate. Over 80 employees requested paper copies of the survey, these have to be returned this week and then a final figure will be given. The final report will then be generated and brought to the next LPF meeting.	NC
	Eleanor Haggett and Debbie Thompson both raised the issue of extreme weather and how best to support staff going forward. It was agreed to discuss this at the Health & Safety Assurance Group Meeting next week.	RLas
	Nicky Connor advised LPF members that Bryan Davies, Head of Primary & Preventative Care Services had secured a post of Chief Officer, Strategic Performance & Commissioning within Borders. Bryan will leave Fife in October 2022 and recruitment for a replacement is underway with interviews scheduled for early September 2022.	
4	LPF ANNUAL REPORT	
	Simon Fevre advised that this report had been discussed at the LPF meeting on 21 June 2022 before being taken to the Finance, Performance & Scrutiny Committee on 8 July 2022. The report had been well received with no significant changes suggested. The final report had been reformatted and, if approved by the LPF, would be taken to the IJB meeting on 29 July 2022.	
	Simon and Nicky both thanked everyone one involved in producing the report in a timely manner.	
	Once the report has been to the IJB thought is to be given to producing an edited version of the report, agreeing the comms strategy required to ensure all staff can access the report and producing printed copies.	SF/RLaw
5	HEALTH AND SAFETY UPDATE (Inc FORUM)	
	Rona Laskowski advised that the Health & Safety Assurance Group meets next week. Work is ongoing to ensure remit is correct for this group and that assurance can be given regarding health and safety.	
	Morag Stenhouse advised that Power BI reports would be finalised and circulated shortly, they are late due to annual leave. Morag is working with Avril Sweeney to ensure people who need to can access Power Bi in future.	
	Within Fife Council there have been no RIDDORs so far in July. Staff shortages are impacting the team. A report on Slips, Trips and Fall will be circulating shortly.	
	Staff issues within both Fife Council and NHS Fife will be discussed at the Health & Safety Assurance Group next week and agreement sought on what is being report on to the LPF.	

NO	HEADING	ACTION
5	HEALTH AND SAFETY UPDATE (Inc FORUM) (Cont)	RLas / WMcC
	Wendy McConville raised the issue of Violence and Aggression training for staff. Rona Laskowski suggested having an offline discussion on this with Wendy, which was agreed.	
6	FINANCE UPDATE	
	<p>Audrey Valente advised the financial position of the delegated and managed services, as at 31 March 2022 is currently a surplus of £5.846m.</p> <p>Currently the key areas of overspend are Hospital & Long-Term Care, Family Health Services, Older People Nursing and Residential, Social Care Other and Adult Placements.</p> <p>These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Adults Fifewide, Adults Supported Living, Social Care Fieldwork Team and Housing.</p> <p>Full funding was made available by the Scottish Government (SG) to fund the costs of Covid-19 and to also fund the unachieved savings as a result of Covid-19.</p> <p>The reserves balance at the end of 2021-22 is £79.712m and is made up of the core underspend of £5.846m, further funding received in March 2022 for Covid-19 related expenditure and additional Earmarked Reserves.</p>	
7	DRAFT WORKFORCE STRATEGY AND PLAN UPDATE	
	<p>Roy Lawrence advised that this report and Strategy had been circulated to LPF members 10 days before the meeting to allow feedback. The Strategy will go to the IJB meeting on 29 July 2022 for approval before being submitted to Scottish Government (SG) by 31 July 2022. SG will feedback and the Strategy will come back to the IJB on 30 September 2022.</p> <p>The Strategy was discussed at a recent NHS Staff Governance Committee and was well received.</p> <p>An updated Action Plan will be created which will be reported to the Workforce Strategy Group three times a year with an annual update coming to the LPF and IJB.</p> <p>Discussion took place the recruitment advert on STV and on streamlining the recruitment process for new staff and Nicky advised that this is under consideration and following a test of change for this advertising consideration we can consider the learning for other areas.</p>	
8	STAFF HEALTH & WELLBEING – UPDATE FROM WELLBEING STRATEGY GROUP	
	<p>Roy Lawrence gave a verbal update on this group. A working group, which has met twice, has been established to help understand how the main group will fit into the existing integrated landscape, look at how the partnership works across all sectors and ensure there is a positive impact on the wellbeing of the workforce. Challenges include engaging with the wellbeing agenda and promoting self-care. A meeting is scheduled for the end of August 2022.</p>	

9 WINTER LESSONS AND REFLECTIONS

Lynne Garvey updated on the current issues being experienced and how the OPEL tool is helping to articulate the pressures using shared language. Joint working continues with acute services, third and Independent Sector to support whole system working. Services continue to flex to cope with current situation. The Discharge Hub is now dealing with a 25% increase in referrals compared to pre-covid.

Discussion took place around “winter” pressures, which were highlighted by the forum as now being year-round pressures, and the planning for this which is ongoing.

Lynne has recently taken on the role of SLT Resilience Lead and updated the meeting on what this entails and how this connects to business continuity.

10 HOME FIRST UPDATE

Lynne Garvey presented on the Strategy for this transformation project. Seven sub groups have been formed and are each undertaking key pieces of work. It is hoped to have 1 or 2 points of access into Services rather than the current 17. A series of key stakeholder events are planned.

