Staff Governance Committee

01 November 2019, 10:10 to 12:00
Staff Club

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DATE OF NEXT MEETING: Friday 17th January 2020 at 10:00 hrs in the Staff Club, VHK

MINUTE OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 30 AUGUST 2019 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

Mrs M Wells, Non-Executive Director **(Chairperson)**
Mr E Clarke, Non-Executive Director
Mrs C Cooper, Non-Executive Director
Mr S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum
Mr A Verrecchia, Co-Chair, Acute Local Partnership Forum

In Attendance:

Mr B Anderson, Head of Staff Governance
Mrs N Connor, Interim Director of Health & Social Care
Mr A MacKay, Deputy Chief Operating Officer
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Ms BA Nelson, Director of Workforce
Ms J Owens, Associate Director of Nursing (items 80/19 to 85/19)
Mrs R Waugh, Head of HR
Mrs P King, Corporate Services Manager (Minutes)

80/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Mrs Connor, Interim Director of Health & Social Care, and Mr MacKay, Deputy Chief Operating Officer. The notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

81/19 DECLARATION OF MEMBERS' INTERESTS

None.

82/19 APOLOGIES FOR ABSENCE

Apologies were received from Mrs Brown, Mrs Buchanan and Mr Hawkins.

83/19 MINUTE AND ACTION LIST OF THE PREVIOUS MEETING HELD ON 28 JUNE 2019

The Minute of the previous meeting was **approved**.

The action list would be updated as per discussion at the meeting of the relevant agenda items.

84/19 MATTERS ARISING

None.

It was agreed to take agenda item 10 at this point.

85/19 SAFE STAFFING LEGISLATION

Ms Owens gave a presentation on Safe Staffing Legislation, which had been brought into law in recognition of the importance of safe staffing levels on mortality. This was a major piece of work around nursing and midwifery that would be expanded into Allied Health Professions (AHPs) in due course and the legislation placed a duty on every Health Board to ensure appropriate staffing was in place at all times. Ms Owens responded to a number of questions about monitoring staffing levels in the community using the proposed compliance tools, the implications for high cost agency use and raising the issue through the Integration Joint Board. The effect on supplementary staffing was of concern particularly in Intensive Care areas and for Operating Department Practitioners, but there are other, less specialist areas where agency should not be used. Discussions are therefore taking place with areas that do have critical vacancies looking at different ways to fast track the recruitment process.

The Chair thanked Ms Owens for her useful and comprehensive presentation on safe staffing, noting the work underway in Fife to meet this obligation for nursing & midwifery and other staff, particularly AHPs.

The Committee **noted** the content of the presentation.

86/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

Ms Nelson advised that this is the routine consideration of the BAF in terms of workforce sustainability risks and any sub set risks, as submitted to every meeting. There was no change to the content of the workforce sustainability risk since the version last presented to the Committee in June 2019.

The only remaining operational risk related to the national shortage of consultant radiologists. A query had been raised at the last meeting about the level of the risk given it had been on the register for some time and whether or not this should be reduced. After internal consideration and a test of the market, confirmation had been received from the Acute Services Division that the risk should remain at a high level as the recruitment issues remained in this speciality. The date of the current management action related to this risk would be updated accordingly.

Action: A MacKay

The Committee was reminded that two additional risks had previously been added relating to Mental Health and Brexit. As workforce planning arrangements were more aligned to service planning and financial planning arrangements within the Board, Members were assured that any specific staffing risks would appear in the local risk registers and would be escalated as appropriate. Ms Nelson would consider how best to articulate the known shortage areas to provide more detail and will report back to the Committee.

Action: B A Nelson

Mr Clarke commented that there was no reference to 'digital readiness' which had the potential to be a big risk for staff going forward, if technology was to be an important aspect of service delivery transformation.

The Committee **noted** the content of the report and **approved** the risk ratings of the updated workforce sustainability element of the Board Assurance Framework.

87/19 STAFF HEALTH & WELLBEING

a) Attendance Management Update

Mrs Waugh spoke to the paper that provided an update on the sickness absence statistics for April to June 2019. The NHS Fife average sickness absence rate for June 2019 was 5.55%, about 0.5% above the NHS Scotland average rate for the same period. Analysis of the statistics was set out on pages 3-6 of the report and included additional information on short and long term absence at para 2.2, as requested at the last meeting. In reference to doctors in training, NHS Lothian had provided a report on medical and dental absence that showed a sickness absence rate of below 1% and this data would form part of the report to the Committee in due course. A number of actions were ongoing and these were listed on pages 7-8 of the report.

Members were pleased to note the good work being taken forward particularly related to staff health and wellbeing across NHS Fife and the Health & Social Care Partnership. In response to a question around evaluation of the effectiveness of the actions undertaken to improve performance, Ms Nelson advised that although some activity was qualitative related to the health and wellbeing of staff and was difficult to evaluate, for certain actions the difference could be quantified and would be part of the future reporting mechanism. Useful discussion also took place on the application of policies and the need for these to be consistently applied. Consideration should be given as to whether this is a training issue about how to enable people to act in a compassionate manner, at the same time as dealing with the responsibilities of running a service.

The Committee **noted** the sickness absence position for the first quarter of the 2019/20 financial year, noting the small improvement in the overall position.

b) Well at Work

Mrs Waugh spoke to the update paper on the latest Well at Work (Healthy Working Lives) activity, highlighting in particular the evaluation of year 1 of Going Beyond Gold work and the year 2 plan that would be presented to the November Committee meeting. Also highlighted were the Holyrood Wellbeing Conference that key members of the team had been invited to speak at and the update to the Health and Wellbeing Strategy that would focus on smoking, alcohol, healthy eating and

physical activity. An update on the Kindness Conference would also be provided at the next meeting in November, or earlier at the Area Partnership Forum.

Action: R Waugh

The Committee **noted** the ongoing activities in support of Well at Work.

88/19 FOCUS ON APPROPRIATELY TRAINED AND DEVELOPED STAFF GOVERNANCE STRAND

a) Once for Scotland Workforce Policies Update

Ms Nelson briefed Members on the content of the paper.

The Committee **noted** the update on revising core HR policies on a national basis, and the Board's anticipated actions in respect of Phase 2 of this work.

b) Dignity at Work Action Plan/Sturrock Report

Ms Nelson gave a presentation on the Sturrock Report outlining the context/remit of the Sturrock review, common themes, steps taken within NHS Fife and local and national actions. An update was also provided on the first Short Life Working Group chaired by the Cabinet Secretary that would oversee how the Report's recommendations would be met. Ms Nelson emphasised that the plan would only work if it is owned and driven by staff and it was agreed that presentations be made at the Local Partnership Forums, preferably done jointly with Fife Council and the Integration Joint Board, to inform staff appropriately. The presentation given to the Committee would be circulated to Members.

Action: B A Nelson

89/19 WORKFORCE STRATEGY 2019/22

The Committee **noted** the formal approval of the Workforce Strategy 2019-20 by the Board in July 2019.

90/19 TURAS UPDATE

Mr Anderson referred to the report that demonstrated performance against the recovery plan target to restore compliance to above 80% by the end of October 2019. This related to Turas PDP completion as agreed by the Executive Directors Group (EDG), along with the position for each Directorate to meet the agreed recovery plan. Whilst PDP compliance has shown an increase in performance in 2019/20, it currently sits at 51% compliance, 9% lower than the required trajectory to achieve 80% by the target date.

The importance of staff having their appraisal was emphasised, particularly as a first step in supporting staff and obtaining their views about how they feel things are going. It was agreed this tied into the discussion on sickness absence.

There were a number of reasons why this is not happening at the rate it should, mainly linked to learning the new system, technical glitches with the new system and workload pressures.

The Committee **noted** the progress in relation to the recovery plan established to restore compliance to above 80%.

91/19 HR COLLABORATIVE WORKING – NATIONAL/REGIONAL

Discussed under item 83/19. Ms Nelson confirmed that elements of the regional work streams of shared services would be reported to the Executive Directors Group, Area Partnership Forum and Staff Governance Committee. It was hoped that an update on the regional collaborative work could be provided to the next Committee meeting.

Action: B A Nelson

92/19 BREXIT UPDATE

Ms Nelson informed Members that, given recent political developments, communication related to Brexit would be re-energised on a general basis and for staff that may be affected in order to support them and encourage them to apply for settled status. Some Boards have already suffered an impact in terms of workforce as people consider their life choices. The Brexit Assurance Group had arranged a meeting for 6 September 2019, where these issues would be considered further.

The Board **noted** the update provided.

93/19 YOUNG PEOPLE'S WORKFORCE STRATEGY

Ms Nelson spoke to the paper that provided an overview of work undertaken to date on the Board's approach to Youth Employment and an indication of other steps that are being taken to increase engagement in this agenda. Ms Nelson thanked Mr Anderson and team for the considerable work done to increase youth employment opportunities.

Mrs Connor referred to a recent presentation by Fife Council who have a reference group of youth staff, aged 16-30, that is able to feed in and advise about the best way to engage with this age group. Mr Anderson would link in with Council colleagues, and NHS Lothian who also had a good set up around youth employment, for any further learning for NHS Fife going forward. Comment was also made about the need to identify transferrable skills into careers in the health sector and how this is actively promoted.

The Committee **noted** the specific actions to be taken in supporting the Youth Employment Strategy.

The Committee **considered** the update and **noted** the actions planned for 2019.

94/19 STAFF GOVERNANCE COMMITTEE - FUTURE DATES

The Committee **noted** the proposed dates of future Committee meetings through to 2021.

95/19 INTEGRATED PERFORMANCE & QUALITY REPORT

The new Integrated Performance & Quality Report has been developed with input from Committee Chairs and Directors to give a simpler drill down of information. It was intended that the section on Staff Governance be expanded in future but the content needed to be meaningful and related to easily obtainable data. Members had previously discussed a paper on HR metrics and suggested including Turas and iMatter on an annual basis. The importance of the qualitative information around staff governance was emphasised, noting that this would be reported to the Board by the Chair of the Committee under the minutes section of the Fife NHS Board agenda.

The Committee **noted** the Integrated Performance & Quality Report and **noted** its content in relation to Staff Governance.

96/19 ISSUES TO BE HIGHLIGHTED TO THE BOARD:

a) From the Integrated Performance & Quality Report

The following items would be highlighted to the Board:

- Sickness Absence performance

b) In addition to the Integrated Performance & Quality Report

The following items would be highlighted to the Board:

- Safe Staffing Legislation;
- Turas;
- Sturrock Report on values and behaviours

97/19 ITEMS FOR INFORMATION/NOTING

The below-noted minutes were **noted**:

a) Minutes and Action List of the Area Partnership Forum (24.07.19)

b) Minutes of the Acute Services Division and Corporate Directorates Local Partnership Forum (27.06.19)

c) Minutes and Action List of Health & Social Care Local Partnership Forum (26.06.19)

98/19 ANY OTHER BUSINESS

a) Winter Planning 2019/20

The Committee **acknowledged** that the Winter Plan 2019/20 was in development and a helpful presentation had been given at the Board Development Session on 28 August 2019.

b) Appointment of Director of Workforce

Ms Linda Douglas has been appointed as the new Director of Workforce and would likely take up post on 1 January 2020. Ms Douglas is the current Director of HR at the Scottish Ambulance Service and will attend the November meeting of the Staff Governance Committee as part of the handover arrangements.

c) Staff

Mr Mackay took the opportunity to highlight one of many examples whereby staff go above and beyond for patients in their care. In this example, at a time when the hospital was extremely busy and pressurised, staff had enabled a patient receiving end of life care in one of the Admissions Unit to get married.

99/19 DATE OF NEXT MEETING:

Friday 1 November 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

TABLE OF ACTIONS from STAFF GOVERNANCE COMMITTEE MEETING held on 30th August 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
59/17	National HR Shared Services – BAN to bring updates as appropriate	BAN	Ongoing	Ongoing
15/19	Issues to be highlighted to Board	BAN	25.09.19	Reported to Board
51/19	Staff Governance standards to appear higher on the agenda	BAN	01.11.19	On agenda
64/19	BAF – Staff Governance risks.	BAN	01.11.19	On agenda
87/19b	Well at Work – update on Kindness Conference	RJW	01.11.19	On agenda
88/19b	Sturrock Report – to be circulated	BAN	01.11.19	Completed
91/9	HR Collaborative working – regional update	BAN	01.11.19	On agenda

Report to Staff Governance Committee

DATE OF MEETING:	Friday 1st November 2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Workforce Sustainability
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

Purpose of the Report		
~~**For Decision**~~	~~**For Discussion**~~	**For Information**

SBAR REPORT

Situation

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

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health &Social Care Integration Strategic Plan

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

This report provides the Committee with the latest version of the NHS Fife BAF, further to the update provided at the last meeting on 30 August 2019.

Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions:

- Identifies and describes the key controls and actions in place to reduce or manage the risk.
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect.
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities.
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time – improving, moving towards its target or tram – lining.

The Committee is invited to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?

- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

Assessment

NHS Fife can be assured that systems and processes are in place to ensure the right composition of the workforce, with the right skills and competencies deployed in the right place at the right time. Failure to ensure this will adversely affect the provision of services and the quality of patient care delivered. It will also impact upon the organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.

The high level organisational risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed within the accompanying paper at **Appendix 1**.

There is no change to the content of the Workforce Sustainability section of the BAF since the version presented to the Committee in June 2019. The only remaining operational risk is:

90	National shortage of Consultant Radiologists

As previously agreed on 30th August 2019 this risk was to remain as High.

Recommendation

The Committee is invited to **note** the content of this report and **approve** the current risk rating and the workforce sustainability elements of the Board Assurance Framework.

Objectives: (must be completed)	
Healthcare Standard(s):	To aid service delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Appendix 1

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Workforce Sustainability																													
1415	Exemplar Employer	30.08.19	01.11.19	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	20	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy. The current score reflects the existing controls and mitigating actions in place.	Director of Workforce/ Partnership	Staff Governance Chair : Margaret Wells	*Ongoing actions designed to mitigate the risk including:* 1. • Development of the Workforce Strategy to support the Clinical Strategy and Strategic Framework. 2. • Implementation of the Health & Social Care Workforce and Organisational Development Strategy to support the Health & Social Care Strategic Plan for 2016/19. 3. • Implementation of the NHS Fife Strategic Framework particularly the	Nil	Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework	Director of Workforce/Partnership		1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	4	Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
																4. • A Brexit Steering Group has been established to consider the impact on the workforce with regard to these arrangements once they are known. 5. An Assurance Group has also been established which will link to existing resilience planning arrangements 6. • Implementation of eESS as a workforce management system within NHS Fife	Nil	Implementation of proactive support for the workforce affected by Brexit. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced real time data intelligence for workforce planning and maximise benefit realisation from a fully integrated information system.											
																7. • A stepped approach to nurse recruitment is in place which enables student nurses about to qualify to apply for certain posts at point of registration. This model could also be applied to AHP, eHealth, Pharmacist, Scientific and Trades recruitment and other disciplines considered. 8 • Strengthening of the control and monitoring associated with supplementary staffing with identification and implementation of solutions to reduce the requirement and/or costs associated with supplemental staffing. 9. • NHS Fife participation in regional and national groups to address national and local recruitment challenges and specific key group shortage areas, applying agreed solutions e.g. SERRIS 10. Review of risks related to Mental Health recruitment with Risk owners	Nil	Strengthen workforce planning infrastructure ensuring co-ordinated and cohesive approach taken to advance key workforce strategies										
																11. • Absence Management Steering Group and local divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity, 12. • Well@Work initiatives continue to support the health and wellbeing of the workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the Staff Wellbeing & Safety	Nil	Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing.										
																13. • The roll out and implementation of iMatter across the organisation, to support staff engagement and organisational values.	Nil	Optimise use of iMatter process and data to improve staff engagement and retention										
																14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce. 15. • Training and Development	Nil	Continue to implement and promote Staff Governance Action plans and staff engagement										
																16. • Development of the Learning and Development Framework strand of the Workforce Strategy 17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support	Nil	Implementation of the Learning and Development Framework strand of the Workforce Strategy.	Director of Workforce/Partnership									
																18. • The improvement made in Core Skills compliance to ensure NHS Fife meets its statutory obligations	Nil	Review of L&D processes , planning and resources to ensure alignment to priorities										
																19. • The implementation of the Learning management System module of eESS to ensure all training and development data is held and to facilitate reporting and analysis	Nil	Full roll out of learning management self service										
																20. • Continue to address the risk of non compliance with Staff Governance Standard and HEAT standard requirements relating to KSF	Nil	Continuing implementation of the KSF Improvement and Recovery Plan										
																21. • Utilisation of the Staff Governance Standard and Staff Governance Action Plans (the "Appropriately trained" strand) is utilised to identify local priorities and drive local actions	Nil											
																22. • The development of close working relationships with L&D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working	Nil		Director of Workforce									

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
90	National shortage of radiologists	High 16	J Burdock

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
503	Lack of capacity in Podiatry Service unable to meet SIGN/ NICE Guidelines	Risk Closed		
1042	Staffing levels Community Services East unable to meet staffing establishment	No longer high risk	Moderate 12	K Nolan
1324	Medical Staff Recruitment	No longer high risk	Moderate 9	J Kennedy
1349	Service provision- GP locums may no longer wish to work for NHS Fife salaried practices	Risk Closed		
1353	Medical Cover- Community Services West- expected shortfalls on nurse staffing and GP cover	No longer high risk	Moderate 9	C Dobson
1375	Breast Radiology Service	No longer high risk	Moderate 12	M Cross
1420	Loss of consultants	No longer high risk	Moderate 12	H Bett

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	23.08.2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	23/01/2019 All other previous actions continue. Recruitment March 2019 was unsuccessful with no interviewee. An NHS locum for a fixed term is being pursued, awaiting completing of forms and visa application. Lothian Posts with PA's in Fife pursued. 01/11/19 Actions continue to secure substantive appointments within the continuing challenging environment at a national level. This is in addition to implementing arrangements to sustain the delivery of service.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Burdock, Jeanette	Burdock, Jeanette	30.08.19	01.11.19

Report to Staff Governance Committee

DATE OF MEETING:	Friday 1 November 2019
TITLE OF REPORT:	Workforce Challenges Aligned to NHS Fife Board Assurance Framework (BAF)
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

Purpose of the Report		
~~For Decision~~	~~For Discussion~~	**For Information**

SBAR REPORT

Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to the Staff Governance Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the relevant NHS Fife and Health & Social Care clinical and workforce strategies and plans.

The Appendix to this report provides the Committee with information on and the context of the current workforce challenges, to complement the specific high level workforce risks set out within the BAF.

Background

Detailed information on the workforce composition, the challenges and high level actions being undertaken by Directorates and Services are contained in the Workforce Strategy for 2019/22, approved by the Board In July and published in August 2019. In addition, Fife Health & Social Care Partnership's Workforce Strategy for 2019/22 was published earlier this year and includes similar detail for the services provided by the Integrated Joint Board.

As previously reported, in developing the Workforce Strategy, the Board followed the extant guidance detailed in CEL(2011)32, which requires NHS Boards to follow the 6 step methodology in order to plan for current and future workforce requirements, ensuring they have a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

After discussion about the workforce risks within the Staff Governance Committee, it was agreed to provide additional information linked to the broader themes contained within the BAF.

Assessment

While the high level organisational risks are set out in the BAF, together with the current risk assessment and high level action plans are set out in the respective Workforce Strategies, the attached data is intended to provide Staff Governance Committee members with a broader perspective on the workforce challenges facing the Board and associated actions being taken to mitigate these challenges. It should also be noted that any specific staffing risks will also appear in local risk registers and would be escalated as appropriate.

Recommendation

The Committee is invited to **note** the content of this report.

Objectives: (must be completed)	
Healthcare Standard(s):	To aid service delivery
HB Strategic Objectives:	Supports all of the Board's Strategic Objectives

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors, Workforce Planning Manager

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	Staff Governance; Financial, Service and Workforce Planning
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Appendix 1

NHS FIFE WORKFORCE INFORMATION AND CHALLENGES 24 OCTOBER 2019

NHS FIFE

OVERVIEW

1. NHS FIFE WORKFORCE INCREASED BY 82.9 WTE (1.2%) IN QUARTER 2. THIS IS AN INCREASE OF 2.3% COMPARED TO THE POSITION AS AT 30 SEPTEMBER 2018.

2. INCREASES IN WORKFORCE NUMBERS FOCUSED ON THE NURSING & MIDWIFERY JOB FAMILY (48.6 WTE), ALONG WITH MEDICAL & DENTAL (11.5 WTE) AND ALLIED HEALTH PROFESSIONS (10.0 WTE). THERE WAS A REDUCTION IN SUPPORT SERVICES (-4.4 WTE)

3. THE BOARD HOSTED A 'DROP IN' GP / PHARMACY RECRUITMENT EVENT IN JUNE 2019, WHERE LOCAL GP PRACTICES WERE ALSO INVITED TO PARTICIPATE.

TURNOVER

8.2 % FOR 2018/19

1. THE HIGHEST LEVELS OF TURNOVER WERE WITHIN THE OTHER THERAPEUTIC JOB FAMILY (14.0%) AND MEDICAL & DENTAL (12.2%). THE HIGH LEVELS RECORDED WITHIN THE OTHER THERAPEUTIC JOB FAMILY IS PARTIALLY EXPLAINED DUE TO THE NUMBERS OF STUDENT PSYCHOLOGISTS PLACED IN HEALTH BOARDS ON A FIXED TERM BASIS DURING THEIR ACADEMIC STUDIES.

2. THE LOWEST LEVELS OF TURNOVER WERE NOTED IN THE HEALTHCARE SCIENCE JOB FAMILY (6.6%) AND ADMINISTRATIVE SERVICES (6.9%).

RECRUITMENT

CONSULTANT WORKFORCE

40.10 WTE VACANCIES; 14.58% VACANCY RATE (30 SEPTEMBER 2019);
STATIC VACANCY RATE IN LAST QUARTER; -0.6% DECREASE OVERALL IN LAST YEAR

1. THERE CONTINUES TO BE A NUMBER OF LONG TERM VACANCIES WITHIN RADIOLOGY AND PSYCHIATRY, SERVICES CONTINUE TO BE PROVIDED WITH AGENCY STAFF SUPPORTING SUBSTANTIVE STAFF IN THE PROVISON OF CORE SERVICES . THERE ARE ALSO HARDER TO FILL POSTS WITHIN ENT, HAEMATOLOGY, OPHTHALMOLOGY AND RHEUMATOLOGY. THE BOARD HAS PARTICIPATED IN THE NATIONAL RECRUITMENT CAMPAIGNS FOR PSYCHIATRY AND ANAESTHETICS AND MOST RECENTLY PAEDIATRICS AND IS BEING SUPPORTED BY THE INTERNATIONAL RECRUITMENT SERVICE WITH A LOCAL CAMPAIGN FOR RHEUMATOLOGY.

2. AS AT 30 SEPTEMBER 2019, 20 NEW SUBSTANTIVE CONSULTANTS HAVE BEEN CONFIRMED TO START LATER THIS YEAR WITHIN VARIOUS SPECIALTIES INCLUDING ANAESTHETICS, CARDIOLOGY, GENERAL SURGERY, GERIATRIC MEDICINE, MICROBIOLOGY, OBSTETRICS & GYNAECOLOGY, TRAUMA & ORTHOPAEDICS AND UROLOGY. THIS WILL FURTHER REDUCE THE VACANCY RATE.

3. WE HAVE ALSO RECRUITED A GP OUT OF HOURS DEVELOPMENT FELLOW WITH NES AND THE SCOTTISH GOVERNMENT, WHICH WILL SUPPORT OUT OF HOURS AS WELL AS A PRACTICE, ALONG WITH 5 NEW SCOTGEM GENERAL PRACTITIONERS, WORKING WITHIN VARIOUS GP PRACTICES.

4. THE BOARD IS CONTINUING TO PARTICIPATE IN DEVELOPMENT OF THE PHYSICIAN ASSOCIATE ROLE WITHIN THE EAST REGION, WITH A VIEW TO STUDENT PHYSICIAN ASSOCIATES BEING PLACED WITHIN THE BOARD IN 2020. THERE IS A GROWING BODY OF EVIDENCE IN RESPECT OF THESE ROLES SUPPORTING THE MEDICAL WORKFORCE. TRANSFORMING SERVICES CAN SUPPORT NEW WAYS OF WORKING, POTENTIALLY REDUCING THE RELIANCE ON THE CONSULTANT WORKFORCE.

REGISTERED NURSING & MIDWIFERY WORKFORCE

167.2 WTE VACANCIES; 4.4% VACANCY RATE (30 SEPTEMBER 2019);
-0.8% REDUCTION IN RATE DURING LAST QUARTER; 0.9% INCREASE IN LAST YEAR

1. FOLLOWING THE SUCCESS OF THE CO-ORDINATED STUDENT RECRUITMENT CAMPAIGN, THERE HAS BEEN A CIRCA 50 WTE INCREASE IN THE NURSING AND MIDWIFERY WORKFORCE IN THE LAST QUARTER. THIS CAMPAIGN RESULTED IN THE FOLLOWING APPOINTMENTS:

   ADULT NURSING – 117 APPOINTMENTS
   MENTAL HEALTH NURSING – 19 APPOINTMENTS
   LEARNING DISABILITIES – 15 APPOINTMENTS
   MIDWIFERY – 11 APPOINTMENTS

2. THE STUDENT RECRUITMENT CAMPAIGN WAS SUPPLEMENTED WITH THE RETURN TO NURSING PRACTICE SCHEME RUN BY THE PRACTICE AND PROFESSIONAL DEVELOPMENT SERVICE. 5 RETURN TO PRACTICE NURSING STUDENTS HAVE COMPLETED TRAINING AND ARE NOW IN POST.

3. MENTAL HEALTH NURSING COURSES WILL BE OFFERED AT FIFE CAMPUS AGAIN FROM SEPTEMBER 2019, (THREE YEAR PROGRAMME).

4. THE BOARD NURSE DIRECTOR AND SENIOR NURSING TEAM CONTINUE TO CREATE EFFECTIVE WORKING RELATIONSHIPS WITH LOCAL UNIVERSITIES AND HAVE SECURED AN INCREASED NUMBER OF PLACEMENTS WITHIN THE BOARD AS A RESULT.

5. WE CONTINUE TO CONSIDER HOW WE CAN SUPPORT STAFF TO REMAIN IN THEIR CAREERS BY MAXIMISING FLEXIBLE WORKING AND CONSIDERING ANY SPECIFIC NEEDS OF OUR OLDER WORKFORCE.

6. REVIEWING OUR INTERNAL RECRUITMENT PROCESSES TO ENSURE THAT THESE ARE AS FOCUSSED AS POSSIBLE IN SUPPORTING EARLY RECRUITMENT TO VACANCIES IN CRITICAL AREAS.

REGISTERED ALLIED HEALTH PROFESSION WORKFORCE

48.3WTE VACANCIES; 7.0% VACANCY RATE (30 SEPTEMBER 2019);
-0.1% REDUCTION IN RATE DURING LAST QUARTER; 2.4% INCREASE IN LAST YEAR

1. AHP ESTABLISHMENT HAS INCREASED FROM THE PREVIOUS YEAR, WITH FUNDING COMING FROM A RANGE OF SOURCES, FOR EXAMPLE THE INTRODUCTION OF THE NEW GP CONTRACT.

WINTER PLANNING

1. THE ACUTE SERVICES DIVISION IS HOLDING A RECRUITMENT FAIR ATTRACTING BAND 2 AND BAND 5 HEALTHCARE WORKERS IN NOVEMBER 2019 IN PREPARATION FOR WINTER PRESSURE DEMANDS.

IMPLEMENTATION OF GMS CONTRACT

1. THE HSCP IS CONTINUING TO IMPLEMENT THE NEW GMS CONTRACT. BASED ON CLUSTER PRIORITIES, NEW STAFF HAVE BEEN EMPLOYED IN MENTAL HEALTH, PHARMACY, PHLEBOTOMY, PHYSIOTHERAPY AND VACCINATION ROLES.