Discussion took place around recruitment of staff into caring as a career and how best to engage with younger applicants. There are currently 75 Foundation Apprenticeships in place, giving older school pupils an insight into care and work is ongoing to ensure as many of these convert into partnership staff.

Simon Fevre asked about the challenge of transforming services given the current staff situation. Lynne Garvey acknowledged that there is impact between progressing transformation when services are pressured and staffing is impacted. There is work ongoing on a daily basis, there is a strategy being developed and full implementation will need to be prioritised and phased to support the change needed whilst being cognisant of the pressures.

11 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

Nicky Connor gave a general overview of the current situation with Covid-19 which is still challenging. Cases seem to be plateauing but the effects and impacts are still being felt throughout the system.

Lynne Garvey advised that daily huddle continue. Significant pressure being felt in many areas. Forty-eight surge beds are still currently in use. Staff absence in Home Care is currently 13.6% but the position should improve in the next few weeks as people return from annual leave.

Rona Laskowski advised that within Mental Health there are currently 126 staff absence, 40 of these (approx 30%) are covid related. This is leading to minimum staffing levels within services and a range of actions are underway to alleviate this. Recruitment issues continue. Despite this staff continue to deliver high quality care which meets patient needs. This has been reflected in a recent Older People’s ward visit and comments received via Care Opinion.

Discussion took place around the use of Agency staff to cover absences and the rates of pay these attract. Nicky advised on the work of the NHS Fife Attendance Management Taskforce group.

11 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

Lisa Cooper updated on the challenges faced in Bryan Davies' area as a result of covid-19. The resilience and flexibility of staff is visible on a daily basis.

Update on Covid (including updated guidance and temporary policy)

Karen Laird advised that NHS Covid absence is being reclassified to sickness absence from special leave from 1 September 2022 and these absences will be managed consistently with all other sickness absence from this date. COVID absence prior to this date will not be included for triggers. Staff with a positive LFD result, regardless of whether they have symptoms, should not attend work for a minimum of 5 days and this absence will be recorded as special leave – COVID positive. This is consistent with non-COVID infection control measures.

Elaine Jordan confirmed that Fife Council guidance has been updated and is in alignment with the NHS guidance. This has been uploaded to the intranet and contains specific links for H&SC staff.

12 HEALTH & WELLBEING**Attendance Information inc Taskforce Update**

Karen Laird advised that the NHS Fife average absence was 5.63% in May 2022 and 6.25% in June 2022. Covid-19 related absence equated to an additional 1.16% in May 2022 and 2.27% in June 2022.

H&SC NHS staff had a rate of 5.77% in May 2022 and 6.13% in June 2022 which is below NHS Fife's absence rate for June and first time above 6% since December 2021. Covid-19 related absence equated to an additional 1.17% in May 2022 and 2.33% in June 2022. Community Care Services and Complex Critical Care Services have the highest % with 6.96% and 6.98% respectively.

Mental Health highest reason for episodes and hours lost followed by gastro and other known causes in terms of hours lost; and cold/cough/flu is also very high in terms of number of episodes. Nursing and Midwifery bands 1-4 and 5+ remain high for % (9.6) and hours lost (13164) respectively. Personal and Social Care is also high (7.82%) but this is due to be being a small WTE.

Short term absence has increased from 2.46% in May to 2.63% in June 2022 but is a decrease compared to June 2021 which was 2.77%.

Long term absence has increased from 3.3% in May to 3.5% in June 2022 and is a similar level to June last year. (3.54%).

Elaine Jordan advised that having stabilised in January and February 2022, absence rates fell in March and April, while May and June have seen an increase from 12.7% in May to 13.2% in June. Although there has been a reduction in the total number of absences over the past four months, the increase in the number of long-term absences (from 270 in March 2022 to 282 in June 2022) has driven the increase in the overall absence rate. There is currently a focus on reducing long term absence, with full time HR support being provided.

NHS Attendance Taskforce

The Attendance Taskforce has been commissioned to provide senior leadership input to practice and process. The aim of this is to reduce absence and support staff experience and wellbeing.

12 HEALTH & WELLBEING (Cont)

NHS Attendance Training is under review and will incorporate the Turas LEARN attendance policy training as a pre-cursor to attendance. This will enable a more operationally focused and interactive training session. The scenarios the HR team plan to introduce are Patterns of Absence; Mental Health related absences; Triggers and formal targets; Supporting Staff who are struggling to remain at work. Any feedback on the scenario topics or suggestions for attendance training content is welcome.

It was agreed that at future LPF meetings the item on Attendance would be placed earlier in the agenda to ensure time for a full discussion.

SF

Staff Health & Wellbeing

Karen Laird advised that a new staff Health & Wellbeing Framework is going to the APF this week for comment, will be issued to LPF members for comment. Work being undertaken to "badge" the managerial training currently available which it would be useful for managers to know about / consider for themselves in terms of staff support - this is being led by Sharon Doherty. New Hub at QMH is now fully open and work is ongoing for Hubs in other areas.

Public Health Scotland have reviewed the Health and Work services and plan to change the way the Healthy Working Lives programme supports workplace health to enable us to improve staff health and wellbeing in Scotland and they will no longer deliver the HWL award. Instead, their new approach will support organisations in key areas that will make the biggest difference to their workforce health and wellbeing, aligned to the ambition of becoming a Fair Work Nation. This will have implications for both FC and NHS Fife.

Two new health and wellbeing programme initiatives being worked on - one for staff within the Palliative Care service, the other for MH / LD staff as part of the Task Force for that staff group.

Temporary increase to NHS Scotland mileage rate has been extended until 30/11/22 and circular sent separately.

Elizabeth Crichton provided an update on the Management of Stress Project with the University of Hull. Steering group has met three times. Thirteen focus groups were organised, interviews with Director and three Heads of Service held. Feedback being used to create bespoke survey questions for Fife Council's online stress survey – which will be open from 1 – 31 August 2022. Global e-mail list for H&SC staff with a Fife Council has been set up.

A pilot, operating in selected teams within Care at Home and starting in Adult Resources, is raising awareness on the supports available to employees off sick. Fife Council's Time for Talking services, physiotherapies services and others are explained as well as signposting. The feedback from managers and employees has been positive. Employees have advised they were delighted to have the opportunity to have a discussion and for someone to listen. Calls back are being agreed with employees to evaluate the success of the pilot.

Awareness raising sessions have been organised and promoted, some online, some within care homes. The feedback from participants has been very positive. In addition, a member of the wellbeing team has been meeting staff in the care homes and highlighting and providing information on a range of supports / resources available.

NO	HEADING	ACTION
13	ITEMS FOR BRIEFING STAFF	
	Hazel Williamson will draft a Chair's update for inclusion in a future Director's Weekly Briefing.	HW
14	AOCB	
	Nothing was raised under this item.	
15	DATE OF NEXT MEETING	
	Wednesday 21 September 2022 – 9.00 am – 11.00 am	

STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 10th November 2022)

The main focus of the Strategic Workforce Planning Group meeting held on Tuesday 23rd August 2022 was on strategy development, exploring a range of options to address the continuing workforce challenges at national, regional and local levels, and establishing a Group to take forward the Implementation of the Health and Care (Staffing) (Scotland) Act 2019.

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 23 AUGUST 2022 AT 14:00 HRS VIA MS TEAMS

Chairing this meeting: Kevin Reith, Deputy Director of Workforce

Present:

Jacqui Balkan, Regional Workforce Planning Manager
 Lynn Barker, Associate Director of Nursing, Health & Social Care
 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
 Sally Tyson, Head of Pharmacy- Development & Innovation (for Ben Hannan)
 Helen Hellewell, Associate Medical Director, (Primary Care) (part attendance)
 Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SC, Fife Council
 Margo McGurk, Director of Finance
 Dafydd McIntosh, Workforce Development Lead Officer, Fife Council
 Brian McKenna, HR Manager – Workforce Planning
 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) (part attendance)

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

K Reith welcomed everyone to the meeting and apologies were noted from W Brown, B Hannan (S Tyson attending) and L Douglas.

01. Minutes and Matters Arising

The minutes of the previous meeting held on 25 May 2022 were accepted as a true and accurate record. There were no matters arising not on the agenda, other than to determine a suitable template in order to standardise reporting to this Group, with R Waugh having circulated a draft in advance of the meeting, and to confirm that eRostering updates will be brought to this Group twice yearly.

02. National Workforce Forum Update

J Balkan explained that the structure of National Groups has been reshaped by the national Workforce Strategy: the National Workforce Planning Group has developed into a National Workforce Forum, with more senior representation from across Scotland. The most pertinent area is outlined in the paper on Workforce Planning, Capacity and Capability including analysing staffing gaps and recognising the challenges in recruiting - finance isn't the only limiting factor

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- and the need to develop succession planning. Topics being considered at the September 2022 meeting include: Workforce Plan feedback and how to make the process more streamlined, capability/ capacity and the employability agenda.

J Balkan advised plans are in place to refresh the Workforce Planning Group into a new Workforce Advisory Group - to which a Fife representative will be invited. The Group will report to the National Workforce Forum.

J Balkan indicated there is a busy national agenda, with the National Treatment Centres (NTC), Scheduled and Unscheduled, Care and Cancer Care workstreams.

03. Regional Workforce Planning Group Update

J Balkan confirmed that the Regional Workforce Planning Group meets next on 30 August 2022 and NHS Fife is well represented. Actions include refreshing the Terms of Reference to reflect membership changes during the pandemic and there is an intention to extend the focus on job family actions beyond the Medical workforce. J Balkan asked members to give thought to what support they might need from the Regional Group for succession planning including specific areas e.g., GMS, Pharmacy, Healthcare Science, Nursing. The intention to review Learning from international recruitment experience was noted. J Balkan encouraged colleagues to review the Action Plan for the Region, noting it is the reinvigoration of a Group that was very successful pre-COVID 19 and will be reshaped by what we need to drive forward for East Region.