2. WORK IS PROGRESSING ON THE PLANS FOR THE NEXT PHASES, INCLUDING EXPANSION OF THE COMMUNITY CARE AND TREATMENT NURSING WORKFORCE, IN HOURS URGENT CARE, PLUS ADDITIONAL STAFF WITHIN THE AREAS LISTED ABOVE. TRAINING IN ADVANCED PRACTICE ROLES, SUPPORTED BY NES, IS UNDERWAY.

3. PHASING IN OF DEVELOPMENTS WILL BE KEY IN ENSURING THAT STAFFING OF OTHER SERVICES IS NOT DESTABILISED IF THE COMMUNITY ROLES ARE MORE ATTRACTIVE TO STAFF THAN TRADITIONAL HOSPITAL BASED ROLES.

BREXIT

1. IN COLLABORATION WITH CITIZENS ADVICE AND RIGHTS FIFE, NHS FIFE CONTINUES TO OFFER SUPPORT TO NON UK, EU NATIONAL EMPLOYEES IN THE BUILD UP TO THE UK'S DEPARTURE FROM THE EUROPEAN UNION.

2. STAFF COMMUNICATION WAS DISSEMINATED TO OUR WORKFORCE ADVERTISING THE LAUNCH OF THE UK GOVERNMENT'S SETTLED STATUS SCHEME. THIS SCHEME WAS INITIALLY OPEN TO THOSE ENGAGED IN THE HEALTH & SOCIAL CARE EMPLOYMENT SECTOR IN LATE 2018 ON A PILOT BASIS, PRIOR TO THE FULL LAUNCH OF THE SCHEME FROM MARCH 2019.

3. A SERIES OF DROP-IN SESSIONS HAVE ALSO BEEN ARRANGED WITH CITIZENS ADVICE AND RIGHTS FIFE DURING OCTOBER 2019 WHICH OFFER OUR NON UK, EU NATIONAL EMPLOYEES CONFIDENTIAL ADVICE AND SUPPORT PERTAINING TO THEIR SPECIFIC CIRCUMSTANCES, OR THAT OF THEIR FAMILY.

REPORT TO STAFF GOVERNANCE COMMITTEE Item 9.1

DATE OF MEETING:	Friday 1 November 2019
TITLE OF REPORT:	Attendance Management Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

Purpose of the Report (delete as appropriate)		
~~For Decision~~	**For Discussion**	~~For Information~~

SBAR REPORT

Situation

The purpose of this report is to update the Staff Governance Committee on the latest NHS Fife Sickness Absence statistics.

Background

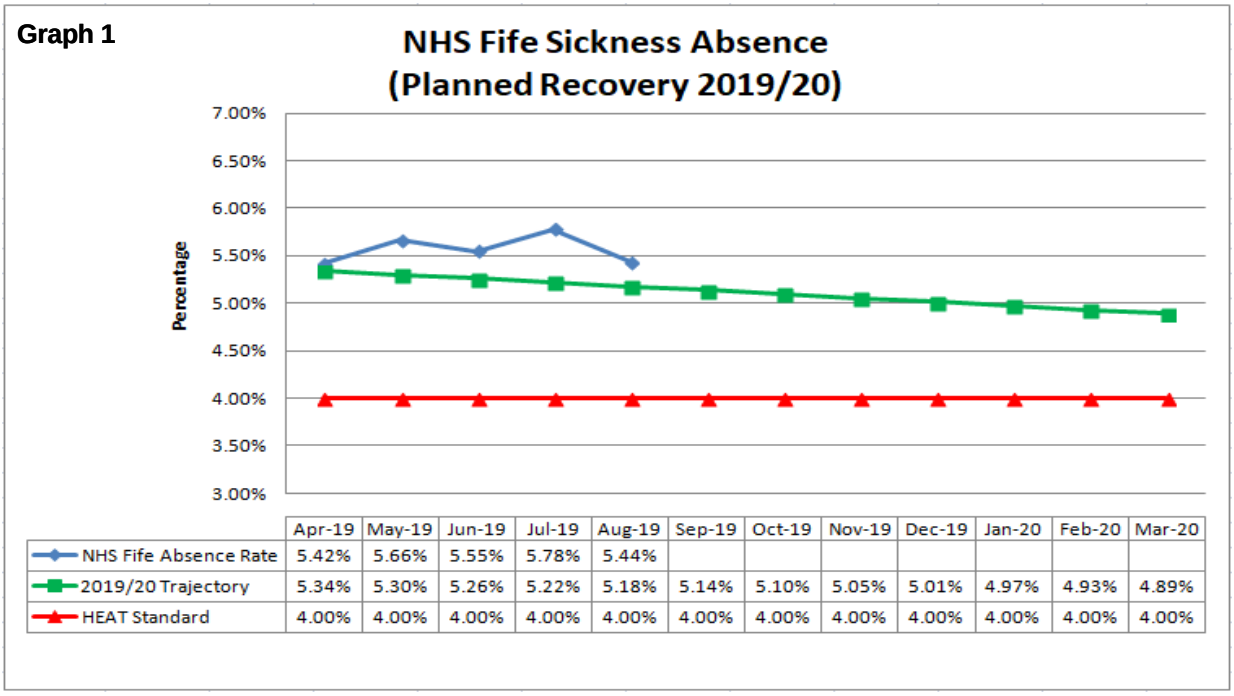
1. CURRENT NHS FIFE SICKNESS ABSENCE DATA

1.1 The NHS Fife sickness absence rate for August 2019 was 5.44%, a decrease of 0.34% from the July 2019 absence rate of 5.78%. This was as a result of decreases in the absence rates within all operational units of the Board.

1.2 The August 2019 sickness absence figure produced by SWISS for NHS Fife is 5.43%, a decrease of 0.34% from the July 2019 rate of 5.78%. This decrease represents a saving of £77,236.38 as a cash equivalent of the pay bill from the previous month, or 25 whole time equivalent posts for the month. The NHS Fife average rate was 0.25% above the NHS Scotland average rate of 5.18% for the month of August 2019.

1.3 As detailed in Graph 1 below, the trajectory for sickness absence is to achieve a rate of 4.89% by the end of March 2020. NHS Fife is currently 0.26% above the 5.18% trajectory rate set for August 2019.

Graph 1

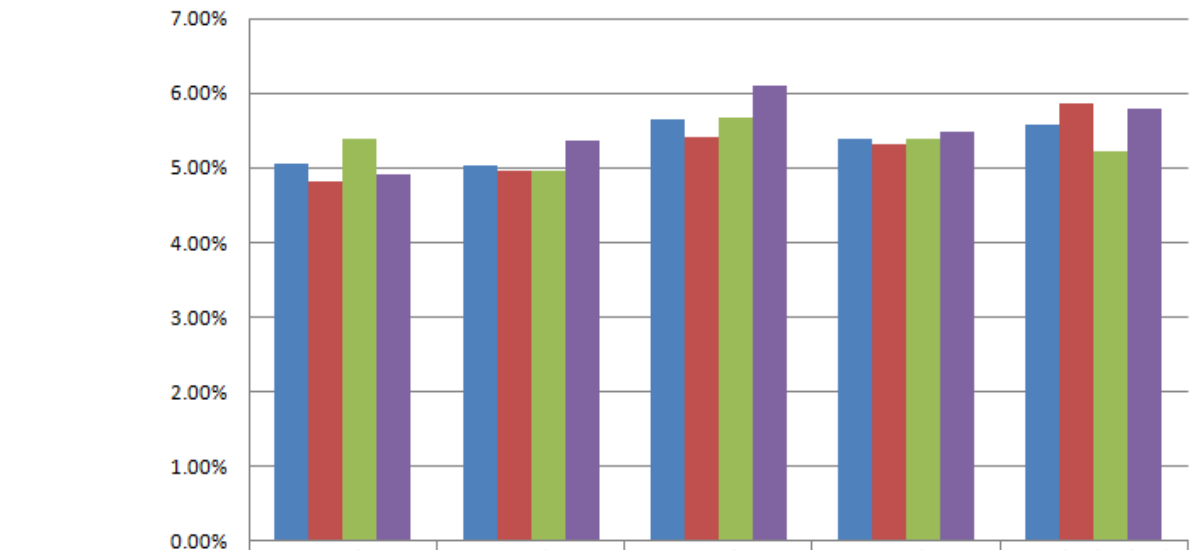


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NHS Fife Absence Rate	5.42%	5.66%	5.55%	5.78%	5.44%							
2019/20 Trajectory	5.34%	5.30%	5.26%	5.22%	5.18%	5.14%	5.10%	5.05%	5.01%	4.97%	4.93%	4.89%
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

1.4 NHS Fife's average sickness absence rates by Operational Unit are detailed in Graph 2 below.

Graph 2

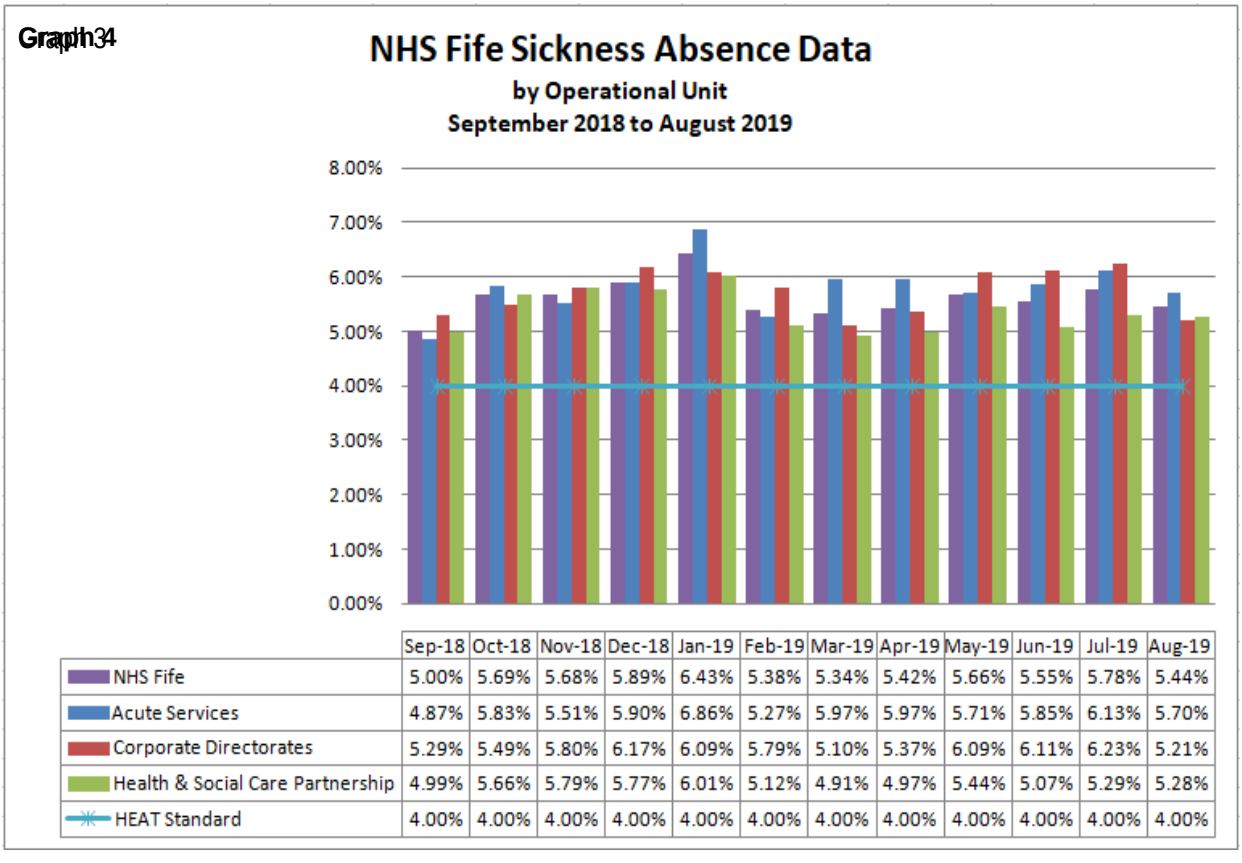
Graph 2



	2015/16	2016/17	2017/18	2018/19	2019/20 (to date)
NHS Fife	5.05%	5.02%	5.64%	5.38%	5.57%
Acute Services	4.82%	4.95%	5.42%	5.31%	5.87%
Health & Social Care	5.38%	4.96%	5.68%	5.40%	5.21%
Corporate Directorates	4.92%	5.37%	6.10%	5.48%	5.80%

1.5 Locally produced comparative sickness absence information for the rolling financial year for each area of NHS Fife is summarised in Graph 3 below, for ease of reference.

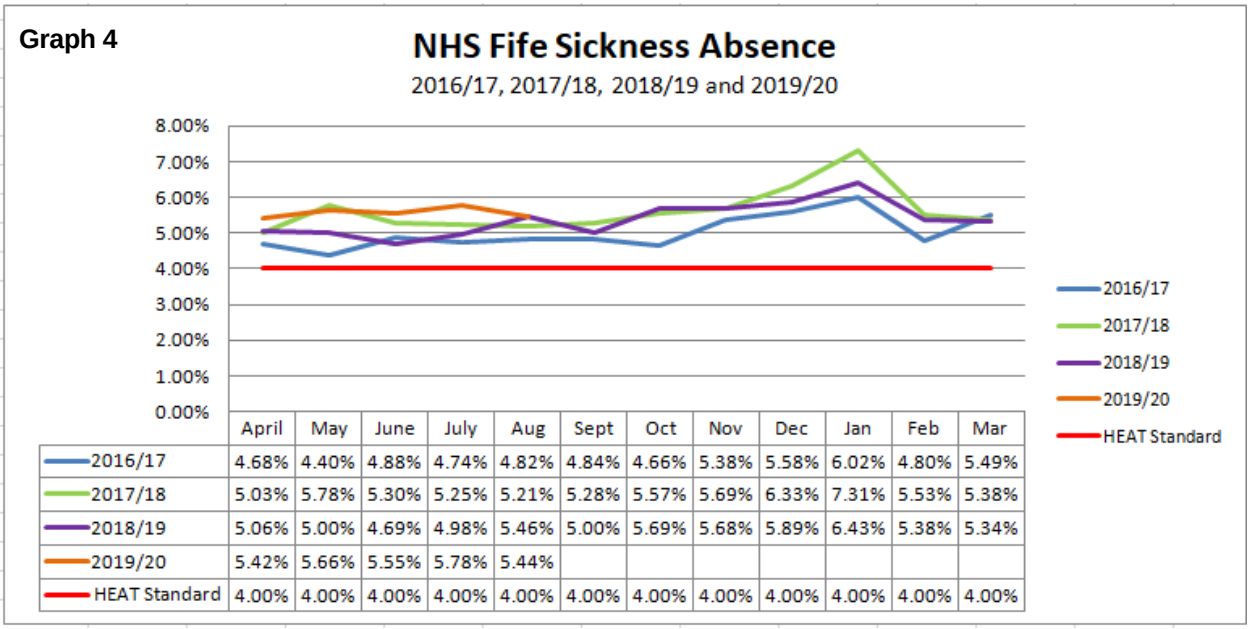
Graph 3



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
NHS Fife	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%
Acute Services	4.87%	5.83%	5.51%	5.90%	6.86%	5.27%	5.97%	5.97%	5.71%	5.85%	6.13%	5.70%
Corporate Directorates	5.29%	5.49%	5.80%	6.17%	6.09%	5.79%	5.10%	5.37%	6.09%	6.11%	6.23%	5.21%
Health & Social Care Partnership	4.99%	5.66%	5.79%	5.77%	6.01%	5.12%	4.91%	4.97%	5.44%	5.07%	5.29%	5.28%
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

1.6 The sickness absence rates for NHS Fife for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 4 below. The average sickness absence rate for NHS Fife for the first five months of the 2019/20 financial year was 5.57%, an increase of 0.53% when compared with the first five months of the 2018/19 financial year.

Graph 4



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.68%	4.40%	4.88%	4.74%	4.82%	4.84%	4.66%	5.38%	5.58%	6.02%	4.80%	5.49%
2017/18	5.03%	5.78%	5.30%	5.25%	5.21%	5.28%	5.57%	5.69%	6.33%	7.31%	5.53%	5.38%
2018/19	5.06%	5.00%	4.69%	4.98%	5.46%	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%
2019/20	5.42%	5.66%	5.55%	5.78%	5.44%							
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

2. ANALYSIS OF STATISTICS

2.1 Further analysis shows that the 63,447.97 contracted hours lost for the month of August 2019 would equate to an additional 382.05 whole time equivalent staff, as detailed below.

NHS Fife Summary	August 2019				
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	NHS Fife Average	WTE Lost
Administrative Services	191610.25	9350.30	4.88%	5.44%	56.30
Allied Health Professionals	103241.63	3780.38	3.66%	5.44%	22.76
Dental Support	10758.61	138.75	1.29%	5.44%	0.84
Healthcare Sciences	26470.49	1045.58	3.95%	5.44%	6.30
Medical & Dental	66442.52	1043.70	1.57%	5.44%	6.28
Medical Support	4917.87	745.50	15.16%	5.44%	4.49
Nursing and Midwifery	583665.12	37371.59	6.40%	5.44%	225.03
Other Therapeutic	47261.13	1577.47	3.34%	5.44%	9.50
Personal And Social Care	8226.89	596.07	7.25%	5.44%	3.59
Senior Managers	4570.01	285.00	6.24%	5.44%	1.72
Support Services	119896.82	7513.63	6.27%	5.44%	45.24
NHS Fife Average	1167061.34	63447.97	5.44%	5.44%	382.05
Clinical	850984.27	46299.04	5.44%		278.79
Non-clinical	316077.08	17148.93	5.43%		103.26

Corporate Services Division	August 2019				
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	43170.34	1389.66	3.22%	5.21%	8.37
Allied Health Professionals	423.95	0.00		5.21%	0.00
Dental Support	0.00	0.00		5.21%	0.00
Healthcare Sciences	1271.86	0.00		5.21%	0.00
Medical & Dental	3502.60	104.00	2.97%	5.21%	0.63
Medical Support	0.00	0.00		5.21%	0.00
Nursing and Midwifery	9427.01	52.50	0.56%	5.21%	0.32
Other Therapeutic	163.06	0.00		5.21%	0.00
Personal And Social Care	1050.10	121.32	11.55%	5.21%	0.73
Senior Managers	3917.77	285.00	7.27%	5.21%	1.72
Support Services	118755.40	7513.63	6.33%	5.21%	45.24
Corporate Services Division Average	181682.10	9466.11	5.21%	5.21%	57.00
Clinical	15838.59	277.82	1.75%		1.67
Non-clinical	165843.52	9188.29	5.54%		55.33

Acute Services Division	August 2019				
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	87572.36	5184.86	5.92%	5.70%	31.22
Allied Health Professionals	30104.37	1343.98	4.46%	5.70%	8.09
Dental Support	1576.37	18.75	1.19%	5.70%	0.11
Healthcare Sciences	24500.74	1030.58	4.21%	5.70%	6.21
Medical & Dental	47775.40	504.20	1.06%	5.70%	3.04
Medical Support	4754.81	745.50	15.68%	5.70%	4.49
Nursing and Midwifery	280938.74	18539.09	6.60%	5.70%	111.63
Other Therapeutic	935.96	7.50	0.80%	5.70%	0.05
Personal And Social Care	163.06	0.00		5.70%	0.00
Senior Managers	652.24	0.00		5.70%	0.00
Support Services	1141.42	0.00		5.70%	0.00
Acute Services Division Average	480115.46	27374.46	5.70%	5.70%	164.84
Clinical	390749.44	22189.60	5.68%		133.61
Non-clinical	89366.02	5184.86	5.80%		31.22

Health & Social Care Partnership	August 2019				
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	60247.92	2775.78	4.61%	5.28%	16.71
Allied Health Professionals	72550.25	2436.40	3.36%	5.28%	14.67
Dental Support	9182.24	120.00	1.31%	5.28%	0.72
Healthcare Sciences	697.89	15.00	2.15%	5.28%	0.09
Medical & Dental	15164.52	435.50	2.87%	5.28%	2.62
Medical Support	163.06	0.00		5.28%	0.00
Nursing and Midwifery	292851.51	18780.00	6.41%	5.28%	113.08
Other Therapeutic	45999.05	1569.97	3.41%	5.28%	9.45
Personal And Social Care	7013.73	474.75	6.77%	5.28%	2.86
Senior Managers	0.00	0.00		5.28%	0.00
Support Services	0.00	0.00		5.28%	0.00
Health & Social Care Average	503870.17	26607.40	5.28%	5.28%	160.22
Clinical	443622.25	23831.62	5.37%		143.50
Non-clinical	60247.92	2775.78	4.61%		16.71

2.2 In relation to the Acute Services Division, Nursing and Midwifery staff lost the most available hours within Emergency Care, Planned Care and Women, Children and Clinical Services, equating to 18,536.09 hours lost, or an additional 111.63 wte staff for the month of August 2019. However, it should be noted that this is reflective of the whole time equivalent Nursing & Midwifery resource available within these operational units. Administrative Services lost the most hours within eHealth, equating to 1,637.85 hours lost, or an additional 9.86 wte staff for the month of August 2019. Again, it should be noted that this is reflective of the whole time equivalent Administrative Services resource available within eHealth.

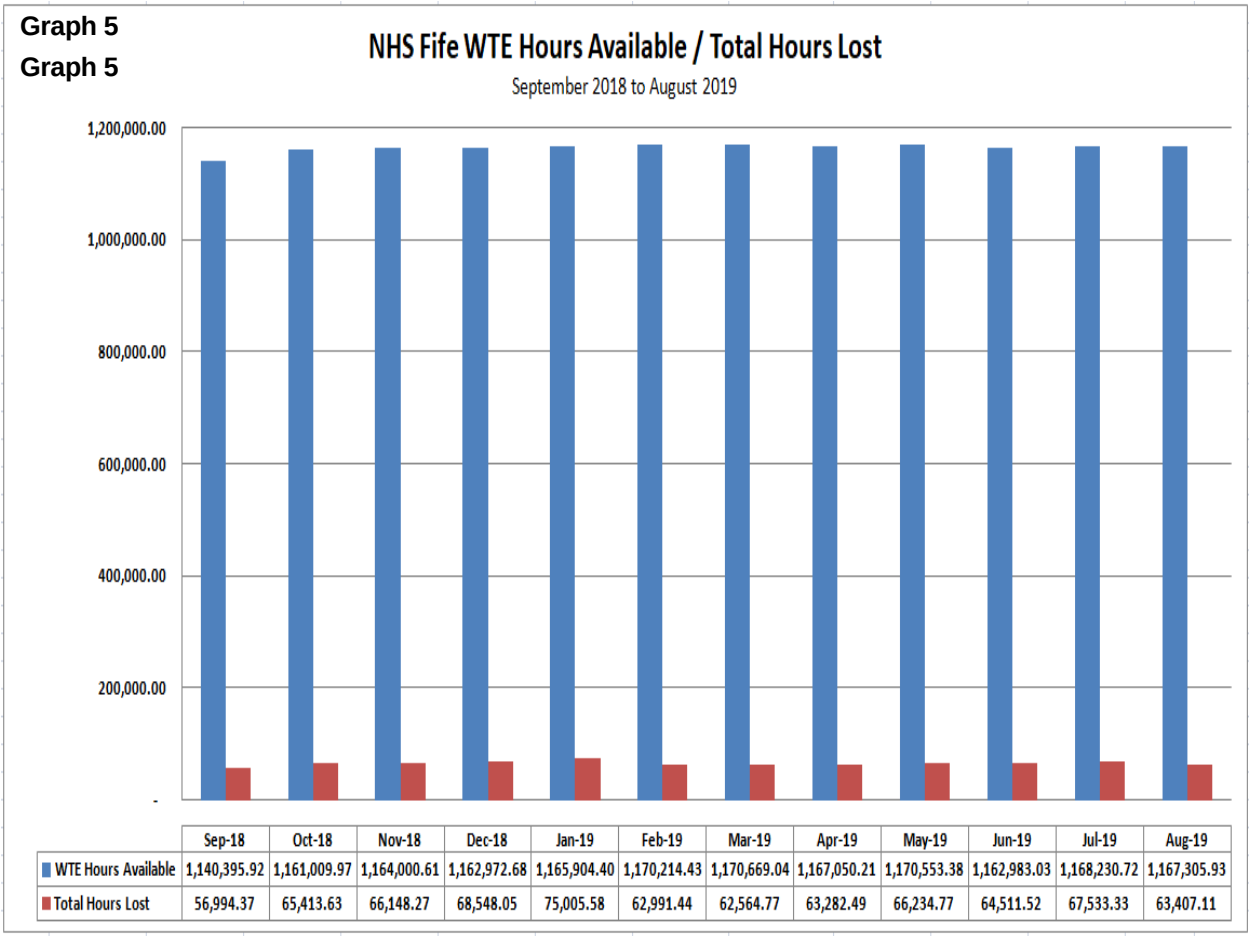
2.3 Support Services lost the most hours within the Corporate Services Division, equating to 7,513.63 hours lost, or an additional 45.24 wte staff for the month of August 2019. However, it should be noted that this is reflective of the whole time equivalent Support Services resource available within the Corporate Services Division.

2.4 Nursing and Midwifery staff lost the most hours within the West, East and Fife Wide Divisions of the Health & Social Care Partnership, equating to 18,780 hours lost, or an additional 113.08 wte staff for the month of August 2019. However, it should be noted that this is reflective of the whole time equivalent Nursing & Midwifery resource available within these Divisions. Other Therapeutic Services lost the most hours within Pharmacy, equating to 516.75 hours lost, or an additional 3.11 wte staff for the month of August 2019. Again, it should be noted that this is reflective of the whole time equivalent Other Therapeutic Services resource available within Pharmacy.

2.5 Graph 5 below details the Total WTE Hours available within NHS Fife and the Total Absence Hours lost. This confirms that the WTE Hours available continued to be consistent over the last year.

Graph 5

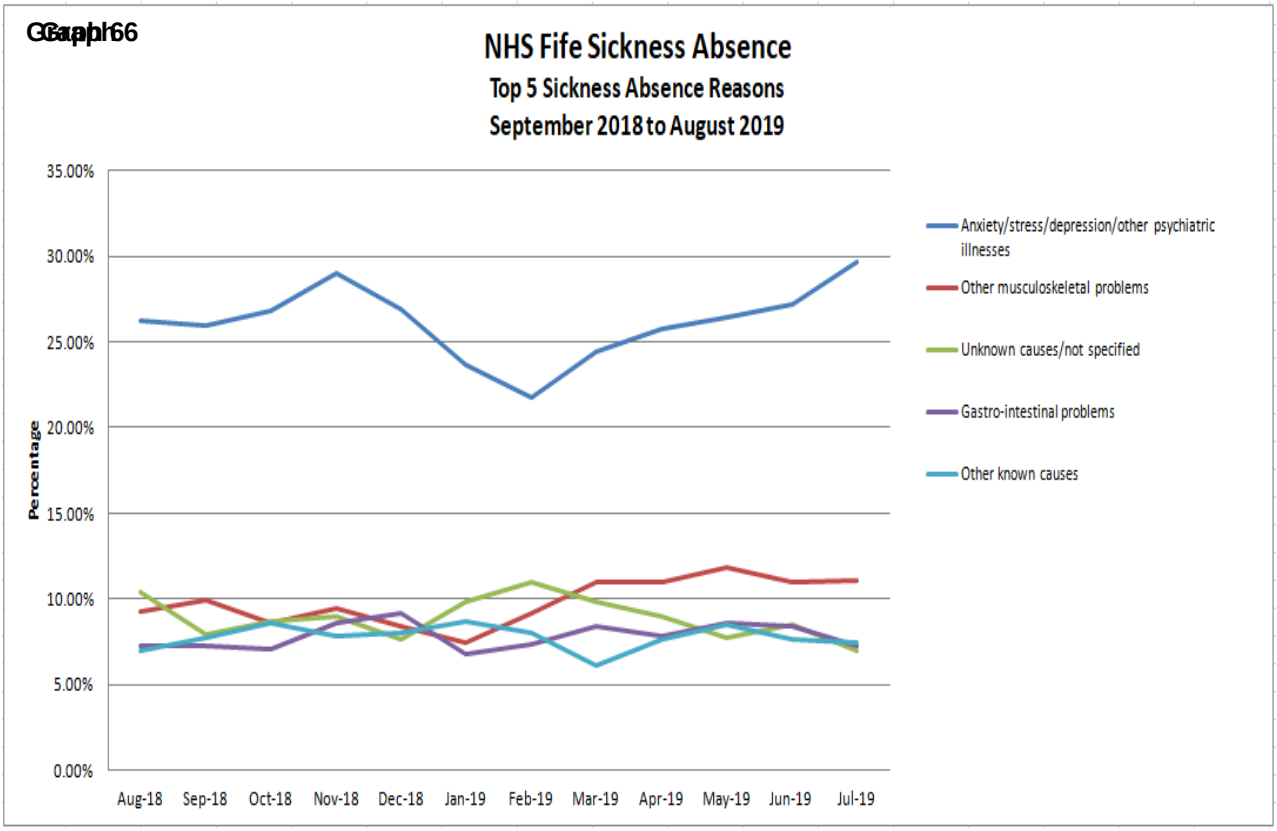
Graph 5



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
WTE Hours Available	1,140,395.92	1,161,009.97	1,164,000.61	1,162,972.68	1,165,904.40	1,170,214.43	1,170,669.04	1,167,050.21	1,170,553.38	1,162,983.03	1,168,230.72	1,167,305.93
Total Hours Lost	56,994.37	65,413.63	66,148.27	68,548.05	75,005.58	62,991.44	62,564.77	63,282.49	66,234.77	64,511.52	67,533.33	63,407.11

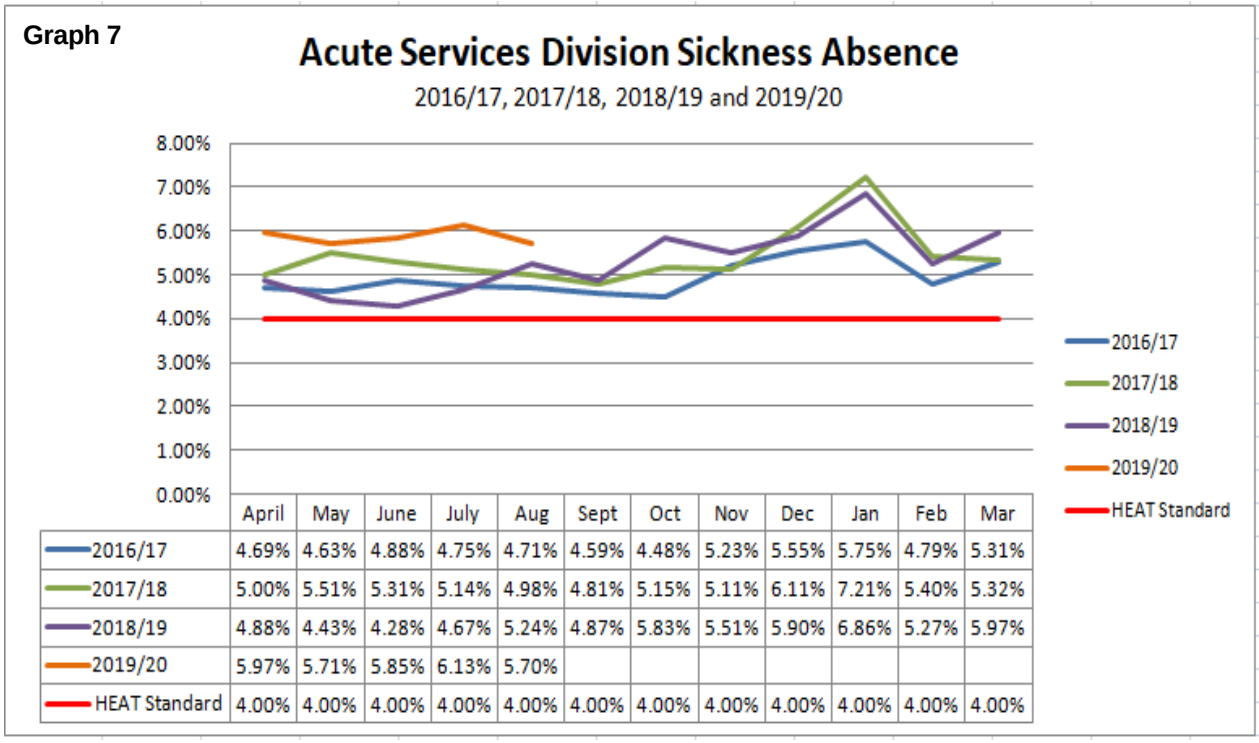
2.6 The highest proportion of hours lost continues to be due to Anxiety / Stress / Depression, as detailed in Graph 6 below, within the Top 5 Reasons for sickness absence within NHS Fife for the rolling 12 month period from September 2018 to August 2019.

Graph 6



2.7 The sickness absence rates for the Acute Services Division for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 7 below. The average sickness absence rate for the Acute Services Division for the first five months of the 2019/20 financial year was 5.87%, an increase of 1.17% when compared with the first five months of the 2018/19 financial year.

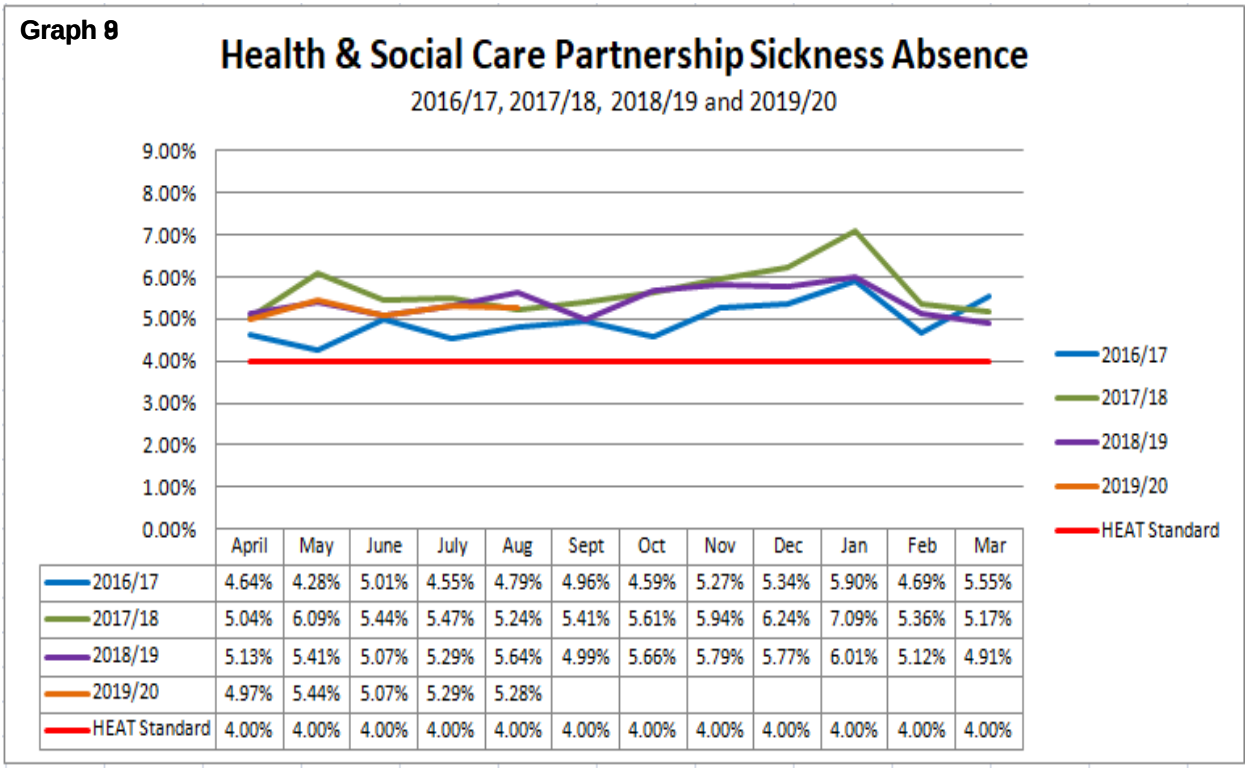
Graph 7



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.69%	4.63%	4.88%	4.75%	4.71%	4.59%	4.48%	5.23%	5.55%	5.75%	4.79%	5.31%
2017/18	5.00%	5.51%	5.31%	5.14%	4.98%	4.81%	5.15%	5.11%	6.11%	7.21%	5.40%	5.32%
2018/19	4.88%	4.43%	4.28%	4.67%	5.24%	4.87%	5.83%	5.51%	5.90%	6.86%	5.27%	5.97%
2019/20	5.97%	5.71%	5.85%	6.13%	5.70%							
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

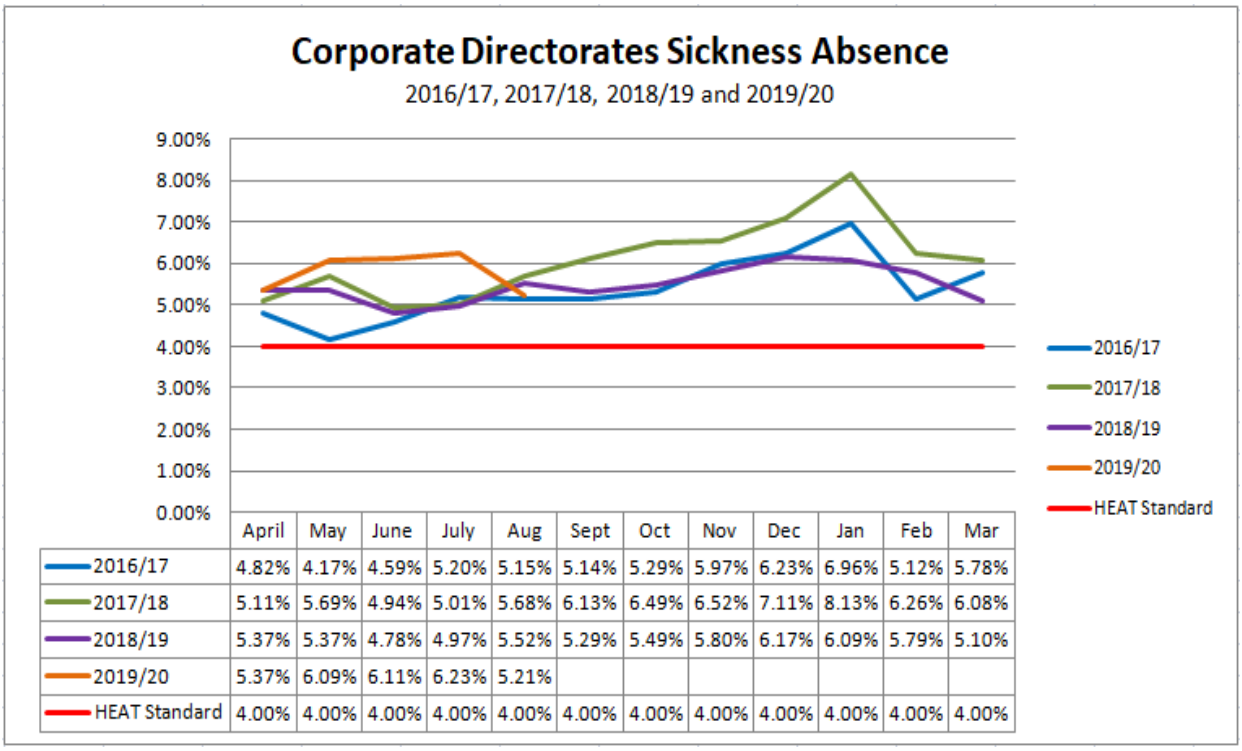
2.8 The sickness absence rates for the Health and Social Care Partnership for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 8 below. The average sickness absence rate for the Health and Social Care Partnership for the first five months of the 2019/20 financial year was 5.21%, a decrease of 0.02% when compared with the first five months of the 2018/19 financial year.

Graph 8



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.64%	4.28%	5.01%	4.55%	4.79%	4.96%	4.59%	5.27%	5.34%	5.90%	4.69%	5.55%
2017/18	5.04%	6.09%	5.44%	5.47%	5.24%	5.41%	5.61%	5.94%	6.24%	7.09%	5.36%	5.17%
2018/19	5.13%	5.41%	5.07%	5.29%	5.64%	4.99%	5.66%	5.79%	5.77%	6.01%	5.12%	4.91%
2019/20	4.97%	5.44%	5.07%	5.29%	5.28%							
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

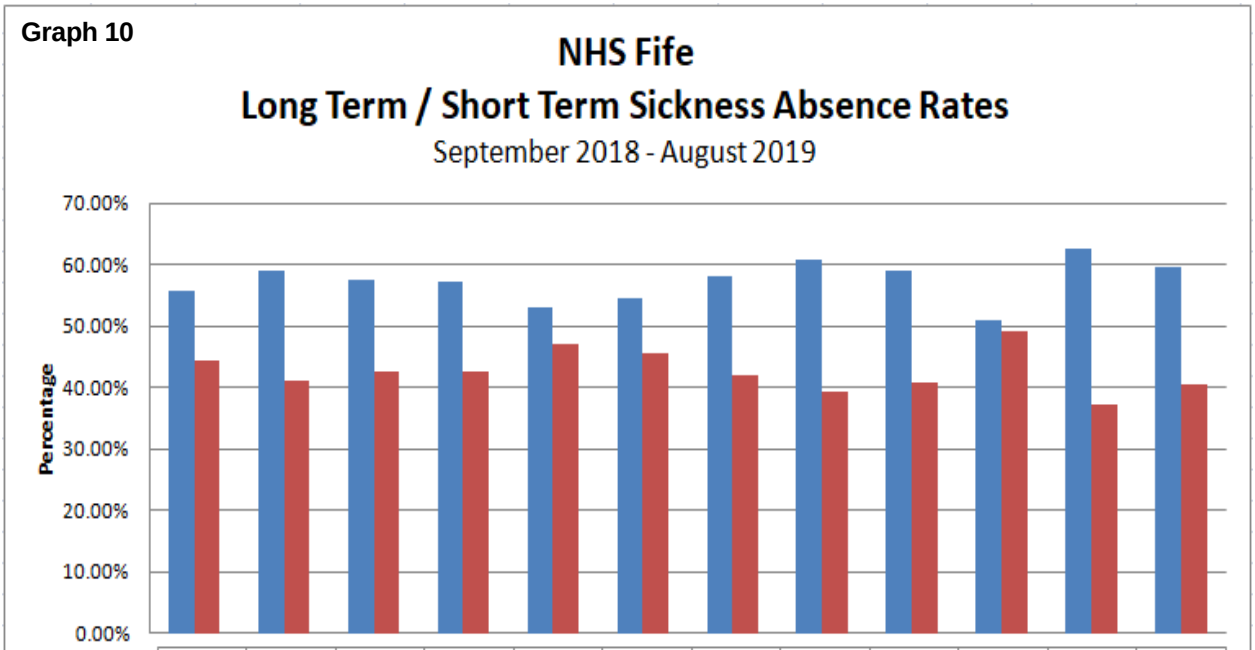
2.9 The sickness absence rates for the Corporate Directorates for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 9 below. The average sickness absence rate for the Corporate Directorates for the first five months of the 2019/20 financial year was 5.80%, an increase of 0.68% when compared with the first five months of the 2018/19 financial year.



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.82%	4.17%	4.59%	5.20%	5.15%	5.14%	5.29%	5.97%	6.23%	6.96%	5.12%	5.78%
2017/18	5.11%	5.69%	4.94%	5.01%	5.68%	6.13%	6.49%	6.52%	7.11%	8.13%	6.26%	6.08%
2018/19	5.37%	5.37%	4.78%	4.97%	5.52%	5.29%	5.49%	5.80%	6.17%	6.09%	5.79%	5.10%
2019/20	5.37%	6.09%	6.11%	6.23%	5.21%							
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

2.10 As detailed in Graph 10 below, long term sickness absence was greater than short term absence within NHS Fife for each month of the rolling twelve month period from September 2018 to August 2019. However, there was almost an equal split of long term and short term sickness absence in June 2019

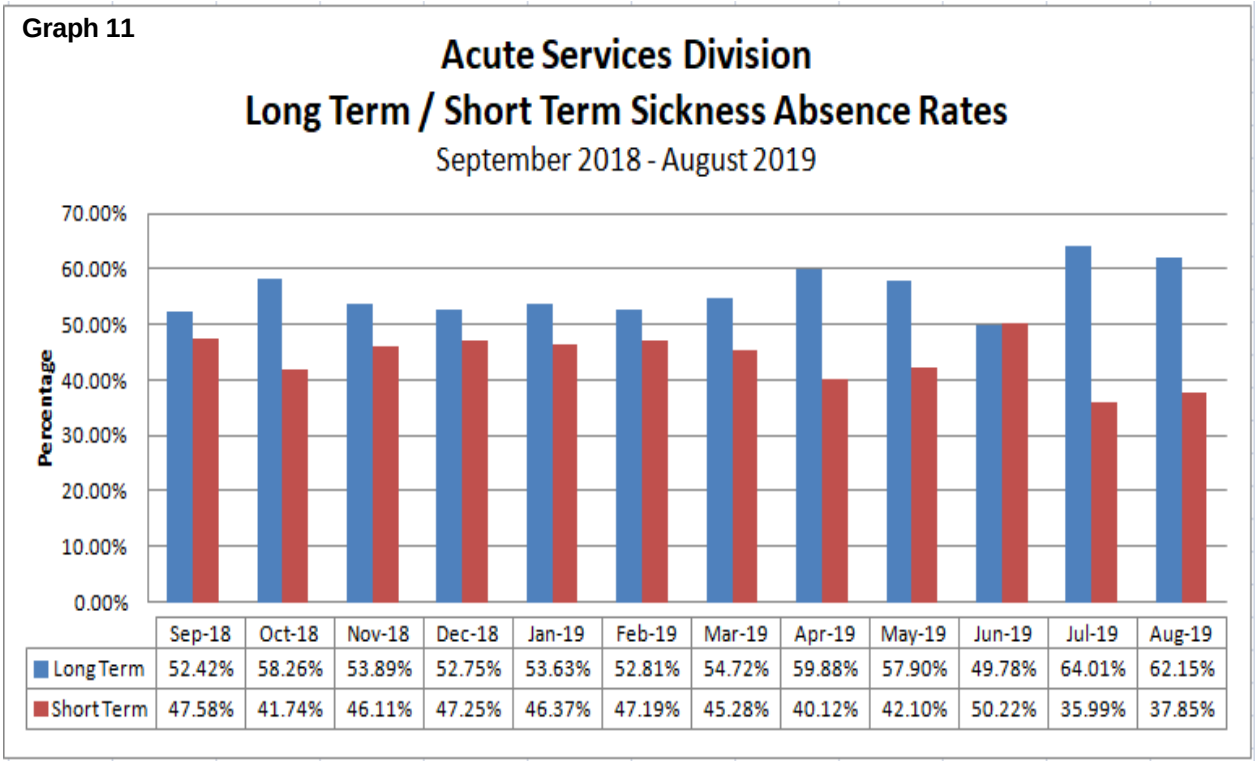
Graph 10



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Long Term	55.73%	59.00%	57.52%	57.31%	53.06%	54.52%	58.15%	60.69%	59.09%	50.87%	62.73%	59.61%
Short Term	44.27%	41.00%	42.48%	42.69%	46.94%	45.48%	41.85%	39.31%	40.91%	49.13%	37.27%	40.39%

2.11 As detailed in Graph 11 below, long term sickness absence was greater than short term absence within the Acute Services Division for eleven months of the rolling twelve month period from September 2018 to August 2019, with the exception of June 2019.

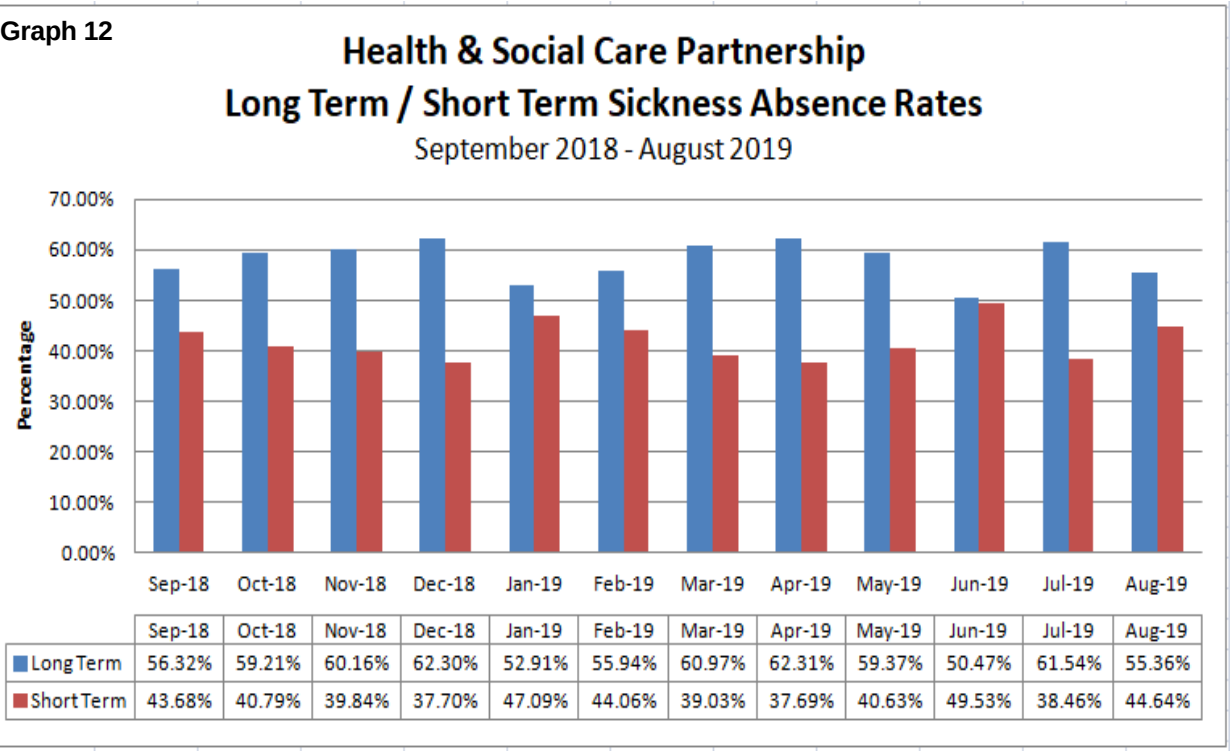
Graph 11



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Long Term	52.42%	58.26%	53.89%	52.75%	53.63%	52.81%	54.72%	59.88%	57.90%	49.78%	64.01%	62.15%
Short Term	47.58%	41.74%	46.11%	47.25%	46.37%	47.19%	45.28%	40.12%	42.10%	50.22%	35.99%	37.85%

2.12 As detailed in Graph 12 below, long term sickness absence was greater than short term absence within the Health & Social Care Partnership for each month of the rolling twelve month period from September 2018 to August 2019.

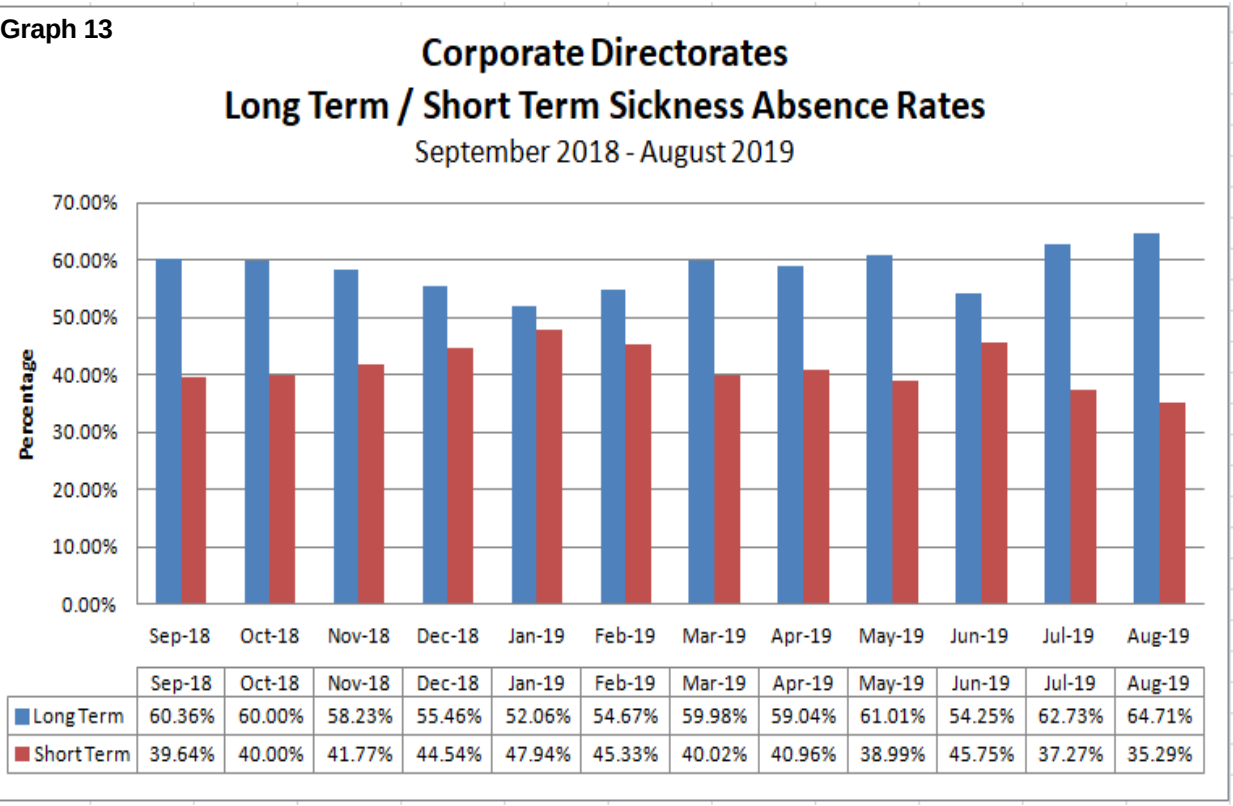
Graph 12



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Long Term	56.32%	59.21%	60.16%	62.30%	52.91%	55.94%	60.97%	62.31%	59.37%	50.47%	61.54%	55.36%
Short Term	43.68%	40.79%	39.84%	37.70%	47.09%	44.06%	39.03%	37.69%	40.63%	49.53%	38.46%	44.64%

2.13 As detailed in Graph 13 below, long term sickness absence was greater than short term absence within the Corporate Directorates for each month of the rolling twelve month period from September 2018 to August 2019.