During the discussion that followed, L Campbell acknowledged the significant work and time involved in ensuring International Recruits are appropriately trained and supported, and queried whether a regional approach would be more effective and efficient. S Tyson enquired whether International Recruitment was open to other professions so that efficiencies and economies of scale could be realised if all job families and agencies work together. J Balkan advised that the Scottish Government's ambition is to widen the scope of International recruitment, but currently the focus is on Nursing as the largest profession. J Balkan also informed colleagues that alternative methods of training of international recruits are being explored. The NES Centre for Workforce Supply has more of an advisory/ signposting remit, the decision to recruit e.g. international AHPs would be at local Board level. N Robertson indicated that work is ongoing to develop a regional approach to Objective Structured Clinical Examination (OSCE Test of Competence) – there is no appetite for a Scottish Assessment Centre, all are located in England. It was noted that there is no guarantee of any further SG funding for international recruitment costs.

A Graham recognised that the Regional Recruitment service is in the early stages of implementation and asked for assurance of the benefits of the move for associated Boards. J Balkan confirmed this is a priority on the Regional agenda and is important to let the new service embed. J Balkan welcomed feedback and requested that any questions are raised at the forthcoming Regional meeting through K Reith and an update could be brought to the meeting in November 2022.

Further development of the Regional Workforce Dashboard is ongoing to enhance workforce information reporting, including on Activity and Performance Indicators for recruitment. R Waugh encouraged colleagues to contact B McKenna for a demonstration of Tableau and / or to request access if they haven't already done so.

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04. NHS Fife Strategic Planning

4.1 Population Health & Wellbeing Strategy Update

S Fraser reported that the paper on the Population Health & Wellbeing Strategy, to go to this cycle of committees, has just been finalised. The paper details the milestone plan being worked to and the key elements of work being undertaken. There is also an ongoing review of the previous Clinical Strategy and liaison with clinical and management teams within NHS Fife to determine what are future priorities. A Public Health (PH) workshop was held at the end of June 2022 to identify PH priorities and how they fit in. S Fraser drew attention to the Grand Round on 31 August 2022 giving an overview of the future Strategy and the important role of the NHS in mainstreaming prevention and addressing health inequalities. Part of the Strategy focuses on how we will reduce inequalities and improve access to services.

S Fraser also advised that a paper has been produced to update the Board Governance committees around the four main themes of the National Care Programme: namely Integrated Unscheduled Care, Integrated Planned Care, Prevention & Early Intervention and Place & Wellbeing.

Following on from the survey in December 2021, S Fraser indicated that an external company is now being used to engage with the public through focus groups and 1:1 interviews, to gather further information. Staff engagement is in the early stages.

In conclusion, S Fraser confirmed the Strategy is taking a broad health perspective including engagement and joint working with H&SC, Voluntary and Third Sector partners.

4.2 Annual Delivery Plan Feedback

S Fraser advised that the Annual Delivery Plan (ADP) will be proceeding through the forthcoming Board governance cycle and shared with this Group in due course. The ADP was submitted to the Scottish Government (SG) on time (31 July 2022). The ADP had been informed by outcomes from the SPRA process and developed in line with guidance on the SG’s priority areas namely Staff Wellbeing, Recruitment & Retention. Recovering Planned Care, Building Resilience & Recovery of Urgent and Unscheduled Care, Supporting Social Care and Sustainability & Value. The list of actions has been subdivided into NHS Fife’s four strategic priorities (as noted above): and aligned with our Corporate Objectives. S Fraser explained progress is being tracked on a monthly basis.

S Fraser summarised the supportive meeting with SG colleagues on 22 August 2022: the feedback received was positive and reflects the good relationship we have with SG who recognise NHS Fife’s ‘can do’ approach, particularly in terms of delivery and performance and when addressing challenges around workforce, scheduled care and discharges. No major additional information was requested except for sustainability and how we manage supplementary and temporary workforce effectively.

S Fraser advised that SG colleagues had indicated that a Delivery Framework will be published in September 2022, which is a follow on from the Recovery Plan.

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K Reith stated that feedback on the Workforce Plan included recognition of the considerable efforts around employee wellbeing and a focus on recruitment and retention issues. K Reith noted disappointment that no further local financial support for wellbeing appeared to be forthcoming. There was recognition of the substantial challenges longer term, to address changing skills and to align changing roles to meet service needs. Short term initiatives include promoting career advancement, managing international recruitment, highlighting options e.g., retire and return, flexible working and better engagement with SPPA.

R Waugh noted that one aspect of the feedback was to provide greater detail on workforce numbers in terms of gaps, which is not unexpected. R Waugh had also queried whether we should be prepared for a Workforce Projections exercise this year, for colleagues' awareness.

4.3 Workforce Planning for SPRA 2023-24

K Reith advised that there has been an indication that there may be a Workforce Projections exercise later this year. K Reith highlighted the aspiration is for the information to be consolidated and timescales aligned, to inform both the workforce projections template and the SPRA. J Balkan advised she intends to raise the topic of Workforce Projections at the Regional Workforce Planning Group meeting on 30 August 2022, for clarification.

C Dobson highlighted the fact that the SPRA is required at the most challenging time of the year and asked that services are included early in discussions.

05. Workforce Planning – Internal Audit

K Reith explained that this item had been included 'for information'. It is anticipated that the slightly delayed Workforce Planning audit – due to the rescheduled Workforce Strategy timeline – will be completed by the end of 2022. K Reith alerted members of the Group that Internal Audit colleagues may contact them for further information and clarification. R Waugh advised that a similar 'heads up' had been given to the Operational Workforce Planning Group last week. R Waugh confirmed she is liaising with the Audit Team and that outcomes and/ or recommendations will be fed back to this Group, the timescale for which is early 2023.

06. NHS Fife 3-Year Workforce Plan 2022-25 DRAFT Feedback

R Waugh reported that SG colleagues were relatively content with NHS Fife's draft Workforce Plan 2022-25; the main request was the potential for greater detail on workforce numbers, however, no written feedback has yet been received. It was recognised every effort will need to be made to meet the ambitious timescale for the plan to proceed through the Board's Governance route prior to agreeing the final document and publication by 31 October 2022.

07. Health and Care (Staffing) (Scotland) Act 2019

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

K Reith spoke to the progress report previously circulated that is being submitted to the Staff Governance Committee on 01 September 2022. In

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essence this Group will oversee the implementation of the legislation; the work of the associated workforce sub-groups is to ensure the responsible professional areas respond to the requirements of the Act. The timeline for this is over the next two years and on. It was noted that Nursing & Midwifery staff are more familiar with using the Workload and Workforce Planning Tools and could share learning with colleagues from other disciplines.

7.2 Nursing & Midwifery Update

N Robertson spoke to the paper which had been discussed at the Nursing & Midwifery Group meeting on 19 August 2022. The timeline was announced in June 2022: key milestones are full monitoring and governance from 01 April 2024 and first reports due by 31 March 2025. The Self-Assessment Template (SAT) has been developed and shared with all disciplines within Nursing & Midwifery, Medicine, Pharmacy, Dental and AHPs, to identify their own readiness. A key point is that each discipline is required to nominate a Workforce Lead.

Tracy Hunter is the Workforce Lead for Nursing & Midwifery; she is happy to work with other Leads and share expertise, although there will be a reliance on 'professional judgement' from other disciplines as part of the implementation. N Robertson advised that T Hunter's recommendation is to develop the Advisory Group - which she would be pleased to lead on - and to collaborate with and support all disciplines to implement the Act. K Reith suggested that colleagues might have an initial conversation with T Hunter in terms of nominations for Workforce Leads for each area.

All Group members

C Dobson had raised with the Acute Senior Leadership Team how to meet requirements of the legislation if we don't have the required staffing supply in the pipeline (more staff available at Bands 2, 3, 4 rather than 5). L Campbell acknowledged the changing landscape and the need to use professional judgement, skill mix and adapt to it. We need to evolve thinking on how tools operate, as we are in a different context from when they were first developed. N Robertson agreed the use of professional judgement, reviewing skill mix, and experience to forecast staffing requirements is key. K Reith recognised the need to reflect and review as we move forward. J Balkan invited colleagues to the SG online session around using Professional Judgement on 13 September 2022, details of the event to be shared with the Group.

JB

08. Updates from Associated Groups

8.1 NHS Fife Operational Workforce Planning Group

B McKenna indicated that at the recent meeting on 15 August 2022, Group members had reflected on the achievement of producing the Workforce Plan 2022-25 and submitting it to SG on time. A draft Service Template was discussed, the aim of which is to capture sustainability pressures such as recruitment and succession planning, and to tie in with supporting the production of Interim Workforce Plans, workforce projections and workforce risks; comments on the Template are welcomed. The initial layout is focusing on high level drivers, workforce indicators and high level risks. The overlap in terms of workforce projections and the SPRA was acknowledged; however, they require different levels of information. Also discussed was the inclusion of a

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suggested Workforce Indicator matrix within the template, which could be pre-populated, and the range of indicators that this could include. B McKenna offered to circulate the Template to this Group for information/comment.

**BM/
All Group
members**

The 70+ actions arising from the previous Workforce Plan had been reviewed: the majority were complete or are captured within the Workforce Plan 2022-25; the remainder were no longer relevant in the new landscape.

There is a range of management information continuing to be reviewed with a view to establishing our own internal solutions in terms of PDPR and a bank dashboard. L Campbell was keen for a single source of information; K Reith acknowledged work is ongoing to standardise reporting nationally, and welcomed comments on the draft report previously circulated. R Waugh advised the brief report on Workforce Information / Planning covers the main programmes aligned to NHS Fife and services hosted in H&SCP and the intention would be to develop and circulate similar reports for future meetings.

**All Group
members**

8.2 Health & Social Care Partnership Workforce and Organisational Development Board

R Lawrence explained that within the H&SCP there are differences in reporting and governance requirements compared to NHS Fife; however, there is the same trajectory and timelines as the NHS Workforce Plan. H&SCP colleagues are hoping to finalise the H&SC Workforce Plan for 2022-25 week commencing 29 August 2022, prior to submission for the Integrated Joint Board (IJB) on 30 September 2022. Members of the H&SCP W&ODB have approved the draft Strategy and the Senior Leadership Team also endorsed the document. R Lawrence emphasised the incredibly challenging timeline for incorporating SG feedback, the document proceeding through the Governance route and then published by 31 October 2022. R Lawrence welcomed comments/ questions on the draft Plan.