Graph 13



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Long Term	60.36%	60.00%	58.23%	55.46%	52.06%	54.67%	59.98%	59.04%	61.01%	54.25%	62.73%	64.71%
Short Term	39.64%	40.00%	41.77%	44.54%	47.94%	45.33%	40.02%	40.96%	38.99%	45.75%	37.27%	35.29%

Assessment

The Board's recovery plans continue to build on the following points:

- Myth Busting sessions, in partnership with Staff Side colleagues, are taking place to assist Line Managers with the implementation of the new circular PCS(AFC)2019/2.
- As previously advised, trajectory setting from April 2019 has taken place for all operational units of the Board to work towards achieving the reductions set out in the above circular. On-going monitoring of performance versus trajectory for each area is being provided on a monthly basis to General Managers and Executive Directors.
- The Promoting Attendance event scheduled to take place in October 2019 was postponed due to insufficient participants to enable this event to be worthwhile, which may be linked to the school holiday period. Therefore, a further event will be organised for November / December 2019. In addition, attendance at these events will be emphasised via EDG and the normal management channels.
- The Promoting Attendance Strategy for Health & Social Care Partnership is currently being drafted and will be considered for NHS Fife.
- The results of the recent Attendance Management Internal Audit are expected in the near future and any actions will be followed-up within NHS Fife.
- Tableau reporting facilities are being tested within HR and will be rolled-out to managers for managerial access in the near future. A sample of the reports available to Line Managers are attached at Appendix 1, for information. These will form the basis of future Staff Governance reports.
- Review & Improvement Panels have recently taken place within H&SCP East, West and Fife-wide Divisions, Pharmacy Services and Estates, Facilities and Capital Services.
- The Staff Sickness Absence Booklet has been revised and will be available for new staff joining NHS Fife in the near future.
- Perfect Attendance letters are being issued to 2,024 staff who had no sickness absences last year.

The actions previously reported to the Committee continue to be implemented within the Board.

Recommendation

Staff Governance Committee members are asked to **note** the position for the first five months of the 2019/20 financial year in relation to sickness absence.

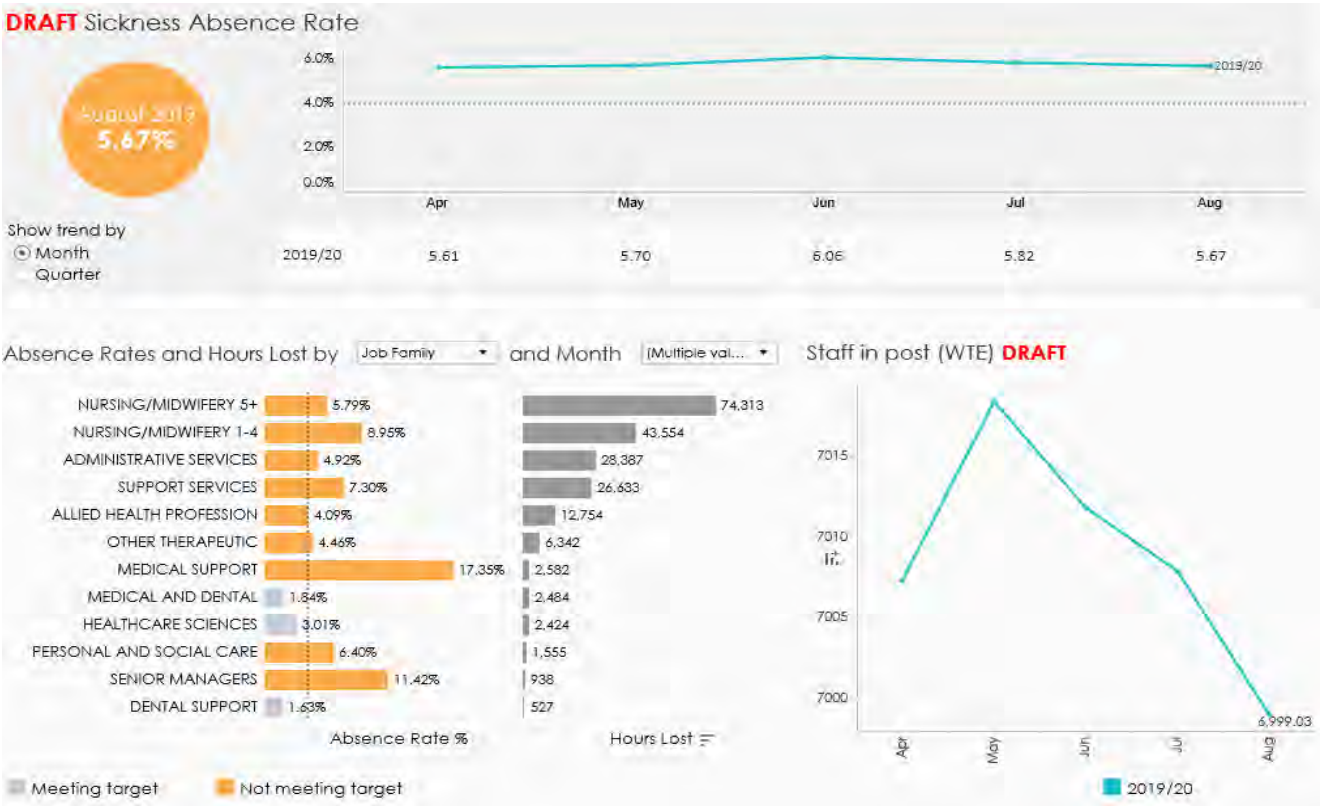
Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance
HB Strategic Objectives:	Employer of Choice. Delivery of Patient Care

Further Information:	
Evidence Base:	SWISS Statistics, local NHS Fife stats
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Management Teams, Attendance Management Groups, Area and Local Partnership Forum, Acute Services Staff Governance Board.

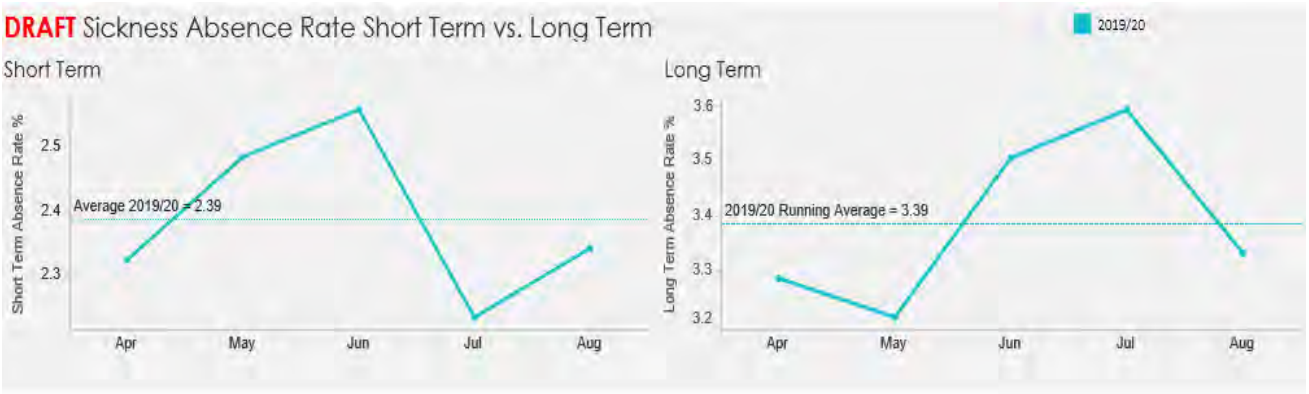
Impact: (must be completed)	
Financial / Value For Money	Costs of sickness absence and associated costs of cover.
Risk / Legal:	HEAT Standard and agreed Board trajectory not met.
Quality / Patient Care:	Impact on delivery of patient care.
Workforce:	Impact on existing staff and morale.
Equality:	N/A

Appendix 1

SAMPLE OF TABLEAU REPORTS AVAILABLE TO LINE MANAGERS



Ranked order of Sickness Absence Rate by Job Family		
Acute Services	**H&SC Partnership**	**Corporate Services**
Medical Support (17.94%)	Nursing/Midwifery 1-4 (7.97%)	Senior Managers (15.85%)
Nursing/Midwifery 1-4 (10.33%)	Personal & Social Care (6.15%)	Personal & Social Care (10.24%)
Admin Services (7.19%)	Nursing/Midwifery 5-9 (5.87%)	Support Services (7.30%)

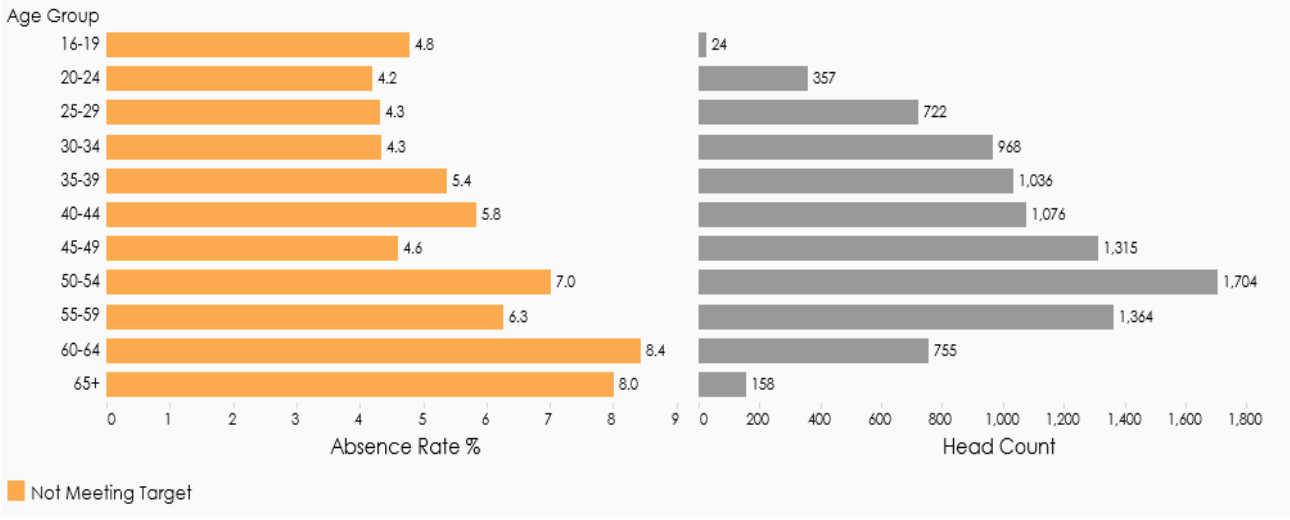


DRAFT Overall Absence Rate and Hours Lost by Age Group

This chart will hide age groups with a headcount of 5 or less

Choose Short Term / Long Term: Overall

Select Month(s): (Multiple values)

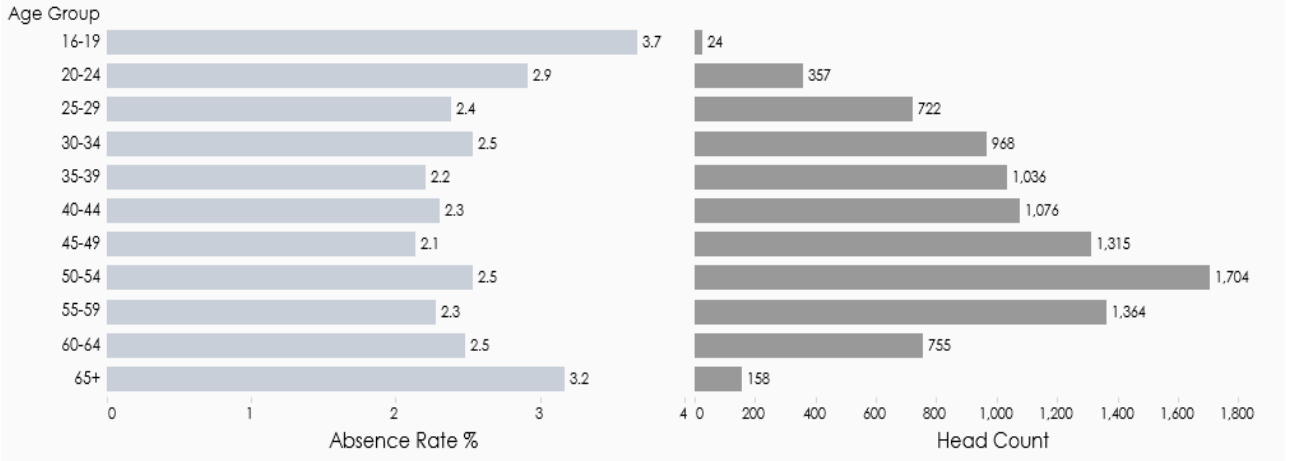


DRAFT Short Term Absence Rate and Hours Lost by Age Group

This chart will hide age groups with a headcount of 5 or less

Choose Short Term / Long Term: Short Term

Select Month(s): (Multiple values)

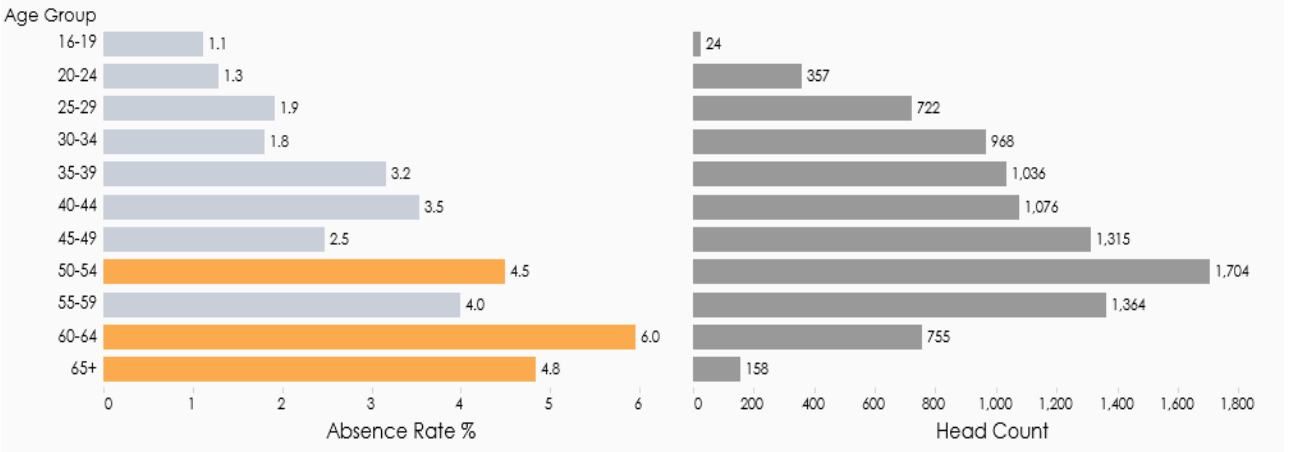


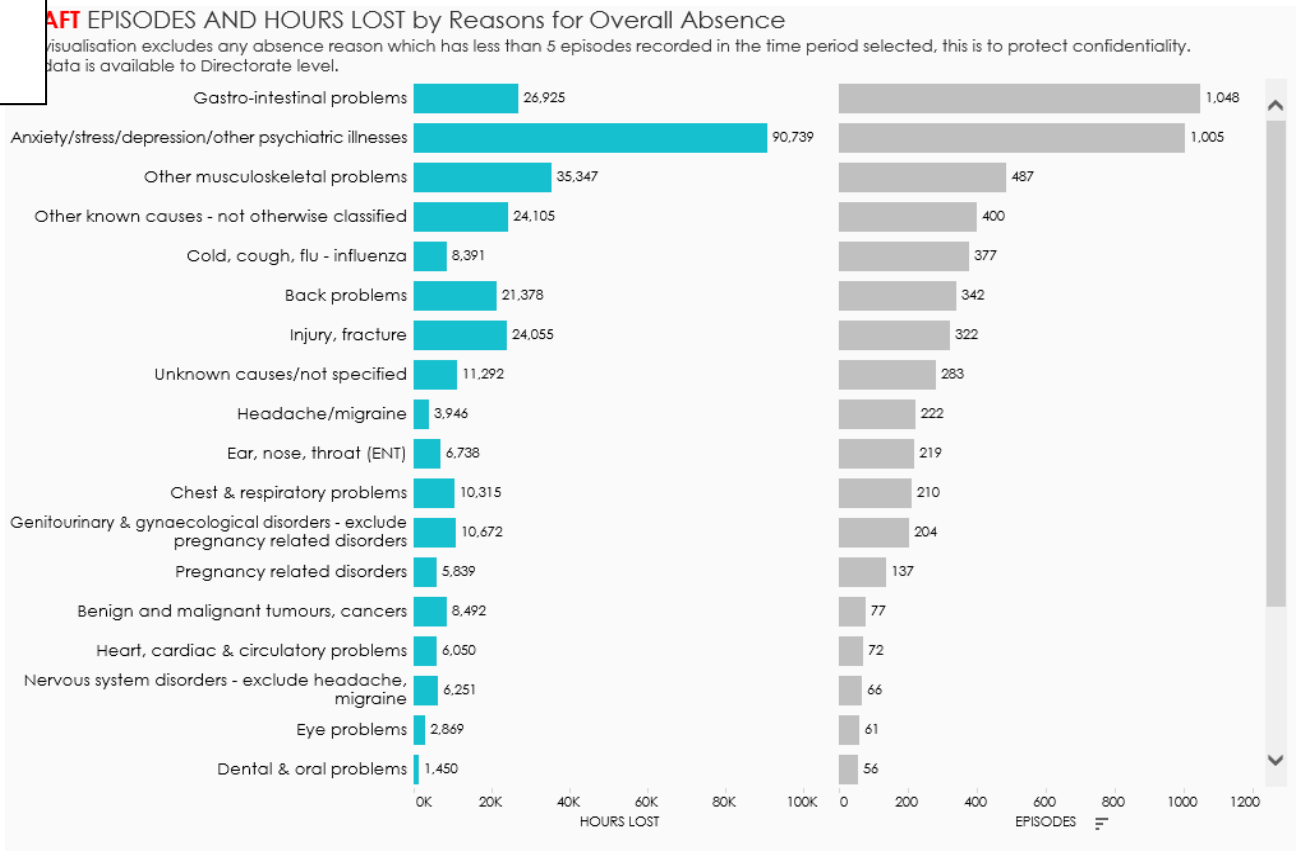
DRAFT Long Term Absence Rate and Hours Lost by Age Group

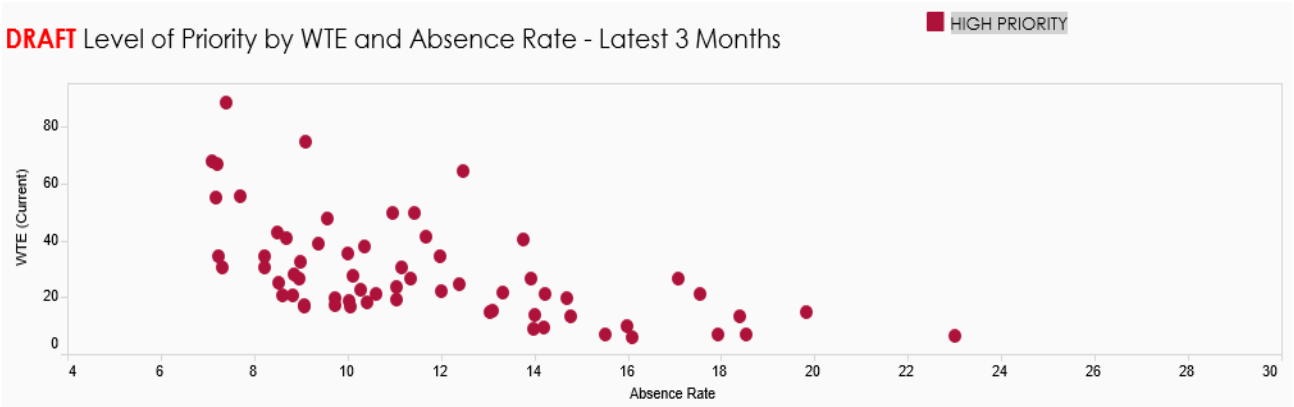
This chart will hide age groups with a headcount of 5 or less

Choose Short Term / Long Term: Long Term

Select Month(s): (Multiple values)







DRAFT High Priority Departments - Latest Three Months

Filter Department by Priority

High Priority

Export	Department	WTE (Current)	Absence Rate
Click here to select all data for export into Excel	Whitefield Day Hospital	6.5	23.0
	Ecd Vhk Ward Clerkesses	14.9	19.8
	Qmh Antenatal Clinic	6.8	18.5
	Kirkcaldy Hospital At Home	13.4	18.4
	Qmh Day Intervention Unit	7.1	17.9
	Ecd Ward 4, Complex Discharge	21.0	17.5
	Vhk Odp	26.4	17.1
	Weston Day Psy Nse Gen	6.1	16.1
	Ff Lynebank Cleaning	9.6	16.0
	Fe Capital Planning Vhk	6.8	15.5
	Qmh Community Midwives	13.5	14.8
	Wbh Day Nursing Ravenscraig	19.7	14.7

High Priority Definition
6 – 15 whole time equivalent; absence rate >12.50%
16-30 whole time equivalent; absence rate >8.60%
31and > whole time equivalent; absence rate >7.00%

REPORT TO STAFF GOVERNANCE COMMITTEE Item 9.2

DATE OF MEETING:	Friday 1 November 2019
TITLE OF REPORT:	Well at Work Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

Purpose of the Report (delete as appropriate)		
~~For Decision~~	For Discussion	~~For Information~~

SBAR REPORT

Situation

The purpose of this report is to update the Staff Governance Committee on the latest Well at Work (Healthy Working Lives) activity.

Background

As previously reported NHS Fife achieved the Gold Healthy Working Lives Award in May 2016 and has successfully retained the award on an annual basis since then. As part of the Board's on-going commitment to staff health and wellbeing, the purpose of this report is to provide an update on the activities which are currently in place or which are being planned:

- Work is continuing in relation to the implementation of the Going Beyond Gold Year 2 plan, to consolidate the integration of mindfulness and Good Conversations training. The Going Beyond Gold Project Evaluation End of Year Report will be presented to Staff Governance Committee members, along with an update on Year 2 activity.

- The Culture of Kindness Conference has been confirmed to take place on Tuesday 19 May 2020 within the Lochgelly Centre to show case this work and planning is well underway.

- The new dedicated space within Whyteman's Brae Hospital to allow individual and groups to practice mindfulness and hold related sessions, will be launched in the near future. Communications are involved in the branding and advertising arrangements.

- The Board is continuing to contribute to the East Region Diabetes programme, with an emphasis on staff healthy weight and prevention and reduction of diabetes.

- A series of Staff Flu Immunisation Clinics are being held within the main hospital sites throughout October to November 2019. Staff are encouraged to get vaccinated ahead of the flu season to help protect themselves and patients.

- The third "All About You" – Supporting Staff Health and Wellbeing *n*ewsletter is currently being prepared and will be made available to staff via the Intranet, Notice Boards and Ward / Department Briefings.

- The Healthy Harmonies staff choir were awarded the Chair's Commendation Award at NHS Fife's Health Service Awards in recognition of their contribution to the Board over a number of years.

- The Health & Social Care Partnership are holding Mental Health Services in Fife meetings at St Columbus Church, Glenrothes, on the first Tuesday of every month between 2.00 pm and 3.00 pm, to support staff who have an interest in or experience of Mental Health issues to help create a positive outlook for Mental Health Services in Fife.

- Discussions are still on-going with the Fife Sports & Leisure Trust and other local gym providers, with a view to increasing membership and making this more accessible and affordable for staff.
- The staff team challenge aligned to the Rugby World Cup continues during October 2019.
- The local Well at Work Groups continue to support different workshops, themes and events throughout the year to promote staff health and wellbeing.

Assessment

The NHS Fife Well@Work and local Well@Work Groups continue to promote how managers can support the health and wellbeing of their staff, aligned to achieving a reduction in absence rates. Engagement with staff, especially harder to reach staff is on-going.

Recommendation

Staff Governance Committee members are asked to **note** the on-going activities in terms of Well at Work.

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance
HB Strategic Objectives:	Employer of Choice. Delivery of Patient Care

Further Information:	
Evidence Base:	Healthy Working Lives
Glossary of Terms:	Well at Work – NHS Fife branding of Healthy Working Lives
Parties / Committees consulted prior to Health Board Meeting:	NHS Fife Well at Work Groups, Area and Local Partnership Forum, Acute Services Staff Governance Board.

Impact: (must be completed)	
Financial / Value For Money	Costs of sickness absence and associated costs of cover.
Risk / Legal:	HEAT Standard and agreed Board trajectory not met.
Quality / Patient Care:	Impact on delivery of patient care.
Workforce:	Impact on existing staff and morale.
Equality:	N/A

Report to
STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	1st November 2019
TITLE OF REPORT:	iMatter Report
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Bruce Anderson Head of Staff Governance

Purpose of the Report (delete as appropriate)		
~~**For Decision**~~	~~**For Discussion**~~	**For Information**

SBAR REPORT

Situation

This report provides the Staff Governance Committee with an update on the progress of iMatter. The iMatter staff engagement tool replaced the National staff survey and is now established as the prime source of feedback from staff in relation to their experience of working for NHS Fife. This feedback is central to the strategic planning of the Boards Staff Governance priorities. The Staff Governance Committee is asked to note the progress in the 2019 iMatter cycle. The Board achieved a 62% response rate ensuring the production of a Board report this year. This is attached as a PDF document. This represents a 9% improvement in response rate from 2018.

Background

iMatter is a tool designed in partnership with staff in NHS Scotland to help individuals, teams and Health Boards understand and improve the staff experience. This 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.

Understanding the staff experience at work is the first step to putting in place measures that will help to maintain and improve it. This will benefit employees, patients, clients, their families and other service users.

Assessment

The table below details the response rates, EEI and Action plan completion for the Board as a whole and the directorates in the Board. The NHS Fife position detailed below at 2017 will provide the benchmark for future comparison.

Organisation	**Response rate**			**EEI**			**Action plans agreed**		
	2017	**2018**	**2019**	**2017**	**2018**	**2019**	**2017**	**2018**	**2019**
National Average	63%	59%	Not yet available	75%	No report	Not yet available	43%	na	Not yet available
NHS Fife	62%	53%	62%	75%	No report	76%	41%	47%	48%
Organisation	**Response**			**EEI**			**Action plans agreed**		

	rate								
NHS Fife (A Fairgrieve E&F Directorate)	51%	43%	50%	No report	No report	No report	43%	67%	64%
NHS Fife (BA Nelson Workforce Directorate)	83%	76%	86%	72%	75%	72%	66%	100%	77%
NHS Fife (C Potter Finance Directorate)	72%	68%	65%	72%	74%	77%	53%	72%	92%
NHS Fife (Dr McKenna Medical Directorate)	92%	80%	89%	77%	82%	78%	25%	87%	75%
NHS Fife (H Buchanan Nursing Directorate)	73%	66%	82%	77%	80%	84%	36%	100%	100%
NHS Fife (E Ryabov Acute Services Division Directorate)	58%	55%	65%	No report	No report	73%	33%	37%	43%
NHS Fife (S Fraser formerly Planning and Strategic Partnerships Directorate)	69%	69%	81%	71%	70%	72%	41%	91%	80%
NHS Fife (D Milne Public Health Directorate)	60%	62%	93%	72%	78%	83%	100%	100%	100%
NHS Fife (N Connor HSCP)	64%	53%	60%	77%	No report	78%	65%	44%	43%
NHS Fife (S Garden Medicines & Pharmacy Directorate)	New In 2019	New In 2019	87%	New In 2019	New In 2019	73%	New In 2019	New In 2019	95%

Following the success of the tea trolley which helped in achieving an increased response rate of 62% for the Board, focus over the past twelve weeks has been on ensuring managers meet with their teams and produce an action plan reflective of the changes the team hope to make in the year to April 2020. At the conclusion of the 12 week monitoring period the action plan

completion rate was the same as last year at 42%. Executive Directors have carried on encouraging their teams to complete the action planning process and to date 48% of teams have completed their action plans.

Teams meeting and producing their action plan is paramount to staff engagement and should be completed for every team each year. Reports of completion will continue to be presented to EDG, APF and Staff Governance in the months to come.

It is essential in mainstreaming iMatter activity that team action planning, is scheduled into team meeting calendars at the start of the year when it is known that the 12 week completion period will be between the end of June and the middle of September. It may not be necessary to schedule a specific imatter meeting if a regular monthly or bi-monthly team meeting falls during this time. Any regular team meetings can be adapted to include the team action planning annually.

Teams who have completed their action plans will be encouraged to promote and publish their storyboards and the success of their iMatter journey from last year. It is important to celebrate the positive steps teams have made in improving their engagement at work.

Recommendation

The Staff Governance Committee is asked to:

note the improvement in response rates for this year's iMatter cycle.
note the continued activity across the organisation to increase action plans.

Objectives: (must be completed)	
Healthcare Standard(s):	2020 Workforce Vision Staff Governance Standards: Well Informed Appropriately Trained Involved in decisions which affect them Treated fairly and consistently Provided with an improved and safe working environment
HB Strategic Objectives:	Complete iMatter single Board cycle and embed as core staff engagement tool in 2108 in line with Scottish Government expectations. Meet Exemplar Employer Objectives

Further Information:	
Evidence Base:	An extensive Literature Review (published August 2012) focused primarily on exemplar organisations within the public and private sectors out-with NHS Scotland. University of the West of Scotland validated the NHSScotland Employee Engagement Index "The NHSSEEI is a robust, reliable, valid and popular measure of staff engagement. It is also an excellent tool to measure improvement in staff engagement".
Glossary of Terms:	EEI – Employee Engagement Index

Parties / Committees consulted prior to Health Board Meeting:	Regular reports to the LPF's, Area Partnership Forum and Staff Governance Committee.

Impact: (must be completed)	
Financial / Value For Money	None
Risk / Legal:	None
Quality / Patient Care:	Engaged staff deliver a higher standard of quality patient care.
Workforce:	iMatter allows staff to express their views on their experience of working for NHS Fife and work within their teams to change or improve that experience.
Equality:	iMatter helps ensure staff are treated fairly and consistently in line with Staff Governance Standards.

Board Report 2019

NHS Fife

62%

Response rate

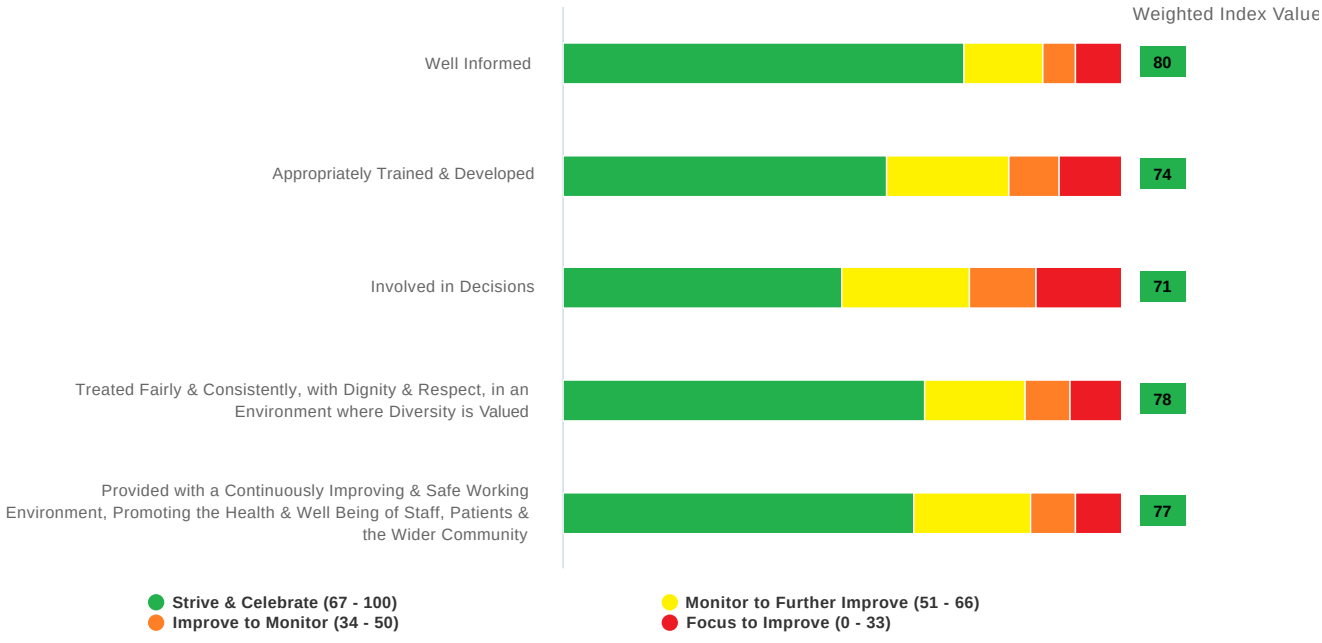
Respondents: 6786

Recipients : 10986

76

Employee Engagement Index

Staff Governance Standards - Strand Scores



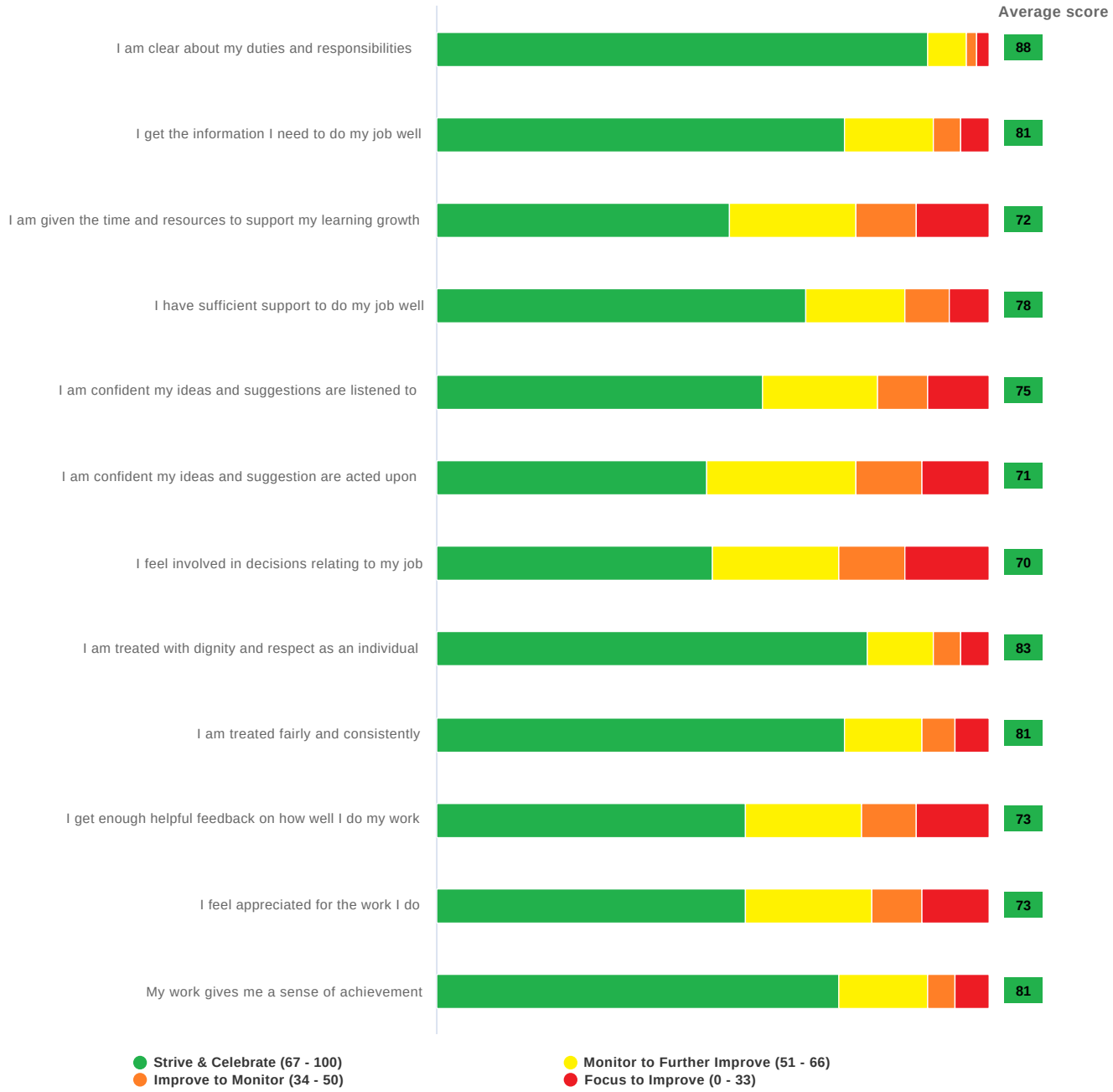
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

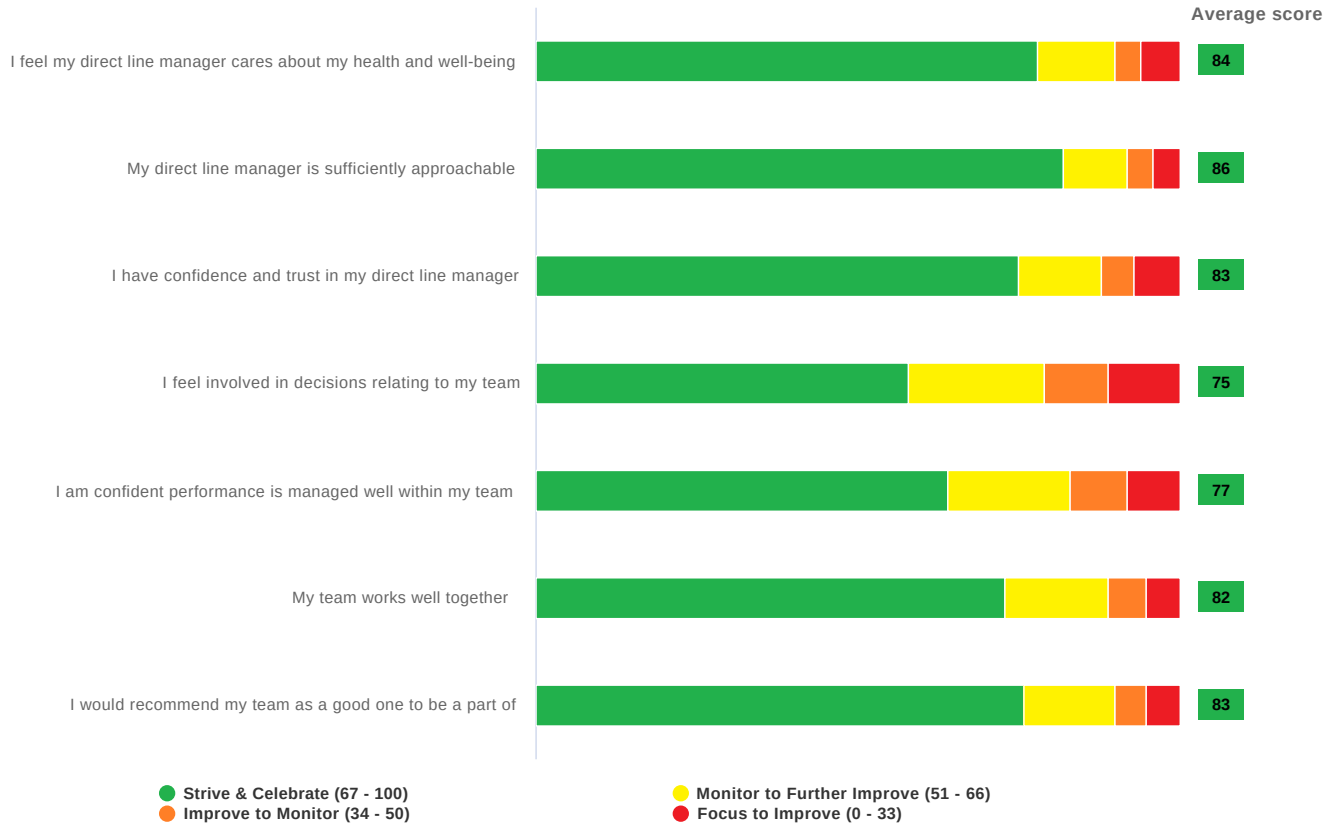
Experience as an Individual:

Number of respondents: 6786



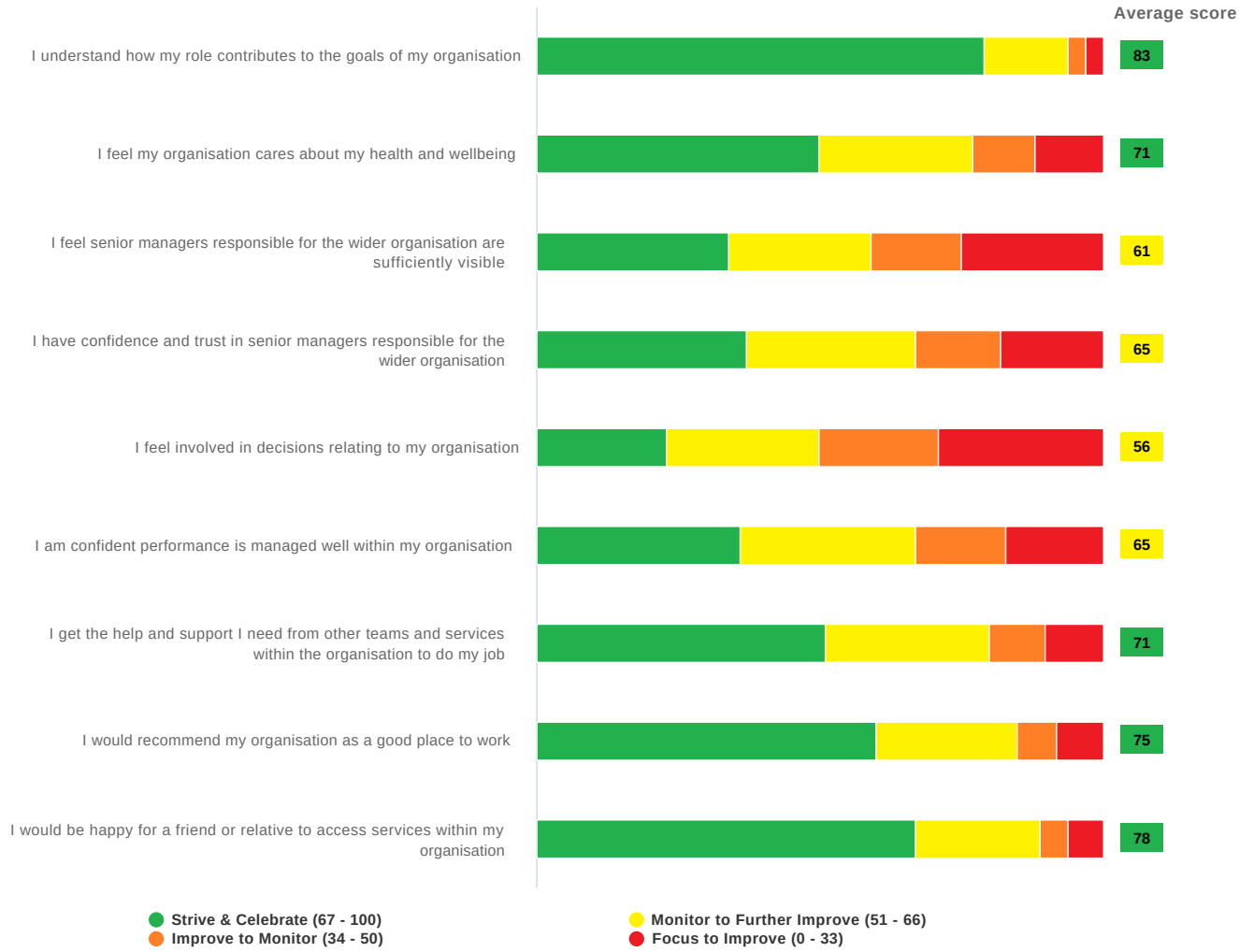
My Team / My Direct Line Manager:

Number of respondents: 6785



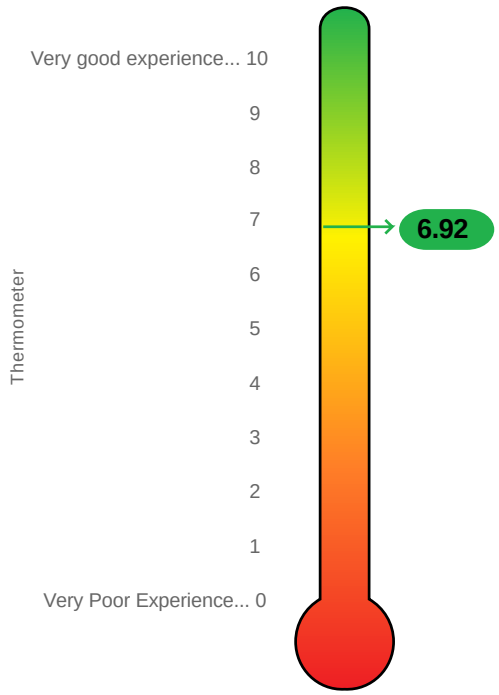
My Organisation:

Number of respondents: 6785



Overall, working within my organisation is a .....

Number of respondents: 6785



EEI number for teams within the Board

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	475	45	4	0	294	818
Percentage of Teams	58.1%	5.5%	0.5%	0%	36%	100%

Staff Governance Committee

Item 11

DATE OF MEETING:	1 November 2019
TITLE OF REPORT:	Staff Governance Action Plan 2019 – 20 Six Month Review
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Bruce Anderson, Head of Staff Governance

Purpose of the Report (delete as appropriate)		
For Decision		

SBAR REPORT

Situation

This report provides the Staff Governance Committee with the midyear Staff Governance Action Plan review for 2019 - 20 and the progress made against the key actions established in the plan.

Background

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

The NHS Reform (Scotland) Act 2004 saw this commitment to staff governance being reinforced by legislation and supported by the introduction of the Staff Governance Standard, the aims of which are to improve how NHS Scotland's diverse workforce is treated.

To achieve the set standard and to maintain NHS Fife's status as an exemplar employer, evidence has to be provided to show that systems are in place to identify areas of concern, that actions plans are in place that show how improvements are being made and how they will continue to be made.

Assessment

The following document is attached for consideration and sign off by the Staff Governance Committee:

- Staff Governance Action Plan 2019 – 2020 Mid Year position Appendix 1

  The midyear position for 2018-19 has been produced by collating evidence from the Staff Governance Action Plans from the Area Partnership and the Local Partnership Fora. The report highlights areas identified as examples of improvement or progress against the priorities identified in the plan.

Recommendation The Staff Governance Committee is asked to consider and agree the Staff Governance Action Plan 2019-20 – six month review.

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance Standards: Well Informed Appropriately Trained Involved in decision which affect them Treated fairly and consistently Provided with an improved and safe working environment
HB Strategic Objectives:	Ensure the Staff Governance arrangements within the Board are monitored and reported annually to Scottish Government. Meet Exemplar Employer Objectives

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Progress of the Action Plan has been presented to the Area Partnership Forum and Staff Governance Committee.

Impact: (must be completed)	
Financial / Value For Money	None
Risk / Legal:	None
Quality / Patient Care:	Applying the principles within the Staff Governance Standards is likely to promote more engaged, motivated and caring staff delivering a higher standard of quality patient care.
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
Equality:	The application of the Staff Governance standard is applicable to all staff and helps ensure staff are treated fairly and consistently.

NHS FIFE STAFF GOVERNANCE ACTION PLAN 2019-20 Item 11 Appendix 1

WELL INFORMED

- All staff regularly receives accessible, accurate, consistent and timely information about their organisation.
- All staff has access to communication channels which offer the opportunity to give and receive feedback, either directly or via their trade union/professional organisation, on organisational and service delivery issues at all levels.
- All staff has access to a range of communication mechanisms. This will include IT systems and staff will be provided with appropriate training, and adaptation if appropriate, to use them.

OBJECTIVES	ACTIONS	COMPLETION/REVIEW DATE/TARGET/PROGRESS	OUTCOME	LEAD
Priorities for 2019-20 are all in areas which seek to improve what staff told us in their responses to the 5 least positive responses to the 2018 iMatter Board report. These were: • Staff feel the organisation cares about their health and wellbeing (70%) • Staff have confidence and trust in, senior managers responsible for the wider organisation (65%) • Staff are confident performance is managed well within my organisation (65%) • Staff feel senior managers responsible for the wider organisation are sufficiently visible (61%) • Staff are involved in the decisions relating to the organisation (57%) These fall broadly into well informed; Staff feedback, improving the confidence staff have and visibility of senior managers. Ensuring staff are involved in decisions which affect them at work.	Continue the Local Briefings presented by Directors of Acute Services, Health and Social Care and the Corporate Directors to their staff. Review the format and framework for Executive interaction with staff as appropriate . Ensure the views and ideas of staff are heard through partnership fora, staff feedback, iMatter action plans and develop directorate action plans ensuring actions are followed through and communicated to staff	Review September 2019 Acute Services Chief Operating Officer in partnership with the LPF staff side co chair have conducted a series of department visits where they have engaged with staff to hear their views and conduct pop-up briefs. The H&SCP Leadership team have also engaged in a series of site visits to meet and engage with staff. Which have also been well received.	Staff have the opportunity to hear directly from the Chief Executive, Employee Director and Executive Directors on key issues important to them and the future of the organisation. Staff have regular communication with their line managers through staff briefings which allow them to remain well informed and to provide an opportunity for their input and suggestions. Staff have access to information to keep them up to date with news, events and developments through the staff pages on the Intranet.	Directors, APF and LPF co-chairs

Continue to support the significant work in the development of the Health and Social Care Partnership. Keeping staff up to date with service developments. Communicate development of the Local Partnership structure to support continued staff involvement aligned with our Council Partners and respecting their Trade Union and Staff Side partners.	Continue to develop the Local Partnership Forum established with H&SCP.	The LPF in H&SCP continues to work well and address in partnership the various challenges in developing or re-provisioning services across Fife.	Continue to develop the H&SCP staff website developed in partnership.	Director of Health and Social Care
Continue to engage with staff in addressing the financial challenges facing the Board in 2019-20	Work in close partnership with staff groups, trades unions and other professional organisations to develop greater detail around savings proposals and how best to deliver good quality services within the resources available. Develop greater detail around savings proposals.	The partnership work undertaken in relation to the urgent care service has been cited as an excellent example of partnership working during the complex transition of services formerly PCES.	Staff have regular updates on the progress being made to address the financial challenges.	Directors, APF and LPF co-chairs

B. APPROPRIATELY TRAINED

- All staff have a regular, effective Personal Development Plan and review discussion, in order to appraise past performance and identify any necessary learning and development opportunities.
- There is a workforce learning and development strategy in place which has been developed in partnership, includes mandatory training, reflects the outcomes of PDP discussions and identifies actions for implementation. This strategy should be reviewed and updated regularly.
- All staff have equity of access to training, irrespective of working arrangements or profession and without discrimination on any other grounds.
- Resources, including time and funding, are appropriately allocated to meet local training and development needs taking into account the current priorities of both the service and service users.

OBJECTIVES	ACTIONS	COMPLETION/REVIEW DATE/TARGET/PROGRESS	OUTCOME	LEAD
To ensure all staff receive the appropriate core and mandatory training over 2019/20.	• Continue to drive the improvement made in Core Skills compliance in the high risk / priority areas – HAI, CPR and Manual Handling. • Regular performance monitoring and review at APF, LPF'S and Staff Governance Committee.	Review September 2019 In the operational year 1st June 2018 – 31st May 2019 there were **31,230** episodes of core compliance training undertaken across the 9 core skills areas which equates to **72%** of the annual training target required to maintain / achieve compliance. E-learning continues to be the most accessed and cost effective learning medium with **63,596** modules completed at a unit cost of **0.15p** per module.	All staff remain up to date with core training.	Directors, APF and LPF co-chairs
Ensure all staff have meaningful conversation/discussion regarding performance and personal development.	• Ensure the standards set in relation to eksf are maintained and improved following TURAS launch. Continue to monitor and report staff and manager engagement with TURAS and report to APF,	Review September 2019 PDP compliance has shown an increase in performance in 2019/20 however it currently sits at 54% compliance, 19% lower than the	All staff have the opportunity at least once per year to discuss their performance and personal development with their line manager.	Directors, APF and LPF co-chairs

The implementation of the Learning and Development Framework strand of the Workforce Strategy supporting the Clinical Strategy and Strategic Framework. Review Learning and Development infrastructure, processes, and resources to ensure prioritisation and alignment to delivery of the Clinical Strategy and the "exemplar employer" theme of the Strategic Framework. Review and refresh leadership and management development provision to ensure continuing relevance to support leaders at all levels to lead the development of a competent and confident workforce and delivery of new service models.	LPF's and Staff Governance Committee progress being made. • Ensure the Directorate Workforce plans include a learning and development strategy. Continue to work with the regional Learning and Development community to develop consistent learning packages and opportunities to share learning and resources.	September trajectory. In order to improve this the following actions have been taken: The provision of baseline Turas performance compliance data to the main operational units Monthly reporting to EDG and quarterly to Staff Governance Committee through IPR The provision of Turas RAG reports to managers to identify and monitor their own performance compliance The full suite of Turas training provision and support has been reviewed and extensively publicised Ongoing targeted support being provided to managers on request The Turas PDP improvement plan seeks to return the Board to 80% compliance by 31st October 2019		

C. <u>INVOLVED IN DECISIONS</u>

- Staff are engaged and involved in decisions that affect them with the opportunity to influence such decisions.
- Staff are engaged and involved in strategic developments.
- Partnership working is embedded and mainstreamed within each NHS Board.
- Partnership Forums are in place within each NHS Board.
- Service development and organisational changes are planned and implemented in partnership and with effective staff engagement.
- A comprehensive workforce plan, based on these developments and changes, is developed in partnership.

OBJECTIVES	ACTIONS	COMPLETION/REVIEW DATE/TARGET/PROGRESS	OUTCOME	LEAD
Continue to improve the uptake of iMatter across the Board. Capture and promote good news stories which have iMatter at the centre of staff engagement within teams.	Continue the implementation of iMatter across the organisation. Ensure the anniversary Cycle for the single system run in 2019 is effective. Ensure all Directorates have oversight of iMatter performance and focus on increased Action planning activity and the promotion of successful iMatter initiatives from teams. Report Directorate performance on Action planning and no reports to the APF, LPF's and Staff Governance Committee.	Review September 2019 The successful promotion of imatter this year including the "tea trolley" achieved a 9% increase in response rate of 62% for the Board. Focus over the past twelve weeks has been on ensuring managers meet with their teams and produce an action plan. At the conclusion of the 12 week monitoring period the action plan completion rate was the same as last year at 42%. Executive Directors have carried on encouraging their teams to complete the action planning process and to date 48% of teams have completed their action plans. Workshops have continued	All staff have had the opportunity to provide their views on their experience of working in NHS Fife, their views of their team and their views of the Executive Management Team and Board. All teams identified within iMatter have their annual action plans developed and progressed within the 12 month continuous improvement cycle. Staff are involved in the development of plans to achieve the efficiency savings within the Board. Seek to maintain or improve Employee Engagement scores in subsequent iMatter cycles.	Director of Workforce

Work in close partnership with staff groups, trades unions and other professional organisations to meet the financial challenges in 2019-20.	Continue with the success of partnership finance workshops to support process Fully engage staff side representatives in the development of efficiency savings plans. Provide opportunities for staff representatives to input to efficiency savings initiatives on an ongoing basis within local and area forums.	throughout the year to focus on the financial challenges facing the organisation and this will continue in the APF and LPF's. The good ideas initiative is already bringing forward suggestions directly from staff that will improve efficiency or enhance patient experience.		Directors, APF and LPF co-chairs

D. TREATED FAIRLY AND CONSISTENTLY

- The Staff Governance Standard is embedded at all levels of the organisation and across all staff groups to ensure consistency of approach from all managers towards their staff.
- Workforce policies exist which meet or exceed the minimum standards set out within national PIN policies and current legislation. Where policies are developed locally, this must be undertaken in partnership.
- Workforce policies must be implemented fairly and consistently. They must be monitored and evaluated and subject to regular review to ensure their ongoing fitness for purpose.
- Staff have security of employment where a contractual relationship exists and experience no detriment through any organisational change policy.
- Pay and terms and conditions for all staff are applied fairly and equitably.
- A clear strategy and supporting policies are in place for the effective management of the workforce equality, diversity, human rights and dignity at work agendas.
- They identify and embed a core set of values and behaviours which are expected of all staff at every level, so as to ensure that staff are treated, and treat others, fairly, professionally and with dignity and respect.
- All staff feel valued as individuals, have trust placed in their ability and capability and are appreciated for their effort and contribution.
- The work environment and culture encourages individuals to treat each other with respect.