**All Group
members**

8.3 NHS Fife Nursing & Midwifery Workforce Planning Group

N Robertson reported that a high vacancy rate is resulting in a higher-than-normal use of agency staff. For the first time there are vacant nursing places at Universities. Within NHS Fife, there has been a 20% attrition rate in newly qualified practitioners since offers were made in March 2022.

International recruitment is going well: positive feedback is that 20 out of 21 individuals have passed Objective Structured Clinical Examination (OSCE) within the first six months of the initiative. The collaboration with Yeovil Trust is going well: we are about to recruit from the Philippines, which will widen access to nurses for medical wards and for theatres. There is ongoing work with Acute General Managers to assess demand and plan to expand to H&SC and develop a proactive pipeline; challenges include accommodation for staff as they would be working in a disparate area. Work is also in train with the University of Dundee to recruit International Masters Students. N Robertson added that in the longer term, there are plans to expand International Recruitment within Mental Health and Midwifery; however there is no equivalent process to the Adult Nursing Objective Structured Clinical Examination (OSCE).

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Conversations are ongoing with Yeovil Trust to expand to OT and other disciplines. Direct international recruitment will also be explored. The focus is currently on retention and staff wellbeing; liaising with R Waugh.

8.4 Allied Health Professionals Group Feedback

A Wong had to leave the meeting early due to another commitment, and advised there was no update for the Group at this time.

8.5 Corporate Division Updates

8.5.1 Pharmacy and Medicines Update

K Reith thanked S Tyson for sharing the Pharmacy and Medicines Strategic Framework with the Group and invited her to give a brief presentation. By way of background, S Tyson highlighted that recruitment and retention within Pharmacy is an ongoing challenge; to address this, Pharmacy is developing its own pipeline e.g., increasing the number of pre-registration Pharmacy Technicians through the national scheme, Trainee Pharmacists and Foundation Pharmacy posts, although now struggling to recruit as all Boards are competing for the same workforce; and have undertaken large scale recruitment of support workers.

The presentation outlined the main themes of the Pharmacy and Medicines Strategic Framework which sets out the Directorate’s aims and ambitions and aligns to NHS Fife’s Strategic Framework. The Pharmacy vision is “to provide excellent care to the people of Fife through continually developing an integrated and highly skilled workforce in all of our services” (Identity, Accountability and Delivery) and will be delivered through four domains: Improve Health and Wellbeing; Improve Quality of Health and Care Services; Deliver Value and Sustainability; Improve Staff Experience & Wellbeing. Pharmacy is committed to involving staff more with service improvement and transformation. In addition, Pharmacy are currently exploring how best to attract and retain staff; and undertaking a review of educational provision, skill mix, prescribing capacity, standardising 1:1 meetings and increasing research capacity.

8.5.2 Corporate Update

K Reith asked A Graham to report on this potentially new area for development. A Graham was thoughtful how strategy planning, for example in Estates & Facilities and Digital & Information, could be represented in considered way. The corporate functions currently report into the Operational Workforce Planning Group, which focuses on activities to support the work of this Group. A Graham queried whether establishing a ‘Corporate’ Group would be beneficial? S Fraser was happy to support and R Waugh also suggested Public Health representation, given their contribution to this Workforce Plan and the expansion to their workforce. K Reith suggested the formation of a new group/ expansion of the Operational Workforce Planning Group membership be explored prior to the next meeting of this Group (22 November 2022).

**AG/SF/
RW**

09. Workforce Risks / Risk Register

9.1 Workforce Sustainability Board Assurance Framework (BAF)

9.2 High Linked High Operational Risk appendix

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K Reith confirmed that the new risk management framework is under development but it was agreed to share the existing BAF and High-Level Linked Operational Risks with the Group pending the revised arrangements. R Waugh indicated that in line with other services, Workforce risks have undergone a rigorous review / housekeeping exercise in order to reflect them appropriately. In response to a query from A Graham on the level of the current risk rating, K Reith gave assurance that careful consideration will be given to the calibration of the rating system to ensure risks are captured effectively in future.

10. Items for Noting

- 10.1 NHS Fife 3-Year Workforce Plan 2022-25 DRAFT
- 10.2 H&SC 3-Year Workforce Plan 2022-25 DRAFT
- 10.3 DL(2022)26 - Revised Scottish Code of Practice for the International Recruitment of Health & Social Care Personnel
- 10.4 Workforce Projections Project - Communications Update - August 2022

11. AOB

There was no other business.

K Reith thanked Group members for their contributions and welcomed thoughts/ feedback on the development of the Group going forward.

All Group members

Date of Next Meeting: Tuesday 22 November 2022 at 14:00 hrs via MS Teams

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**Health & Safety Sub-Committee
(Meeting on 2 September 2022)**

No issues were raised for escalation to the Staff Governance Committee.



Minute of the H&S Sub-Committee Meeting
Friday 2 September 2022 at 1.30 pm on Teams

Present

Neil McCormick (Chair), Director of Property & Asset Management (NMCC)
Dr Chris McKenna, Medical Director (CMcK)
Conn Gillespie, Staff Side Representative (CG) (Joined meeting at 1.40 pm)

In Attendance

Paul Bishop, Head of Estates (PB)
Billy Nixon, H&S Manager (BN)
Ann-Marie Marshall, Acting Senior H&S Advisor (A-MM)
Kevin Reith, Deputy Director of Workforce (KR) for Linda Douglas
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)
Andrea Barker (AB) Minute

The meeting was recorded on Teams

The order of the minute may not reflect that of the discussion

No.		Action
1.	<u>Welcome & Introduction</u> NMCC welcomed everyone to the meeting and introduced Billy Nixon, H&S Manager and Rona Laskowski, Head of Complex & Clinical Care Services, Fife HSCP.	
2.	<u>Apologies</u> Apologies were received from Linda Douglas (Kevin Reith).	
3.	<u>Minute/Matters Arising:</u> 3.1 Minute of Last Meeting of 10.06.22 was recorded as accurate. 3.2 Minute of Meeting of 13.07.22 (W McConville, Unison H&S/V&A concerns to CP dated 08.06.22) was recorded as accurate.	
4.	<u>Covid-19 Update:</u> 4.1 <u>SBAR Covid-19 HAI HSE Spot Inspection</u> (JO) (dated April 2021) & 4.1(a) <u>Attachment: Action Plan</u> (CW) Noted by the group. All actions were undertaken on the Action Plan. No formal Improvement Notice was issued by the HSE. Now closed.	
	<u>Action</u> – One or two actions require to be closed off on the Action Plan in	NMCC/

	order to finalise the document and to have a complete version for the record.	BN
5.	<p><u>Governance Arrangements:</u></p> <p>5.1 <u>H&S Services Report</u></p> <p>NMcC advised that moving forward, he had agreed to BN's staffing proposal for the H&S Department. He added that there was a slight increase in resources required, however, this will be managed within existing budgets given its importance.</p> <p><u>Action</u> – BN to present the proposed H&S staffing arrangements to the next H&S Sub-Committee meeting on 09.12.22.</p> <p>(a) <u>Manual Handling (MH) Plan Moving Forward</u></p> <ul style="list-style-type: none"> • MH department restructuring plan underway. • Plan for a sustainable, evidence based service. • Training plan/rota created which reflects the needs of the service 5 days a week (with contingencies built in). • The MH delivery model addresses and positively impacts on the divide between the acquisition phase of training and the application phase. • Contingency slots have been fitted into the rota to allow a proactive, not just reactive service. • Positive H&S culture adopted. • Best practice is known and shared. • Staff are supported and developed (training, qualifications to fulfil their potential). <p><u>Manual Handling:</u></p> <ul style="list-style-type: none"> • Link worker role is considered to provide support at ward level. • Link worker role and responsibilities defined. • Link workers interested in the role assessed for suitability and endorsed by SCNs. • Training Course with appropriate aims and learning outcomes. • MH team to run the course to ensure staff are able to fulfil their role. • Link workers assessed by MH Team - evidencing knowledge, understanding and skill of the link worker. <p><u>Management and support of Link workers:</u></p> <ul style="list-style-type: none"> • Mandatory refresher course. • Frequent support visits by MH Team. • A support group set up for all link workers and MH Teams. • Data base/spreadsheet created and maintained by Administrator to ensure staff and areas are monitored • Link worker role creates potential career progression, encourages staff to consider a post within the dept or similar roles in other areas. <p>(b) <u>Audit/Training Needs Analysis</u></p> <ul style="list-style-type: none"> • MH Policy and associated procedures reviewed. • Manual handling audit work commenced to ensure the team are meeting service requirements and Scottish Manual Handling Passport. • Self assessment forms produced for patient and non-patient 	BN