OBJECTIVES	ACTIONS	COMPLETION/REVIEW DATE/TARGET/PROGRESS	OUTCOME	LEAD
Attendance Management remains a significant challenge for the organisation and initiatives to improve this must ensure that we continue to treat our staff fairly and consistently while robustly managing attendance difficulties. Make improvements towards 4% Heat Standard.	Continue the scrutiny established by the Review & Improvement Panel meetings to examine absences across the organisation to ensure staff are treated consistently and fairly. Roll out the "Going Beyond Gold" initiative. Including the actions in line with specification, including Good Conversations Training Courses and	Review September 2019 When compared with the first five months of the 2018/19 financial year the average sickness absence rate for; NHS Fife for the first five months of the 2019/20 financial year was 5.57%, an increase of 0.53%. Acute Services Division for the first five months of the 2019/20 financial year was 5.87%, an increase of	Make improvements towards the Heat Standard for attendance. Improve the wellbeing of staff and ensure easy access to support for staff experiencing health and wellbeing issues.	Directors, APF and LPF co-chairs

	Mindfulness Training Courses. Continue the work of the Ageing Workforce Issues Short Life Working Group to consider the ageing workforce issues affecting NHS Fife, which is also aligned to the Well at Work activity. Ensure the development of a range of initiatives to support working well longer.	1.17% Health and Social Care Partnership for the first five months of the 2019/20 financial year was 5.21%, a decrease of 0.02% Corporate Directorates for the first five months of the 2019/20 financial year was 5.80%, an increase of 0.68% The following initiatives are in place to promote improved attendance: Myth Busting sessions, in partnership with Staff Side colleagues, are taking place to assist Line Managers with the implementation of the new circular PCS(AFC)2019/2. Trajectory's set from April 2019 for all operational units of the Board to work towards achieving the reductions set out in the above circular. The Promoting Attendance events continue to be scheduled for November / December 2019. The Promoting Attendance Strategy for Health & Social Care Partnership is currently being drafted and will be considered for NHS Fife. The results of the recent Attendance Management Internal Audit are expected in the near future and any actions will be followed-up within NHS Fife. Tableau reporting facilities are		

		being tested within HR and will be rolled-out to managers. Review & Improvement Panels have recently taken place within H&SCP East, West and Fife-wide Divisions, Pharmacy Services and Estates, Facilities and Capital Services. The Staff Sickness Absence Booklet has been revised. Perfect Attendance letters are being issued to 2,024 staff who had no sickness absences last year		
We will continue to address staff concerns regarding staffing levels building on the successful work implementing clinical workforce tools, examining skill mix, staff shortages and recruitment and retention.	Continue the success of the Recruitment campaigns to recruit student nurses from University in the run up to qualification and registration. Report recruitment activity of key services to Staff Governance Committee in line with work plan.	Review September 2019 The recruitment of newly qualified nurses was a continued success in 2019 with 201 students offered employment commencing in September. This followed Director of Nursing and senior nurse 'visits' to Fife Campus and University of Dundee (mental health) to meet students, encouraging them to take up posts in Fife.	Continue to Monitor staffing levels and seek to attract and retain staff in line with minimum staffing establishment levels.	Directors, APF and LPF co-chairs

E. PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT

- The personal health, safety and wellbeing of patients and staff should be paramount in the design and operation of services.
- There are appropriate monitoring and audit arrangements in place and appropriate risk assessment and management arrangements are also in place.
- They proactively inform and support staff to manage and maintain their health, and to manage ill health.
- Ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation, particularly in relation to patient safety.
- They continue to work to attain Healthy Working Lives (HWL) awards for all acute services, working towards the Gold Award and attainment of the HWL Mental Health Commendation Award as set out in CEL 01 (2012).
- All staff have equal access to comprehensive, confidential and high quality occupational health and safety advice services as a means of improving the health and wellbeing of staff and promoting attendance.
- Resources, including time and funding, are appropriately allocated to implement the Occupational Health and Safety Strategic There will also be revisions to the "Live Positive" Stress Toolkit for staff, with the implementation of smart phone and tablet format and a programme and series of H&S initiatives, aimed at improving understanding and accountability at ward and department level."Framework at local level.

OBJECTIVES	ACTIONS	COMPLETION/REVIEW DATE/TARGET/PROGRESS	OUTCOME	LEAD
Build on the work that attained the Healthy Working Lives Gold award in 2017. Develop the Working well agenda as part of the projects within impact team. Roll out the “beyond gold” initiative.	Plan further APF attendance workshops to capture new well being initiatives in 2019. Build on the success of the Flu Fighters campaign and seek to improve immunisation uptake further.	Review September 2019 Work is continuing in relation to the implementation of the Going Beyond Gold Year 2 plan, to consolidate the integration of mindfulness and Good Conversations training. The Going Beyond Gold Project Evaluation End of Year Report will be presented to Staff Governance Committee members along with an update on Year 2 activity. The Culture of Kindness Conference has been confirmed to take place on Tuesday 19 May 2020 within the Lochgelly Centre to show case this work and planning is well underway.	Retain the Healthy Working Lives Gold Award. Continue the development and promotion of staff well being initiatives.	Directors, APF and LPF co-chairs Working Well Group

		The new dedicated space within Whyteman's Brae Hospital to allow individual and groups to practice mindfulness and hold related sessions, will be launched in the near future. Communications are involved in the branding and advertising arrangements. The Board is continuing to contribute to the East Region Diabetes programme, with an emphasis on staff healthy weight and prevention and reduction of diabetes. A series of Staff Influenza Flu Immunisation Clinics are being held within the main hospital sites throughout October to November 2019. Staff are encouraged to get vaccinated ahead of the flu season to help protect themselves and patients. E The third "All About You" – Supporting Staff Health and Wellbeing *n*ewsletter is currently being prepared and will be made available to staff via the Intranet, Notice Boards and Ward / Department Briefings. The Healthy Harmonies staff choir were awarded the Chair's Commendation Award at NHS Fife's Health Service Awards in recognition of their contribution to the Board over a number of years. The Health & Social Care Partnership are holding Mental Health Services in Fife meetings at St Columbus Church, Glenrothes, on the first Tuesday of every month between 2.00 pm and 3.00 pm, to support staff who have an interest in or experience of Mental Health issues to help create a positive outlook for Mental Health Services in Fife.		

Seek to reduce the frequency of physical and verbal abuse on our staff from patients, relatives and visitors which have not only an impact on providing a safe working environment but increased absence rates following these actions.	Further develop a culture which encourages staff to complete Datix reports following incidents. Continue the Audit work focussed on the areas of highest recorded violence and abuse and seek to further reduce the instances against staff and increase reporting and follow up action Report to Violence and Aggression forum and Partnership fora.	Review September 2019 Baseline data of 4208 recorded incidents of violence and aggression across all NHS Fife services was evidenced from DATIX for the year 2015/16. During the year 2018/19 NHS Fife (Acute & Communities) recorded a total of 3108 incidents of violence and aggression a 26% reduction from the baseline, a reduction for the 4th consecutive year. Comparison with the equivalent first quarter of 2019 from last year shows a reduction of 20 incidents within Acute Services (VHK), a reduction improvement of 20%. Comparison with the equivalent first quarter of 2019 from the same period last year shows a reduction of 64 incidents within Community Services (MH & LD), a reduction improvement of 8%. This sustained improvement over 4 years has been achieved through revised procedures, additional training provision, audit function and robust monitoring and scrutiny delivered by the Violence & Aggression Management Forum.	Continue to monitor violence and aggression incidents against staff which are recorded in Datix and review data at the Violence and Aggression group. Review with an expectation that a reduction in the number of Datix incidents indicates staff feel safer and are better protected at work.	Directors, APF and LPF co-chairs, Safety Advisors

Staff Governance Committee

DATE OF MEETING:	Friday 1st November 2019
TITLE OF REPORT:	HR Collaborative Working – National/Regional
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Sandra Raynor, Senior HR Manager

Purpose of the Report (delete as appropriate)		
~~**For Decision**~~	~~**For Discussion**~~	**For Information**

SBAR REPORT

Situation

Within HR in common with other support services work is ongoing at both a regional and national level considering what aspects of support services functions can potentially be provided or structured at a national, regional and local level.

This work is being supported in overall terms by Scottish Government, Chief Executives and the relevant functional Directors in terms of supporting the scoping work and consultation on any proposals to move to a different model of service delivery.

Background

In September 2014 the National Shared Services Programme Board agreed that work should be undertaken on the options of national and regional shared services for recruitment. A group composed of recruitment leads across NHS Scotland was convened and produced two reports.

An East Region Recruitment Transformation Programme Board chaired by Janis Butler, Head of HR & OD, NHS Lothian has been created and the programme board are responsible for ensuring the East Region Recruitment Transformation programme and its constituent projects achieve the required outcomes.

The Programme Board will oversee the delivery of the programme reporting to the National Steering Group and National HRD's on related outcomes benefits and risks. Feedback is also provided to the three Board Chief Executives within the East Region via the Regional leads meetings and discussions.

Meaningful engagement and involvement of key stakeholders across the East Region will define the success of this strategic work programme, as it is essential that Boards work together to shape the future delivery model for the East Region. This engagement also includes those staff currently directly involved in support to the recruitment processes within the Board.

Assessment

A local board service discovery / engagement session with key stakeholders and partnership colleagues took place on 2 May 2019 within NHS Fife. This was followed by an East Region Option Discovery Workshop and Option Appraisal Workshop to which key NHS Fife stakeholders were involved, including partnership colleagues.

The models are for the delivery of an East Region Recruitment Service to all 6 Boards (Fife, Lothian,SAS,Health Improvement Scotland, Borders, NES) and the overall objective of the Option Appraisal workshop was to appraise the agreed shortlist of model options produced at the Option Discovery Workshop earlier in the year. This was achieved through the following outputs:

- Agreed list of potential risks to a future East Region Recruitment Service;
- A list of pros and cons for each shortlisted operating model option;
- Individual scored assessment of each of the shortlisted operating models options against the benefit criteria.

Overall there is a recognition that an East Region Recruitment Service would lead to an increase in collaboration, improve communications and an increase in effectiveness. Discussion will also include how best to support the equity of Board's priorities, recruitment staff roles and responsibilities and how local knowledge and relationships will be preserved. This transformational change is also linked to the implementation of Jobtrain (the recruitment IT system) within the Board.

Five short listed operating models were assessed and scored:

Option 1 – Status Quo (baseline measure)
Option 2 – Single Employer / Single Management Structure / Single Location
Option 3 – Single Employer / Single Management Structure / Multiple Locations
Option 4 – Multiple Employers / Single Management Structure / Single Location
Option 5 – Multiple Employers / Single Management Structure / Multiple Locations

It was agreed that single management structure is the common aspect for all short listed options and it would not be scored, what was scored was the single / multiple employer and single / multiple locations.

The results were analysed by benefit criteria, individual scoring, by Board and Stakeholder Group.

Summary and Next Steps

The proposal was to take modules 2, 3 and 5 forward to the next stage of the appraisal process.

This proposal was ratified by the East Region Recruitment Transformation Programme Board on 20 August 2019, therefore, these option models will proceed to a high level financial appraisal process.

Regular updates on the Transformation Programme Board Work Plan will be provided to local Management Teams, Local and Area Partnership Forums as well as the Staff Governance Committee, as required.

Recommendation

The Staff Governance Committee is asked to **note** the progress to date regarding this shared services workstream.

Objectives: (must be completed)	
Healthcare Standard(s):	Exemplar Employer
HB Strategic Objectives:	An enhanced customer experience Give staff the skills, resources and equipment to do their jobs Equip managers to undertake effective recruitment Increase efficiency and reduce waste
Further Information:	
Evidence Base:	Not applicable
Glossary of Terms:	Not applicable
Parties / Committees consulted prior to Health Board Meeting:	Not applicable
Impact: (must be completed)	
Financial / Value For Money	The current developmental phase is being met within the current HR resources by prioritising workloads
Risk / Legal:	Consideration of any risks is included within the project management process
Quality / Patient Care:	Potentially more important
Workforce:	Implementing a national recruitment model will impact on the workforce
Equality:	A national Equality and Diversity Impact Assessment has been undertaken

Item 15

NHS FIFE
STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	1 November 2019
TITLE OF REPORT:	CONSULTANTS, CAREER GRADE DOCTORS AND GENERAL PRACTITIONERS MEDICAL REVALIDATION AND APPRAISAL REPORT 2018 - 2019
EXECUTIVE LEAD:	Dr C McKenna
REPORTING OFFICER:	Rhona Waugh Head of Human Resources

Purpose of the Report (delete as appropriate)		
~~**For Decision**~~	~~**For Discussion**~~	**For Information**

SBAR REPORT

Situation

The purpose of the report is to update the Staff Governance Committee on where NHS Fife is with regards to Medical staff Revalidation and Appraisal.

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.

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 and are actively making efforts to improve the quality of Appraisal through audit and local training sessions. However, Secondary Care have struggled to recruit and retain sufficient NES Trained Appraisers and continue to advertise the role, liaising with NES to gain additional places on courses and enlisting the assistance of Clinical Directors, Clinical Leads etc. for the recommendation and support of suitable candidates and those already in the role.

Recommendation

The Staff Governance Committee is asked to:
note the report and the actions being taken to respond to the recommendations within it.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Medical Appraisal & Revalidation Group

Impact: (must be completed)	
Financial / Value For Money	
Risk / Legal:	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.
Quality / Patient Care:	Ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards
Workforce:	
Equality:	The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here • Has EQIA Screening been undertaken? ~~Yes~~/No (If yes, please supply copy, if no please state reason) N/A • Has a full EQIA been undertaken? ~~Yes~~/No (If yes please supply copy, if no please state reason) N/A • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)

Item 15 a

Item

CONSULTANTS, CAREER GRADE DOCTORS AND GENERAL PRACTITIONERS

MEDICAL REVALIDATION AND APPRAISAL REPORT

2018 - 2019

1. PURPOSE

This is NHS Fife's tenth Annual Report which will provide the Board with an update on where NHS Fife is with Medical Staff Revalidation and Appraisal which came into effect on 3rd December 2012.

2. BACKGROUND

In February 2007, the UK Government published a White Paper; Trust Assurance and Safety – The Regulation of Health Professionals in the 21st Century". The intention of the policy was to "provide for safer patient care in the UK" and to "enable the public and patients to be confident that the health professional who cares for them is practising to nationally agreed standards based on an ethos of high quality care".

To implement this policy, since November 2009, any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise that needs to be revalidated every 5 years.

The Scottish Government Health Directorates (SGHD) has described the purpose of revalidation as being:

"…… to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards. Revalidation will provide a focus for doctors' efforts to maintain and improve their practice, and for the organisations in which they work to support them in doing this. In these ways, it will contribute to improvement in the quality of patient care.

A Revalidation Delivery Board for Scotland (RDBS) was set up to oversee the implementation of effective medical revalidation in Scotland. The Board is chaired by Professor Ian Finlay, Senior Medical Officer – Medical Revalidation, Scottish Government and reports, in governance terms, to Dr Catherine Calderwood, Chief Medical Officer at the Scottish Government. The Board also reports to the GMC's UK Revalidation Programme Board.

Medical revalidation (licence to practice) became a UK requirement on 3rd December 2012. All licensed doctors now need to demonstrate to the GMC on a regular basis that they remain up to date and fit to practice. This process is called revalidation.

Revalidation takes place every five years, and requires annual appraisal, including feedback from colleagues and patients. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns will also be reviewed.

3. RESPONSIBLE OFFICER

Recommendations for the revalidation of all doctors is achieved through each Health Board's Responsible Officer (RO). In NHS Scotland the Executive Medical Directors of Health Boards, special Health Boards and the CSA are the Responsible Officers for this purpose. Responsible Officers have a key role in developing more effective liaison between Boards and the General Medical Council (GMC) as the regulatory body for all doctors; and they oversee the arrangements within boards for all medical revalidation, including all methods of evaluating fitness to practice. Although Responsible Officers make revalidation recommendations to the GMC, it is the GMC which decides whether doctors should be revalidated. The Responsible Officer has the following recommendation options:

- Revalidate
- Request more time (defer)
- Failure to engage

Every doctor wishing to practise medicine in the UK must be linked to a Responsible Officer referred to as a "prescribed connection".

There is also a requirement to provide appraisal and revalidation support to those doctors not employed or contracted to NHS Boards but who still have a prescribed connection

In Scotland a Responsible Officer's Network was established which provides a forum to discuss what happens "on the ground"; how the Responsible Officers can support each other and how the Responsible Officers interact with NHS Education for Scotland (NES) and Healthcare Improvement Scotland (HIS).

From the Responsible Officer's Network, key issues are brought to the Revalidation Delivery Board for Scotland, the Scottish Government Cross-Professional Fitness to Practice Group and the Scottish Government Overarching Implementation Steering Group as appropriate.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Robert Cargill and Dr Seonaid McCallum are NHS Fife's Deputy Responsible Officers. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Dr Elliot, Dr Cargill and Dr McCallum have completed Responsible Officer training and attend Responsible Officer network meetings and training when organised.

Dr Chris McKenna took over as NHS Fife's Responsible Officer from March 2019 when Dr Frances Elliot retired.

The GMC has guidance to help Responsible Officers make revalidation recommendations.

4. ANNUAL APPRAISAL

The Scottish Government agreed that for doctors in Scotland, revalidation will be achieved by using a standardised bespoke "**Enhanced Appraisal"** system designed by the National Appraisal Leads Group for Scotland (NALG). All doctors are required to participate in an annual appraisal

General Practitioners have had a well developed and fully funded appraisal system for some years and whilst there has been a requirement to make some changes to the existing process, this has been minimal. It is important that across primary and secondary care, governance is seen to be equitable and comparable.

NHS Fife has a Medical and Appraisal Revalidation Group, whose membership is made up as follows:

Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife
Dr Rob Cargill, Associate Medical Director – Acute Services Division/Deputy Responsible Officer - NHS Fife
Dr Seonaid McCallum, Associate Medical Director – Health & Social Care Partnership/Deputy Responsible Officer – NHS Fife
Dr Maritta Philp, GP Appraisal Lead
Mr Edward Dunstan, Secondary Care Appraisal Lead
Mrs Joyce Kelly, Primary Care Manager
Mrs Rhona Waugh, Head of Human Resources
Mr Kenny Ward, Business Manager to the Medical Director, NHS Fife
Ms Miriam Watts, General Manager, Emergency Care
Dr Annette Alfonzo, Clinical Director, Emergency Care
Mr Murray Cross, General Manager, Planned Care
Dr John Donnelly, Clinical Director, Planned Care
Ms Gemma Couser, General Manager, Women, Children & Clinical Services
Dr Tahir Mahmood, Clincial Director, Women, Children & Clinical Services
Dr Joanna Pickles, LNC Representative
Mrs Alison Gracey, Medical Appraisal and Revalidation Co-ordinator – NHS Fife

This group assesses and implements any changes which need to be made to the current system to bring it in line with the national enhanced appraisal process.

Doctors in training have regular reviews of their performance and are appraised using an adapted review system based largely on their current processes. The Medical Director of NES is the Responsible Officer for all doctors in training. The Director of Medical Education and Educational Supervisors currently employed in NHS Fife have a role in providing information about these trainees to NES to allow their revalidation to take place.

Major changes have occurred in the appraisal system for Consultants, Specialty and Associate Specialist (SAS) doctors. Although enhanced appraisal remains a largely formative process there is now an element of assessment although documents make it clear that this is not the forum for performance management. The national guidance recommends that an Appraisee has a new Appraiser every three years.

In NHS Fife a Medical Revalidation and Appraisal Policy/Procedure for Doctors in Primary and Secondary Care has been developed and implemented to provide a standardised procedure for the annual appraisal of doctors. This policy/procedure covers key elements of the appraisal process and is reviewed on a regular basis with the policy/procedure last reviewed October 2018.

5. APPOINTMENT AND TRAINING OF APPRAISERS

In **Primary Care (General Practitioners)** there are 14 NHS Fife appointed and NES trained Appraisers. This allows every General Practitioner to have an annual appraisal.

The GP Appraisal Lead meets each new Appraiser after they have been appointed for an induction and then yearly thereafter. Relevant issues as well as learning needs are addressed and a Professional Development Plan for the coming year agreed. At these appraisals a standard format designed by NES is used and feedback, resulting from Appraisees sending Form 6As anonymously to NES, is discussed. A couple of Form 4s are also discussed to ensure appropriate standards around this.

Development needs are discussed at Performance Appraisal and at regular Appraiser meetings or individually by email with the GP Appraisal Lead.

Appraisers are also encouraged to email NES directly with development needs especially in relation to IT problems and use of the SOAR database.

The Fife GP Appraisers group holds a meeting three times per year at which Appraisers exchange ideas and discuss scenarios from their own experiences and from cases provided. In addition to local meetings NES holds a yearly appraisal conference which all appraisers are encouraged to attend.

GP Appraisers are required to attend at least 50% of all training activities over one year, i.e. two training events per year.

GP Appraiser recruitment is undertaken locally.

In **Secondary Care** there are 38 NES trained Appraisers. NHS Fife has faced difficulties with recruitment and retention of appraisers in Secondary Care and enlisted the help of a small bank of retired appraisers to help undertake outstanding appraisals. The number of trained appraisers has fluctuated over the years with appraisers either retiring, moving on to new posts or resigning from the appraiser role due to other work commitments, however, NHS Fife continues to advertise, on an ongoing basis, for additional trained members of medical staff to undertake this training in an effort to ensure there are sufficient trained Appraisers to share the appraisal workload.

In 2018 three ½ day training sessions for NES trained appraisers including were provided giving guidance on good practice with regards to the appraisal process, the opportunity to raise and discuss any issues or concerns they may have and to share their experiences. These were primarily for Secondary Care, however GP Appraisers were invited, some of whom attended, adding their perspective and valuable networking opportunities. In 2019, further sessions are being provided, again, inviting GP appraisers to attend as well.

Appraisers are also encouraged to attend any training provided by NES whether that be a specific training session or in conference format.

A number attended the NES Appraisal Conference which took place on 26th and 27th April 2018.

In accordance with national guidance NHS Fife now only uses NES trained Appraisers for doctors' appraisals.

6. APPRAISAL SYSTEM/DOCUMENTATION

The Scottish On-line Appraisal Resource (SOAR) collects interview details such as date/location/Appraiser, etc and is used to aid the appraisal process for both GPs and secondary care doctors working in Scotland, maintained by the Appraiser and the local admin teams. Appraisees (Doctors) also have access to SOAR where they can review their past appraisal details, complete their relevant forms as well as upload documents to share with their Appraiser and more importantly, sign off the summary of their interview. For GPs and Secondary Care Doctors this is Form 4. The Medical Appraisal & Revalidation Coordinator checks the system on a regular basis to ensure everyone has their annual appraisal.

Doctors within secondary care can still continue to use the paper based system, with specially designed forms to record the outcome of the process, instead of SOAR, however, all are actively encouraged to use SOAR as it is likely to become mandatory in the future and currently no-one continues to use paper.

A signed Form 4 is proof that an individual has successfully engaged in the Appraisal process for that year.

GMC Connect is an area of the GMC's website that allows the GMC to transfer and share data and information securely and has been developed to support Responsible Officers. GMC Connect allows Responsible Officers to manage their responsible officer details; view and manage the list of doctors who have a prescribed connection to a designated body; submit revalidation recommendations when they are due; access revalidation guidance and forms and subscribe to emails that notify them when there are changes on their designated body's list of doctors.

NES reached agreement in 2013 with the GMC over linking their IT system so that ROs in Scotland can make Revalidation recommendations via SOAR.

Trainees also have access to SOAR.

Guidance is available on-line for all users.

7. CLINICAL GOVERNANCE, ACTIVITY, OUTCOME AND ORGANISATIONAL INFORMATION/DATA FOR APPRAISAL

During annual appraisal doctors use supporting information to demonstrate that they are continuing to meet the principles and values set out in "Good Medical Practice". Access to this information relies on effective Clinical Governance and information systems being in place.

There is significant variation across specialties regarding what information is available at individual doctor level to support the process of appraisal and job planning both at local and national level. In NHS Fife, a wealth of information is collected for national reporting and for operational reasons. Work is ongoing to provide doctors with a minimum data set to use to support appraisal and revalidation.
Currently those working within the Health and Social Care Partnership and the Acute Services Division are provided with information on incidents, complaints and medical legal statements.

Supporting information required of all doctors also includes feedback from colleagues and, **where they have direct patient contact**, from patients. All doctors are expected to seek such feedback at least once in every revalidation cycle (5 years).

NHS Fife has adopted the GMC Patient Questionnaire and has pulled together guidance on its use. Primary Care clinicians (General Practitioners) and Secondary Care clinicians (Acute Division, Health & Social Care Partnership and Public Health) use this questionnaire and the MSF tool, on SOAR, for colleague feedback. NHS Fife has also allowed Anaesthetists and OHSAS clinicians to use patient questionnaires adapted for their specialty.

8. GP FUNDING IMPLICATIONS

GP appraisal has been centrally funded from the outset and appraisal administration support is provided by Primary Care Contractor Services.

Dr Maritta Philp, Local Appraisal Adviser is responsible for liaising with the administration support, providing support to Appraisers and addressing their development needs in the role and ensuring quality assurance of the appraisal process.

9. GOVERNANCE STRUCTURE

The implementation of medical staff revalidation including enhanced appraisal 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.

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.

The GMC has a handbook for boards and governing bodies – "Effective governance to support medical revalidation".

10. QUALITY ASSURANCE

The GMC has put in place a programme of quality assurance which seeks to provide it with assurances that:

- local governance systems and processes are in place to support revalidation and are working as intended;

- local processes for recommendations made by Responsible Officers to the GMC are robust.

On behalf of the Scottish Government, NHS Education for Scotland (NES) have now taken over from Healthcare Improvement Scotland (HIS) and are responsible for providing external quality assurance (EQA) of the revalidation process and for reporting on this. Following on from their work to assess Scotland's **readiness for revalidation,** they continue to monitor all healthcare organisations' progress towards meeting the agreed revalidation targets. This is a stepped process to allow organisations to:

- ensure they have the systems and processes in place to support revalidation,

and

- sufficient trained Appraisers.

The aim of the EQA exercise is to find out how much progress healthcare organisations have made in preparing for revalidation; to find out which areas are working well, and areas where further support may be required. This self-assessment is sent to all organisations (designated bodies) employing doctors in Scotland.

The data collected allows NES to compare information between and within healthcare sectors, and on a national basis. The report for 2017-2018 was published in November 2018. See Appendix 1.

In June 2014 NHS Fife's Medical Appraisal and Revalidation Group agreed to the use of an audit tool which is being used to quality check Secondary Care Appraiser's Form 4s. The audit is conducted annually. Results of the audit are discussed at MARG and shared with Appraisers. The Secondary Care Appraisal Lead, Mr Dunstan is available to give feedback to appraisers regarding their individual results in the audit.

11. REMEDIATION, REHABILITATION AND SUPPORT

The Responsible Officer is responsible for ensuring that appropriate action is taken where there are concerns about a doctor's fitness to practise. In these circumstances remedial and supportive action is taken quickly before problems begin to escalate. As indicated above, the identification of concerns and subsequent actions should not wait until the doctor is due to be revalidated. Medical Directors/Director of Public Health and Clinical Leads play a key role in this process.

Within Primary Care there is a local GP Support Group which is involved in managing GP underperformance.

In Secondary Care a Remediation policy/procedure was developed and approved in January 2016 which supports NHS Fife in how it deals with such matters. This policy was last reviewed October 2018.