	<p>handlers.</p> <ul style="list-style-type: none"> • Review and update all current MH paperwork/certificates etc. • Review and update all generic manual handling risk assessments available on Stafflink. • A-MM is in the process of developing a Manual Handling Audit which will be based around the passport which will give an indication of the service and requirements. Self-assessment forms have been drawn in for patient and non-patient handlers which can be co-ordinated on ward/department level by the SCN or Line Manager. These forms will identify training requirements per member of staff. <p>(c) <u>HSCP Ligature Works</u></p> <ul style="list-style-type: none"> • Ligature Risk Assessments are on-going. • The formation of the new Ligature Mitigation Project Team has begun. • H&S team involvement within an established Project Team has yet to be decided. <p>(d) <u>Face Fit Testing (FFT) (Covid/Monkeypox)</u></p> <p>The requirement for FFT has reduced significantly therefore, staff test sessions have been reduced to one per month.</p> <p>(e) <u>Sharps Strategy Group</u></p> <p>A-MM advised that it was still proving difficult to move forward with this group given low membership/attendance with the requirement to restart the meeting a priority.</p> <p>The matter was raised again at the August meeting of the ASD & CD LPF. A-MM to provide Andrew Verrecchia and Claire Dobson with a list of missing representation who have agreed to take forward with the individual department/ward.</p> <p>NMcC added that given the importance of the Sharps Strategy Group, it was necessary to have nursing colleagues on board with the violence and aggression statistics. The main focus is on the VHK site with a lesser number of incidents occurring at QMH.</p> <p>(f) <u>Sharps Strategy Training Packages (A-MM)</u></p> <p>A-MM advised that it was still proving difficult to move forward with this group given low membership/attendance with the requirement to restart the meeting a priority.</p> <p>To progress with the training packages, a list of all medical sharps used in Fife together with the name of the manufacturer is require which will allow for a sustainable training package to be formulated with assistance from the manufacturers/medical reps. This will then be rolled out at ward level and maintained by the Senior Charge Nurse, Team Leads etc.</p> <p><u>Action</u> – NMcC to take forward and discuss with Paula Lee, Interim Head of Procurement.</p> <p>5.2 <u>H&S Incident Report (Apr-Aug 2022)</u></p>	<p>NMcC</p>
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	<ul style="list-style-type: none"> The H&S Incident Report covering the period 1 April to 27 August 2022 was presented to the group by A-MM. <p>During this period, 37 sharps incidents were recorded overall. Of this figure, 26 incidents were recorded in Acute Services. No RIDDOR reportable injuries were recorded.</p> <ul style="list-style-type: none"> RIDDOR is reported on Datix. Following a discussion around incorrect reporting by staff, on occasion, not attaching RIDDOR reports to their Datix form, NMCC proposed that the link to RIDDOR be taken off the Datix form altogether. The proposal was endorsed by the group. <p>Action – A-MM. Official guidance on the change to the Datix form will follow through to workforce via forums, meetings, Communications via Staff Link.</p> <ul style="list-style-type: none"> Action – A monthly RIDDOR comparison report will be introduced at the next meeting and future meetings thereafter by BN. <p><u>Violence & Aggression (V&A)</u></p> <ul style="list-style-type: none"> V&A incidents towards staff amounted to 575 for the period April to August 2022. NMcC commented that V&A is more prevalent in HSCP than anywhere else. RL added that in the HSCP, workforce fragility is higher in areas of mental health where there is a greater dependency on Bank or Agency staff. RL added that in the HSCP permanent training is on-going with courses constantly available and constantly full for permanent members of staff. Substantive members of staff, however, are vulnerable in this respect. A-MM added that If V&A were to be a standard mandatory training requirement throughout Acute, Learning Disabilities and Mental Health then the uptake would improve, however, this is something that has never been able to be achieved to date. KR added that from an HR workforce point of view, V&A remains a continual topic of discussion at national level around the statute of mandatory standards across the whole of the sector. <p>Ideally, mandatory training would need to be role specific, however, this would add to the complexity of the task. If we were to initially set a standard and from there focus on group roles in order to identify specific training requirements ie in a patient facing role.</p> <p>KR added that he would be happy to take part in the mandatory training proposal and it may be worth a discussion out with the meeting in order to progress.</p> <p>Action – NMCC requested that consideration be given to the preparation of a proposal for the next meeting around Mandatory Training Standards to include all staff (role specific) by taking into account the pros and cons in relation to the best way forward across</p>	<p>A-MM</p> <p>BN</p> <p>RL/ BN/ A-MM</p>
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	<p>HSCP & NHS Fife.</p> <ul style="list-style-type: none"> Following a recent incident involving someone brandishing a knife, PB advised that as a precautionary measure, blue reflective stab proof vests have been ordered for security personnel. <p>5.3 <u>Manual Handling Training Plan</u></p> <p>A-MM presented a training plan on manual handling to show projections once a full complement of H&S staff are in post.</p> <p>NMcC added that there are several audit findings around manual handling that require to be attended to and once a manual handling training plan is in place then this will help address these.</p>	
6.	<p><u>NHS Fife Enforcement Activity</u></p> <p>No H&S Executive enforcement activity to report.</p>	
7.	<p><u>Policies & Procedures</u></p> <p>7.1 <u>H&S Policy</u> (Review date - November 2022)</p> <p>Please let BN know of any changes/amendments you may have.</p> <p><u>Action</u> – Update H&S Policy for next meeting for approval by the group.</p> <p>Updates to Terms of Reference (ToR) include:</p> <ul style="list-style-type: none"> RL to be added to the membership of the group – update ToR Streamlined group - to be clarified <p><u>Post Meeting Note</u> – amendment to name of group received from RL & forward to BN on 05.09.22 for information</p>	<p>ALL</p> <p>BN</p> <p>Andrea Andrea Andrea</p>
8.	<p><u>Any Other Business</u></p> <p>8.1 <u>Lone Working Policies</u></p> <p>RL – Deep dive across NHS Fife and HSCP around existing policies and our adherence to them.</p> <p>8.2 <u>Datix Incidents</u></p> <p>Moving forward, A-MM proposed bringing in Datix incidents to quarterly H&S Sub-Committee meetings with a view to concentrating on one specific topic for discussion.</p> <p>The proposal was agreed by the group.</p> <p><u>Action</u> - A-MM to take forward.</p>	<p>A-MM</p>
9.	<p><u>Date & Time of Next Meeting</u></p> <p>Friday 9 December 2022 at 12.30 pm on Teams</p>	

	<p><u>Post Meeting Note:</u></p> <p>LD will be on annual leave and has submitted her apologies for the 09.12.22 meeting. A member of the Workforce team will cover and attend – details tbc.</p> <p>The newly appointed Director of Workforce, David Miller has been added to the group membership.</p>	
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Unconfirmed