NHS Fife deals with individuals on a case by case basis. NHS Fife also applies, as necessary, the relevant NHS Fife Human Resources policies on the Management of Employee Conduct and the Management of Capability. In addition, NHS Fife applies the extant relevant circulars for Medical and Dental staff as prescribed within the nationally agreed terms and conditions of service. Relevant support is also sought from NHS Fife's Staff Wellbeing & Safety Service and externally as required.

12. UPDATE ON APPRAISAL WITHIN PRIMARY AND SECONDARY CARE FOR PERIOD APRIL 2018– MARCH 2019.

See Appendix 2 – NES – Medical Revalidation Self Assessment 2019.

13. SUMMARY

The key issues for 2018/19 are as follows:

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation.
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 2018/19 are as follows:

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. Continue to advertise for doctors to become NES trained Appraisers to ensure that NHS Fife continues to have sufficient NES trained Appraisers to meet the number of Appraisees within NHS Fife.
3. Continue to encourage Consultants, Career Grade Doctors and General Practitioners to use the Scottish Online Appraisal Resource (SOAR) database.
4. Continue to provide appraisal and revalidation support to those doctors not employed or contracted to NHS Fife but who still have a a prescribed connection.
5. Share results of the audit of Form 4s with all appropriate parties in an effort to improve the quality of appraisal within NHS Fife.
6. Continue to provide training sessions for both Appraisers and Appraisees.
7. Action NES Feedback as appropriate.

Appendix 1

medical-revalidation-quality-assurance-rev

Appendix 2

02 MARQA Self Assessment Question

STAFF GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2019/20

	Lead	May	Jun	Aug	Nov	Jan	Mar
Governance							
Minutes of Previous Meetings	**Chair**	√	√	√	√	√	√
Minutes of other Committees & Groups	**Chair**	√	√	√	√	√	√
Board Assurance Framework (BAF)	**Director of Workforce**	√	√	√	√	√	√
Review of Committee's Terms of Reference	**Board Secretary**						√
Committee Self Assessment Report	**Board Secretary**						√
Annual Assurance Statement	**Board Secretary**	√					
Annual Workplan	**Board Secretary**						√
Corporate Calendar – Committee Dates	**Board Secretary**			√			
HR Policies Monitoring Update	**Head of Staff Governance**			√		√	
Dignity at Work Action Plan	**Head of Staff Governance**			√			
Whistleblowing	**Director of Workforce**		√				
Brexit	**Director of Workforce**	√	√	√	√	√	√
Planning							
Nurse Recruitment Update	**Director of Nursing**	√					√
Consultant Recruitment Update	**Head of HR / Medical Director**	√				√	
Workforce Strategy Update	**Director of Workforce**		√			√	
Workforce Projections	**Director of Workforce**		√				
Young People's Workforce Strategy	**Director of Workforce**			√			
Digital Readiness	**Head of eHealth**		√				
Medical Revalidation Update	**Medical Director**				√		
Performance							
Integrated Performance & Quality Report	**Director of Workforce**	√	√	√	√	√	√
Attendance Management Update	**Head of HR**	√	√	√	√	√	√
Well at Work	**Head of HR**	√	√	√	√	√	√
Core Training Update	**Head of Staff Governance**		√			√	
KSF / TURAS Update	**Head of Staff Governance**		√		√		
iMatter Update	**Head of Staff Governance**		√		√		√
Health & Social Care Staff Experience Report – iMatter	**Head of Staff Governance**	√					

	Lead	May	Jun	Aug	Nov	Jan	Mar
Staff Governance & SG Standards							
Draft Staff Governance Action Plan	**Head of Staff Governance**						√
Staff Governance Action Plan Mid-Year Review	**Head of Staff Governance**			√			
Final Staff Governance Action Plan & Year-End Review	**Head of Staff Governance**	√					
Staff Governance Annual Monitoring Return	**Head of Staff Governance**			√			√
Well Informed – Communication & Feedback	**Head of Staff Governance**	√					
Appropriately Trained	**Head of Staff Governance**		√				
Involved in Decisions	**Head of Staff Governance**				√		
Treated Fairly and Consistently	**Head of Staff Governance**			√			
Improved and Safe Working Environment	**Head of Staff Governance**					√	

Fife Integrated Performance & Quality Report

Produced in October 2019

NHS Fife

Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

a. LDP Standards & Local Key Performance Indicators (KPI)

b. National Benchmarking

c. Indicatory Summary

d. Assessment

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
- Operational Performance
- Finance

Staff Governance

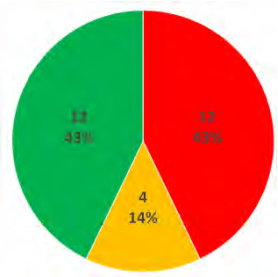
Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

A summary report of the IPQR, the Executive Summary IPQR (ESIPR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other NHS Boards.

a. LDP Standards & Key Performance Indicators

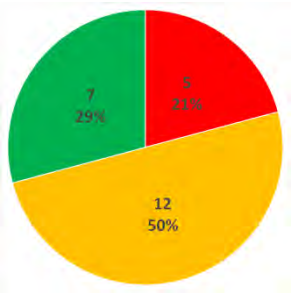


The current performance status of the 28 indicators within this report is 12 (43%) classified as **GREEN**, 4 (14%) **AMBER** and 12 (43%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted…

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.53 per 1,000 Occupied Bed Days
- New Outpatient Waiting Times achieved above Standard performance for the fifth month in succession
- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20
- Cancer 31-Day DTT achieving the Standard for the third successive month
- The number of smoking quits recorded after 2 months of the FY was in line with the trajectory
- Performance in responding to FoI Requests continued to improve

b. National Benchmarking



National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◄►); based on 11 mainland NHS Boards. The current benchmarking status of the 24 indicators within this report has 7 (29%) within upper quartile, 12 (50%) in mid-range and 5 (21%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.

Indicator Summary

Performance
meets / exceeds the required Standard / on schedule to meet its annual Target
behind (but within 5% of) the Standard / Delivery Trajectory
more than 5% behind the Standard / Delivery Trajectory

Benchmarking	
▲	Upper Quartile
◀ ▶	Mid Range
▼	Lower Quartile

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-18	52	Jul-19	63	Aug-19	47	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01		2018/19	1.01	◀ ▶	1.00
	N/A	Inpatient Falls	5.97	Month	Aug-18	7.92	Jul-19	7.04	Aug-19	6.72	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-18	1.69	Jul-19	1.31	Aug-19	1.53	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Aug-18	0.63	Jul-19	1.10	Aug-19	0.61	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-18	3.1%	Mar-19	6.5%	Jun-19	2.0%	↑	QE Jun-19	2.0%	▼	1.0%
	0.32	HAI - C Diff	0.32	Quarter Ending	Aug-18	0.16	Jul-19	0.18	Aug-19	0.18	↔	2018	0.19	▲	0.27
	0.24	HAI - SABs	0.34	Quarter Ending	Aug-18	0.50	Jul-19	0.36	Aug-19	0.33	↑	2018	0.43	▼	0.33
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-18	73.7%	Jul-19	68.6%	Aug-19	75.3%	↑	2017/18	77.5%	◀ ▶	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-18	34.4%	Jul-19	57.7%	Aug-19	57.8%	↑	2017/18	49.7%	◀ ▶	52.8%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-18	100.0%	Jul-19	100.0%	Aug-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Aug-18	97.3%	Jul-19	95.1%	Aug-19	93.6%	↓	Aug-19	93.6%	◀ ▶	90.6%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-18	4.3%	Jul-19	7.2%	Aug-19	8.0%	↓	QE Dec-18	7.5%	◀ ▶	7.1%
	95%	New Outpatients Waiting Times	95%	Month	Aug-18	91.2%	Jul-19	96.2%	Aug-19	95.0%	↓	Jun-19	95.8%	▲	73.5%
	100%	Diagnostics Waiting Times	100%	Month	Aug-18	97.7%	Jul-19	98.3%	Aug-19	97.6%	↓	Jun-19	99.5%	▲	81.6%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Aug-18	83.3%	Jul-19	90.1%	Aug-19	89.9%	↓	QE Jun-19	90.6%	▲	67.8%
	90%	18 Weeks RTT	84%	Month	Aug-18	80.9%	Jul-19	82.9%	Aug-19	82.0%	↓	Jun-19	83.4%	▲	79.2%
	95%	Cancer 31-Day DTT	95%	Month	Aug-18	97.5%	Jul-19	95.0%	Aug-19	97.0%	↑	QE Jun-19	93.0%	▼	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Aug-18	80.2%	Jul-19	87.5%	Aug-19	84.0%	↓	QE Jun-19	85.4%	◀ ▶	82.4%
	29%	Detect Cancer Early	27%	Year Ending	Mar-18	24.5%	Dec-18	27.6%	Mar-19	24.8%	↓	2017, 2018	25.1%	◀ ▶	25.5%
	80%	Antenatal Access	80%	Month	Jun-18	88.0%	May-19	90.0%	Jun-19	88.2%	↓	QE Dec-18	90.2%	◀ ▶	88.0%
	473	Smoking Cessation	473	YTD	May-18	N/A	Apr-19	100.0%	May-19	100.0%	↔	2018/19	88.6%	◀ ▶	95.2%
	90%	CAMHS Waiting Times	88%	Month	Aug-18	78.4%	Jul-19	73.2%	Aug-19	74.8%	↑	QE Jun-19	71.0%	◀ ▶	69.7%
	90%	Psychological Therapies Waiting Times	82%	Month	Aug-18	68.7%	Jul-19	65.5%	Aug-19	65.2%	↓	QE Jun-19	66.2%	▼	78.7%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Jun-18	N/A	Mar-19	66.1%	Jun-19	75.0%	↑	2018/19	66.1%	◀ ▶	85.6%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-18	99.1%	May-19	95.8%	Jun-19	95.5%	↓	QE Jun-19	95.5%	◀ ▶	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2017/18	87.2%	2017/18	87.2%	2018/19	94.5%	↓	2018/19	94.5%	▲	63.9%
	N/A	Dementia Referrals	TBD	YTD	Mar-18	N/A	Dec-18	61.0%	Mar-19	57.4%	↓	2018/19	57.4%	▲	39.2%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-18	N/A	Jul-19	68.3%	Aug-19	71.1%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Sep-18	N/A	Aug-19	£6.281m	Sep-19	£7.583m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Sep-18	N/A	Aug-19	£1.280m	Sep-19	£1.585m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Aug-18	5.46%	Jul-19	5.78%	Aug-19	5.44%	↑	YE Jun-19	5.55%	▼	5.32%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Inpatient Falls Reduce falls with harm by 20%	2.16	Aug-19	2.16	Aug-19	1.53	N/A	N/A
While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Aug-19	0.61	N/A	N/A
The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019. Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	2.5%	Jun-19	2.5%	Jun-19	2.0%	QE Jun-19	▼
As part of the ongoing quality improvement work, the IPC and Maternity Services have worked collaboratively to review the surveillance methodology case ascertainment process for SSI diagnosis, and a new process will launch at the start of October. Quarter 2 has seen a reduction in cases from the elevated rate of 6.5% in Quarter 1, and it is hoped that this improvement will be improved and sustained during the rest of the year.							
SAB (MRSA/MSSA) Rate of SAB (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	0.24	Never Met	0.34	QE Aug-19	0.33	2018	▼
There were only 3 SAB in August, one of which was a Hospital Onset VAD (PVC)-related infection. The overall number was a significant fall compared to the July figure of 15. Provisional data indicates that there were 6 SAB in September, one of which has been confirmed as a Hospital Onset VAD (PVC) SAB. There has not been a PWID-related SAB since July.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	75.0%	Never Met	65%	QE Aug-19	57.8%	FY 2017/18	◀ ▶
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Patient Relations are also in discussion with the Interim Director of Health & Social Care with an aim to support the improvement of complaint performance within the Partnership. This includes a review of the complaints process to make this consistent across the Partnership and Acute Services, along with the current approval process of Stage 2 complaints for the Partnership.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Aug-19	8.0%	Dec-18	◀ ▶
Following performance guidance from the Scottish Government in relation to Winter Planning, the March 2020 target for bed days lost due to patients in delay has been reduced to 5%. We are currently around 3% higher than that level, and the challenge is for this position to improve during the winter months, when pressure on the system is most acute.							
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Aug-19	93.6%	Aug-19	◀ ▶
Performance has remained static, but remains amongst the highest in Scotland., although we are continuing to see an upward trend in attendance. The PerformED Group continues to focus on improvement actions to address variability in performance and reduce 4-hour breaches as we move towards the challenging winter period. The improvement work is underpinned by the 6 Essential Actions (6EA) to Improve Unscheduled Care.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Aug-19	89.8%	QE Jun-19	▲
Performance deteriorated slightly in August but remained better than the agreed improvement trajectory. Additional independent sector capacity has been commissioned due to challenges of medical staff conducting in house waiting list initiatives as a result of pension impact.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Aug-19	84.0%	QE Jun-19	◀ ▶
Performance deteriorated in August with 7 of the 12 breaches seen in Urology. Delays occurred requesting tests, post MDT OPA, biopsy and histopathology turnaround times. Delays to surgery impacted on breast and renal patients. Reasons for breach in lung were primarily due to issues with PET contrast and SABR. Breach durations ranged from 3 to 94 days, with an average of 39 days.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	May-19	100.0%	2018/19	◀ ▶
The Mobile Unit has been repaired after a 4-month delay, and an additional session is being planned for a Wednesday. Two new clinics are to commence in Methil and Lochgelly, while Better Beginnings classes have been running on the first Saturday in the month since May. We had some initial problems with the booking system when clients tried to book on the Eventbrite site, but this has now been resolved and feedback from women attending the classes has been very positive.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Aug-19	74.8%	QE Jun-19	◀ ▶
The Group Therapy programme is underway, and evening clinics have started. These additional sessions are being provided by 9 senior CAMHS Clinicians, with a specific focus on the longest waits (over 52 weeks). Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks will have an adverse impact on the 18 week RTT. The delay in recruiting to PMHW posts has also impacted on performance, with increasing referrals placing additional pressure on Tier 3 CAMHS.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Aug-19	65.2%	QE Jun-19	▼
We continue to meet the RTT for patients with less complex needs but performance in relation to people with the most complex needs remains especially challenging. This issue is being addressed through service redesign, with support from ISD/HIS Mental Health Access Improvement Support team. The establishment of Community Mental Health Teams across Fife continues to progress well, but the delay in both implementation of service redesign in the Day Hospitals and the setbacks in sourcing funding for a programme of staff training in a new clinical approach is impacting on the anticipated reduction in waiting times.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Aug-19	71.1%	N/A	N/A

There has been a small improvement in performance in August and the positive trajectory would indicate the initial effectiveness of the actions put in place to address overall timeliness of response. From mid-September, management of the FOI inbox has been assigned to the Information Governance & Security team, to enhance expertise and resilience in managing information requests. New processes are presently under development to ensure final sign-off of responses at Director level is done in a timely manner.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Sep-19	+ £7.583m	N/A	N/A

The revenue position for the 6 months to 30 September reflects an over spend of £7.583m. This is significantly higher than the position reported for the same period in each of the four previous financial years.
Based on this year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend.
The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the Integration Joint Board position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh. On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a degree of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent.
However, as highlighted in the Integrated Performance & Quality Report last month, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even.
For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.

Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Sep-19	£1.280m	N/A	N/A

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 6 months to September shows investment of £1.585m, equivalent to 21.43% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Aug-19	5.44%	YE Jun-19	▼

The sickness absence rate for August was 5.44%, a reduction of 0.34% compared to July. The improvement in August means that we are closer to the 5.18% trajectory set at the start of the FY.
Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

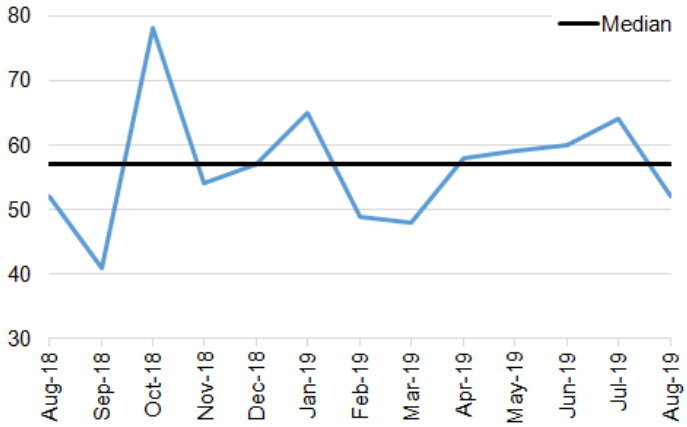
Finance, Performance & Resources – Finance

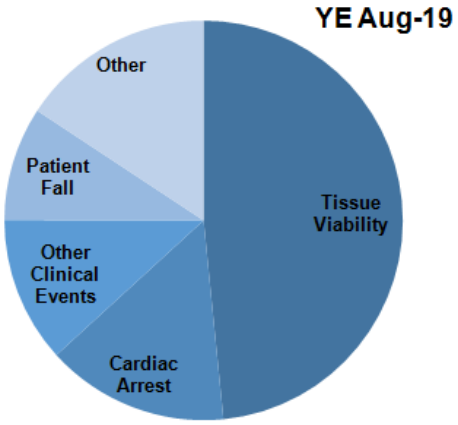
Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2018					2019							
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1401	1202	1468	1287	1239	1348	1264	1281	1235	1291	1237	1400	1290
	Acute Services	596	523	615	614	577	629	585	574	538	594	564	560	572
	HSCP	737	634	772	631	619	668	627	663	645	625	627	798	665
	Corporate	68	45	81	42	43	51	52	44	52	72	46	42	53
CLINICAL	NHS Fife	932	810	967	925	869	973	874	896	854	934	830	912	830
	Acute Services	532	470	571	566	518	567	523	524	486	551	514	518	519
	HSCP	380	321	373	348	340	390	338	356	356	346	297	380	282
	Corporate	20	19	23	11	11	16	13	16	12	37	19	14	29

Commentary

The Medical Director and Director of Nursing are currently reviewing the Adverse Events policy in light of the HIS national Adverse Event report. It is clear that NHS Fife is an outlier in terms of reporting of major and extreme events, however this is attributable to our policy on recording tissue viability and cardiac arrests.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of is more than predicted.

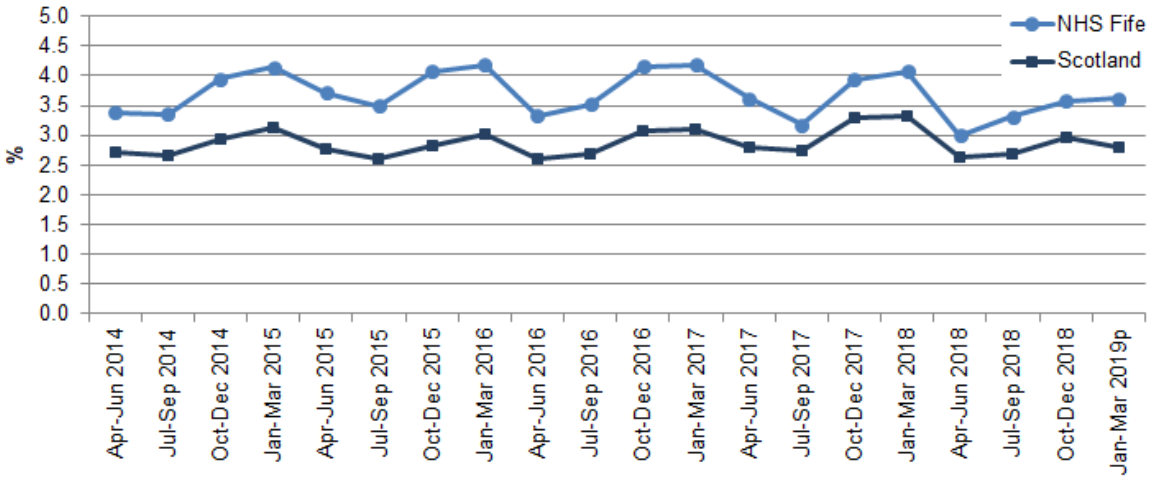
Reporting Period; April 2018 to March 2019p

Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to **Crude Trends (Overall)**.

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	**25,362**	**25,362**	**702,449**	**3.6%**	**1.00**
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate



Commentary

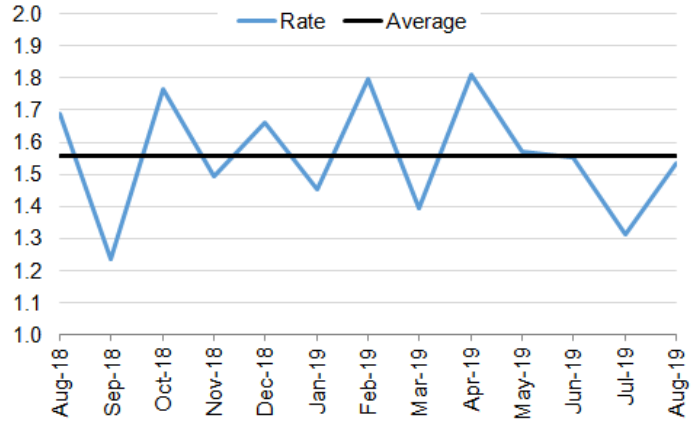
The HSMR for NHS Fife is on track with the national average. The figures for QMH almost certainly represent the cohort of patients cared for in those inpatient beds (care of the elderly and hospice). Recent crude mortality (unadjusted) shows a reassuring downward trend.

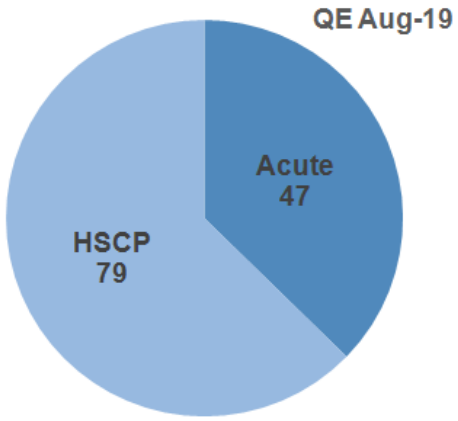
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)
Improvement Target rate (by end December 2019) = ***2.16 per 100,000 OBD***

Local Performance





Service Performance

Month	2018					2019							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	1.69	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53
Acute Services	1.32	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34
HSCP	1.99	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70

Commentary

While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.

Current Challenges	Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is continuing. – ***Actions 1, 2, 3 and 4***

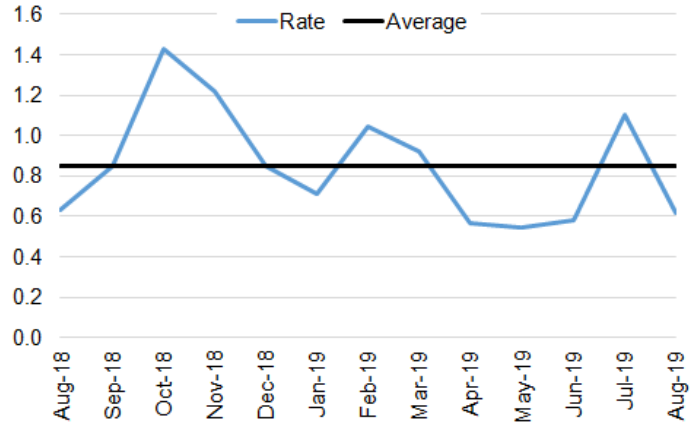
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart	The updated falls toolkit was launched on 10th September, and the target for transition over to the new documentation is 1st October. A designated (In-patient) folder focused on falls has been created on the intranet for all documentation and resources.	Complete
2. Develop Older People's Knowledge and Skills Framework	Framework (relevant to all clinical areas that care for older people across our acute and community hospitals) has been piloted with a number of health professionals within the acute hospital and the feedback is extremely positive.	Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit is planned for January 2020. **The action timescale has been adjusted accordingly.**	~~Aug 2019~~ Delayed to Jan 2020
4. Care and Comfort Rounding	Work on the approach to comfort rounds is in final stage of testing, with a Care and Comfort clock being designed to be a person centred document	Nov 2019 On Track

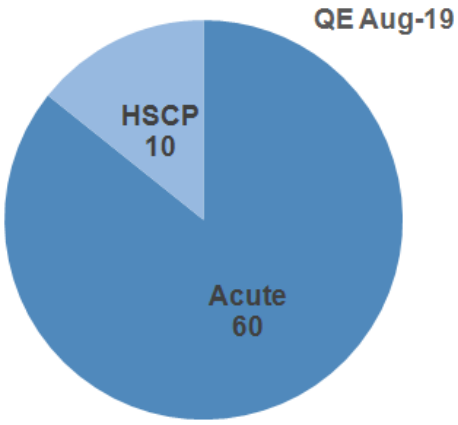
Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2019) = ***0.42 per 1,000 Occupied Bed Days***

Local Performance





Service Performance

Month	2018					2019								Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	0.63	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	**0.52**
Acute Services	1.01	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	**0.64**
HSCP	0.32	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	**0.37**

Commentary

The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019.

Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.

Current Challenges	Reducing number of pressure ulcers across all NHS Fife Wards – ***Actions 1 and 3***
	Reducing the random monthly variation in HSCP wards – ***Actions 2 and 3***

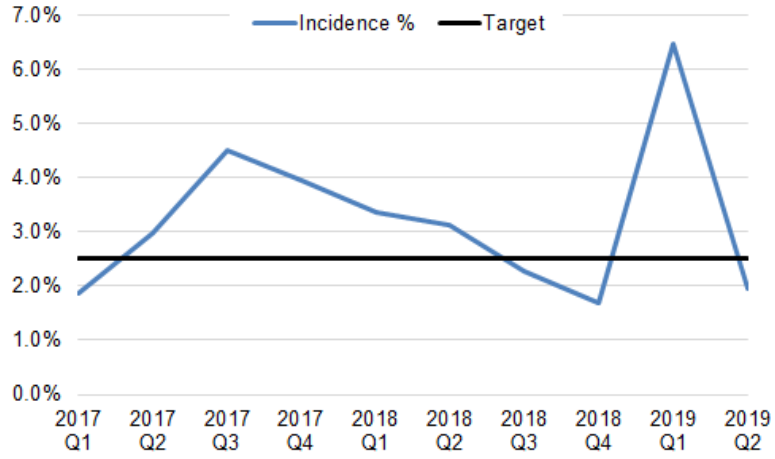
Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 On Track
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme	Dec 2019 On Track

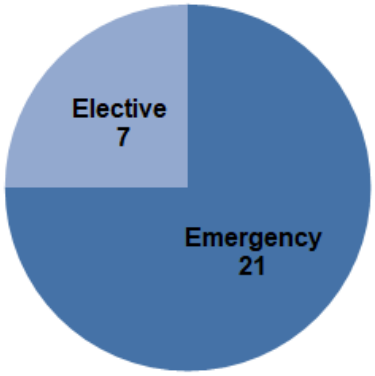
Clinical Governance

SSI Caesarean Section

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance





Service Performance

	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2
NHS Fife	1.9%	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%
Scotland	1.4%	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%

Current Challenges	NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – ***Action 1***
	NHS Fife BMI rates are higher than the national rate – ***Action 2***

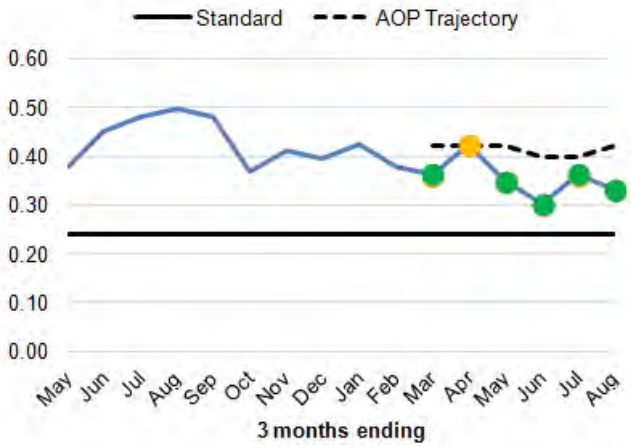
Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: • Family Health Team • Winning By Losing • Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

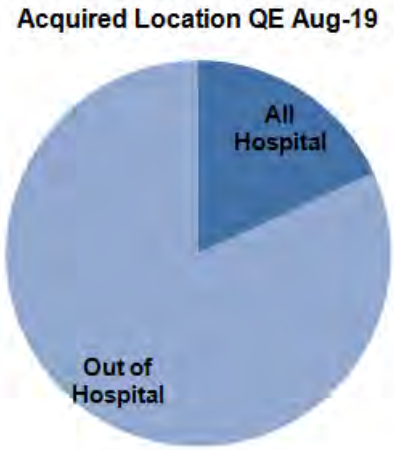
Clinical Governance

HAI SAB (including MRSA)

Rate of 0.24 cases or less per 1,000 Acute Occupied Bed Days (AOBD)
*Improvement Target for 2019/20 = **0.34***

Local Performance | Quarter Ending





National Benchmarking | Year Ending

	2018					2019								Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	0.41	0.42	0.42	0.44	0.43	0.42	0.42	0.42	0.42	0.41	0.38	0.40	0.37	0.38
Scotland		0.33			0.33									

Current Challenges	Increase in number of VAD-related infections – ***Action 1***
	Number of SAB in diabetic patients – ***Action 2***
	Increase in number of SAB in People Who Inject Drugs (PWID) – ***Action 3***

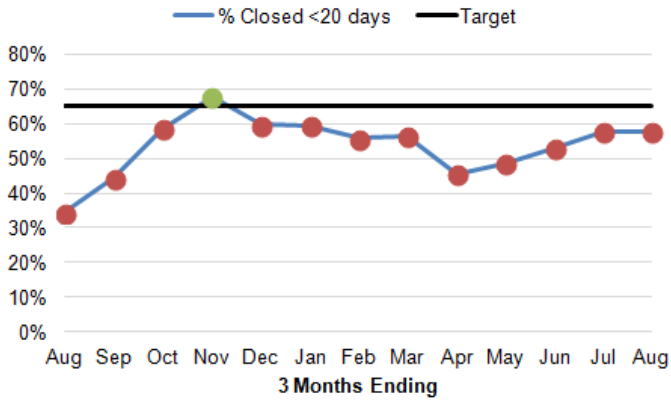
Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group	The Vascular Access Strategy Group agreed the group had fulfilled its original purpose and the ongoing actions would now be subsumed within Clinical and Operational management structures	Mar 2020 On Track
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients	An initial meeting with surveillance to review and analyse the last 2 years worth of data relating to SAB with Diabetes as a risk factor has taken place. This covered Hospital Onset, Healthcare Associated and Community Onset SAB. The Vascular Access Strategy and Urinary Catheter Improvement Group are developing appropriate improvement work, and further discussions are planned for October.	Mar 2021 On Track
3. Reduce the number of SAB in PWIDs	First meeting with key stakeholders to discuss SAB prevention in the PWID completed: • ADN for HSCP engaged • Head of Quality and Clinical & Care Governance investigating and reviewing the issues • Addictions Services keen to get initiatives up and running to prevent infection and early diagnosis of wound infection • incidence charts are being used to support in QI	Mar 2021 On Track

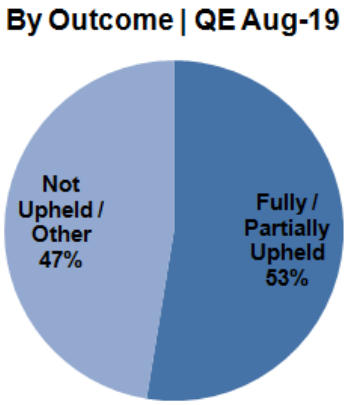
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
*Improvement Target for 2019/20 = **65%***

Local Performance





Local Performance by Directorate/Division

3-Month Ending	2018/19					2019/20							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	34.4%	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.7%	52.9%	57.7%	57.8%
Acknowledged <= 3 Days	72.1%	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.4%	96.6%	96.2%	94.8%
ASD	40.9%	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	60.3%	68.3%	71.8%	66.7%
HSCP	16.1%	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%

Current Challenges	To improve quality of draft responses – ***Action 1***
	To improve quality of investigation statements – ***Action 2***
	Inconsistent management of medical statements and inconsistent style of responses within ASD – ***Action 3***

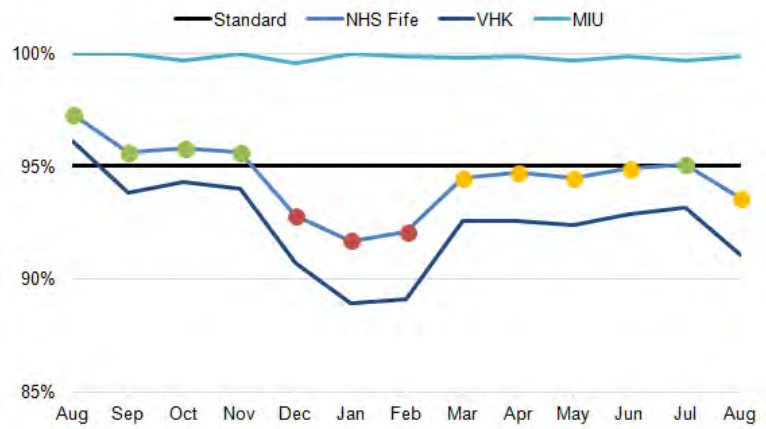
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. *Ad Hoc* training sessions are also delivered when required.	Mar 2020 On Track
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting	Oct 2019 On Track

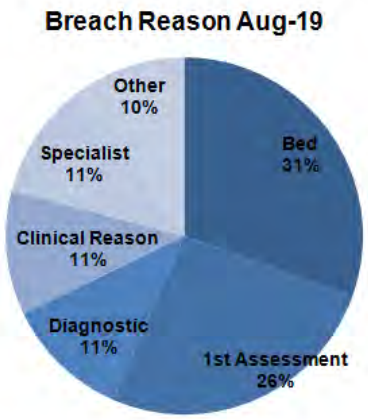
Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
*Improvement Target for 2019/20 = **96%***

Local Performance





National Benchmarking

Month	2018/19								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	97.3%	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%
Scotland	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%

Current Challenges	Variation in 4-Hour Emergency Access Performance - ***Action 1***
	Patient Flow – ***Action 2***
	ECAS and OPAT Services and Capacity – ***Action 3***

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Nursing staff models have been reviewed and identified where support is required to reduce length of stay in the department with proactive triage loading. Particular focus on breaches where patients exit ED between hours 4 and 5.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	The new flow model continues to assist with control of occupancy, and a test of change is in place for October to assess the impact of consultant handling GP referrals and advice calls with view to reducing attendances. The year-on-year increase in attendances is 18.5%.	Oct 2019 On Track
3. Development of services for ECAS and implementation of OPAT	A review of the ECAS model within Fife compared to other boards is to be implemented, with support from SG review of front door flow. Microbiology support to OPAT is starting in October.	Oct 2019 On Track

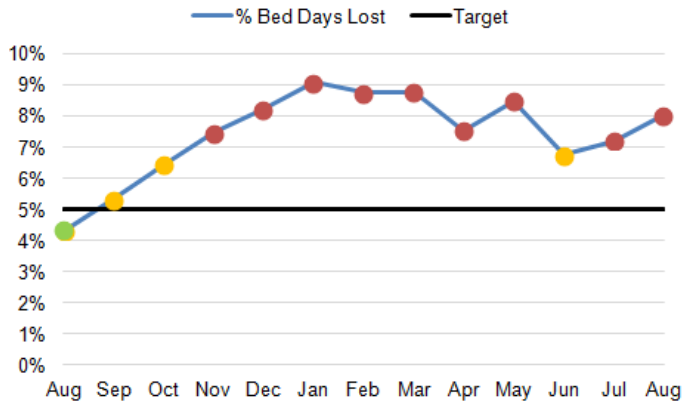
Finance, Performance & Resources – Operational Performance

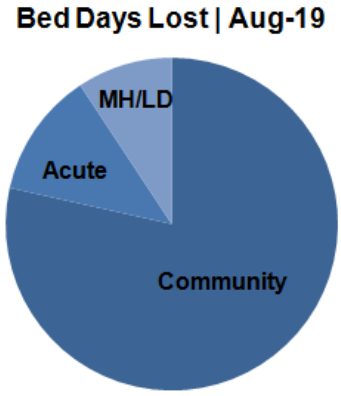
Delayed Discharges

We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

*Improvement Target for 2019/20 = **5%***

Local Performance





National Benchmarking

Quarter Ending	2017/18				2018/19		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	5.5%	6.5%	5.0%	4.1%	4.2%	4.8%	7.5%
Scotland	5.7%	6.1%	6.4%	6.0%	6.6%	7.0%	7.1%

Current Challenges	To reduce the number of hospital bed days lost due to patients in delay – ***Actions 1 and 3***
	To improve the time taken to complete social work assessments – ***Action 2***

Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed.	Oct 2019 On Track
2. Review timescales of social work assessments	Meeting to review process and timescales has taken place. Patients discharged from VHK who require single carer are being assessed at home provided they go home with ICASS. This is the case for the majority of VHK discharges. **As the implementation is still to be agreed, the action timescale has been adjusted.**	~~Sep 2019~~ Delayed to Nov 2019
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter	Nov 2019 On Track

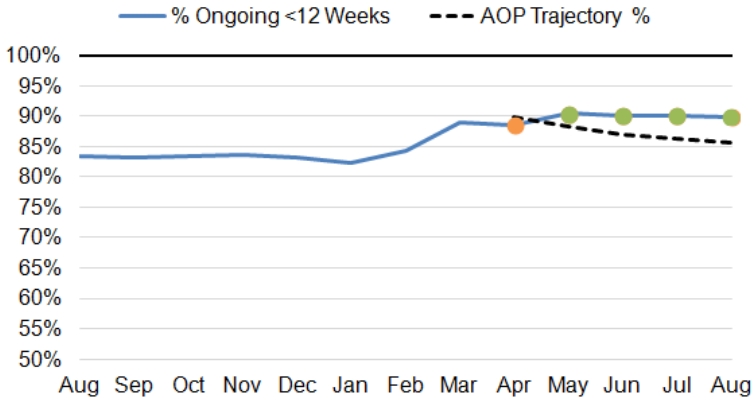
Finance, Performance & Resources – Operational Performance

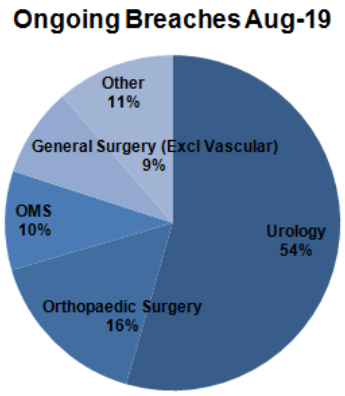
Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

*Improvement Target for 2019/20 = **80%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)*

Local Performance





National Benchmarking

	2018/19								2019/20					Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	83.3%	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	**84.8%**
Scotland		68.1%			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%			

Current Challenges	Recurring gap in IP/DC capacity – ***Actions 1, 2 and 3***
	Difficulty in recruiting to Specialist Consultant posts – ***Actions 1 and 2***
	Difficulty in staffing additional in-house activity - ***Actions 1, 2 and 3***
	Cancellation of IP/DC activity due to unscheduled care pressures - ***Action 2***

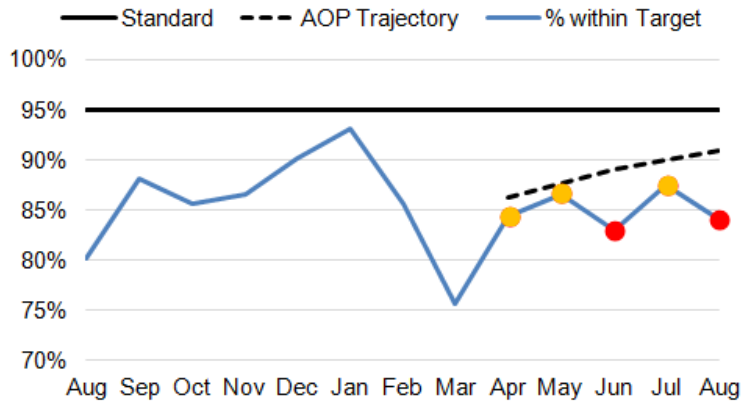
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20	Letter confirming first allocation of funding received; plan being delivered	Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track

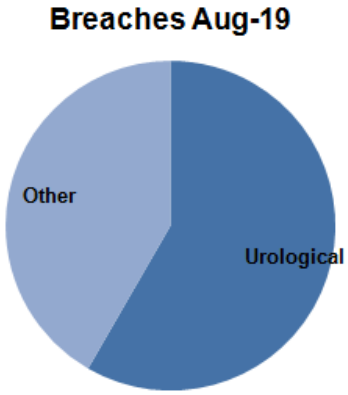
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
*Improvement Target for 2019/20 = **94%***

Local Performance





National Benchmarking

	2018/19								2019/20					Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	80.2%	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	**92.0%**
Scotland	79.7%	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	

Current Challenges	Urology 62 day performance (Prostate) – ***Actions 1 and 2***
	Cancer Waiting Times 'education' – ***Action 2***
	Delays to steps in pathways for 1st OPA, diagnostic investigations and reporting – ***Action 2***
	Number of breaches in various specialties – ***Action 3***

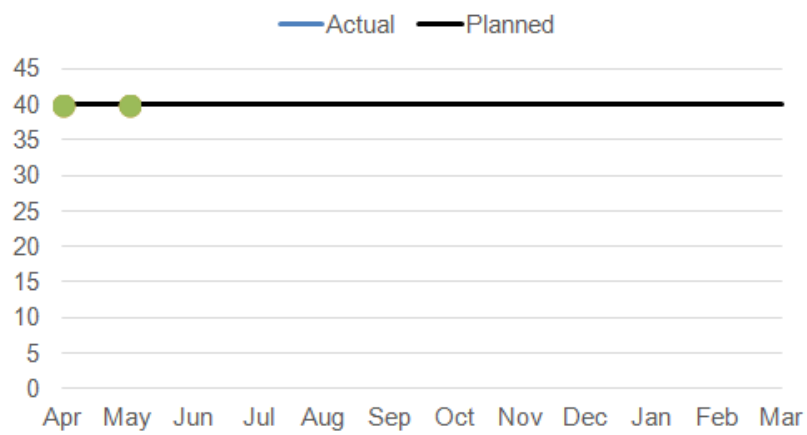
Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1st OPA, MRI, TRUS biopsy, and histopathology turnaround times. Pathway reviewed and revised in collaboration with clinical team. Clinical team are now working towards implementation of "bundle booking" whereby all diagnostics and appointments required are booked at the point of vetting. The backlog of patients breached and not treated has reduced.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	• Governance structure agreed • Meetings to be arranged and ToRs finalised • CWT education package under development • SOP to be reviewed Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. **The action completion date has been adjusted to reflect that work in this area is continuing.**	~~Oct 2019~~ Delayed to Dec 2019
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review Escalation protocols being developed by each service to avoid any "communication delays in pathway".	Jan 2020 On Track

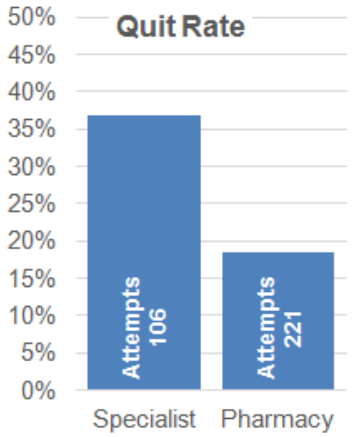
Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance





National Benchmarking

Quits (Number and % Achieved against		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40										
	Actual Cumul	40	80										
	Achieved	100%	100%										
Scotland	Achieved												

Current Challenges	To improve uptake in deprived communities – ***Action 1***
	To increase uptake of Champix – ***Action 2***
	To increase smoking cessation in Antenatal Setting – ***Action 3***

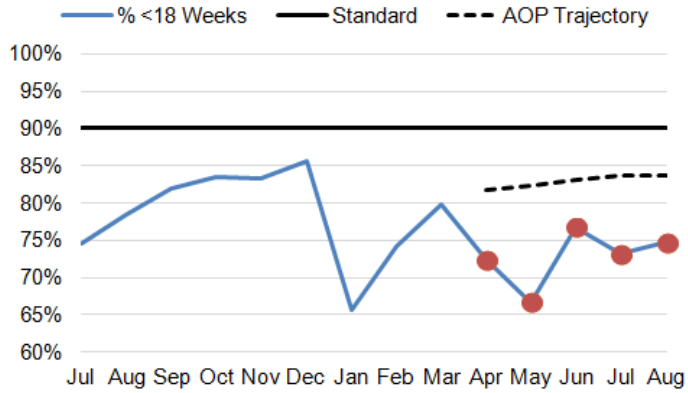
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton	We have had no further stop smoking engagement with the Gypsy Travellers in Thornton. However, we have supplied relevant information to be displayed on site and will attend a lifestyle awareness session in October.	Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

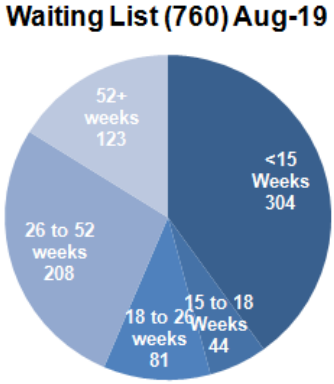
Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
*Improvement Target for 2019/20 = **88%***

Local Performance





National Benchmarking

Month		2018/19								2019/20					Sep-19
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	% <18 Weeks	78.4%	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	**85.0%**
Scotland		66.3%	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%			

Current Challenges	Increased referrals to service – ***Action 1***
	Pressure on existing staff – ***Action 2***
	Improving efficiency of workload allocation – ***Action 3***

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Started in April 2019 following SG Action 15 funding. Four additional staff were recruited on 1-year contracts. Impact has been extremely positive with significant amount of C&YP signposted following assessment to alternative service providers. New staff have since moved on to permanent posts, and recruitment has restarted. This is experiencing significant delay.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional evening clinics now in operation. It is anticipated that 80-100 additional C&YP will be allocated individual therapy depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until Jan 2020.	Sep 2019 to Feb 2020 On Track
3. Introduction of Substantive Team Leader Role	Posts in place. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

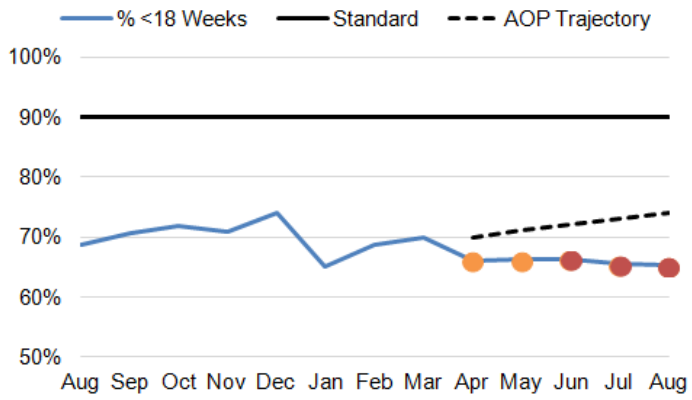
Finance, Performance & Resources – Operational Performance

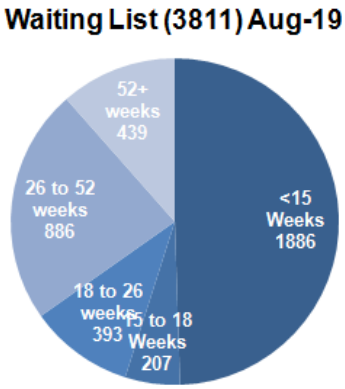
Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = ***82%***

Local Performance





National Benchmarking

Month	2018/19									2019/20					Sep-19
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	62.9%	68.7%	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	**75.0%**
Scotland	75.9%	74.8%	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%			

Current Challenges	To reduce delays for patients with complex needs requiring PTs within care programme approach – ***Action 1***
	To provide sufficient low-intensity PTs for mild-moderate mental health problems – ***Action 2***
	To increase capacity in services offering PTs for secondary care patients – ***Action 3***
	To improve triage in Primary Care to improve access to appropriate PTs – ***Action 4***

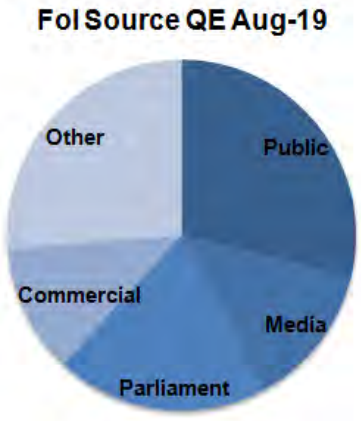
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Underway in 4 of 6 CMHTs; working with e-health to develop SCI gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Further data is required to determine if this is a trend. **Target date December 2019.** Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service and monitor impact on access and capacity.	Mar 2020 On Track (scope extended)
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implementation of mental health triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; evaluation underway (interim report due in September)	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FoI Requests within 20 working days

Local Performance



Service Performance

Monthly	2018/19					2019/20							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	53.1%	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	76.2%	52.2%	56.8%	64.4%	68.9%	73.0%
IJB						100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%

Current Challenges	Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – ***Actions 1, 2, 3 and 4***

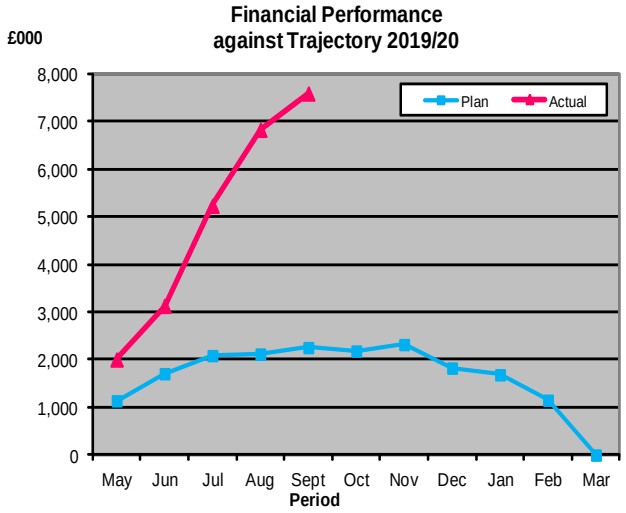
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses	New spreadsheet created to improve ongoing tracking of enquiries and identify stages of delay. Revised spreadsheet continues to be tested and refined.	Aug 2019 Complete
2. Improve FoI case recording and monitoring of timeliness of responses	Revised spreadsheet now in use and timeliness of response has improved over this short-term period. Further capturing of data will indicate any ongoing problem areas where timeliness is a repeat issue.	Sep 2019 Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience	Training session has taken place in September for corporate staff. Day-to-day management of FOI inbox has now been transferred to staff within Information Governance & Security Team, which has greatly improved overall resilience.	Sep 2019 Complete
4. Update of FOI processes to reflect involvement of Information Governance & Security Team	Meetings arranged for October to review and update administrative pathways, processes and existing paperwork / templates.	Dec 2019 On Track

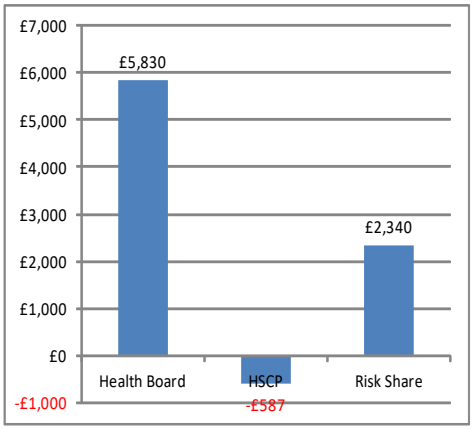
Finance, Performance & Resources – Finance

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).

Local Performance





Expenditure by Health Board/IJB

Memorandum	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Health Board	416,309	418,039	200,601	206,431	5,830	2.91%	1,397	4,433
Integration Joint Board	349,458	351,763	174,208	173,621	-587	-0.34%	*-772*	*185*
Risk Share				2,340	2,340	0.00%	2,340	
Total	**765,767**	**769,802**	**374,809**	**382,392**	**7,583**	**2.02%**	***2,965***	***4,618***

Commentary

The revenue position for the 6 months to 30 September reflects an over spend of £7.583m. This is significantly higher than the position reported for the same period in each of the four previous financial years.

Based on this year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend.

The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the Integration Joint Board position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh. On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a *degree* of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent.

However, as highlighted in the Integrated Performance & Quality Report last month, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even.

For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial

flexibility	
Current Challenges	Acute Services Division: overspend of £7.363m, the key driver being the shortfall on savings – ***Action 1 and 3***
	IJB: extent of social care overspend and resultant impact of risk share arrangement – ***Actions 2 and 3***
	Non recurring financial flexibility: under review but currently not sufficient to offset full extent of overspend, including IJB risk share – ***Action 3***

Improvement Actions	Progress	Timescale/ Status
1. Savings	External review completed Detailed action plan required from ASD **This will be an ongoing activity throughout 2019/20 and 2020/21**	~~Sep 2019~~ Delayed to Mar 2021
2. Discussions with Scottish Government to support financial position	Meeting held in early October Further discussion required with SG in November **Action completion date adjusted accordingly**	~~Oct 2019~~ Delayed to Nov 2019
3. Ongoing grip and control measures across all services	All Directors required to confirm measures in place within delegated areas of responsibilities. Oversight undertaken through EDG. Proactive communication required with all staff via Directors **Action completion date adjusted accordingly**	~~Oct 2019~~ Delayed to Nov 2019

1. Annual Operational Plan

1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 On 1 October 2019 NHS Fife received confirmation of September core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £753.554m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

Non Core Revenue Resource Limit

2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non core RRL funding of £24.367m is detailed in Appendix 3

Total RRL

2.3 The total current year budget at 30 September is therefore £769.802m

3. Summary Position

3.1 At the end of September, NHS Fife is reporting an overspend of £7.583m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.830m is attributable to Health Board retained budgets; an underspend of £0.578m is attributable to the health budgets delegated to the Integration Joint Board and an overspend shown of £2.340m relating to the IJB risk share (capped at the opening budget deficit of £6.5m).

3.2 Key points to note from Table 1 are:

3.2.1 Acute Division overspend of £7.363m, driven largely as a result of non delivery of savings (£4.316m);

3.2.2 The aforementioned Acute Division overspend includes £3.011m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;

3.2.3 Underspend across Estates & Facilities;

3.2.4 Underspend of £0.578m against the Health budgets delegated to the IJB; and.

3.2.5 Risk share impact of the overall IJB position (budget deficit) of £2.340m.

Table 1: Summary Financial Position for the period ended September 2019

Memorandum	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Health Board	416,309	418,039	200,601	206,431	5,830	2.91%	*1,397*	*4,433*
Integration Joint Board - Health	349,458	351,763	174,208	175,961	1,753	1.01%	*1,568*	*185*
Total	**765,767**	**769,802**	**374,809**	**382,392**	**7,583**	**2.02%**	***2,965***	***4,618***

	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Acute Services Division	198,462	203,644	102,903	110,266	7,363	7.16%	*3,047*	*4,316*
IJB Non-delegated	8,189	8,204	4,132	4,122	-10	-0.24%	*-37*	*27*
Estates & Facilities	72,837	73,009	35,980	35,734	-246	-0.68%	*-292*	*46*
Board Admin & Other Services	53,251	69,740	39,250	39,224	-26	-0.07%	*-70*	*44*
Non Fife & Other Healthcare Providers	85,946	85,946	42,941	43,633	692	1.61%	*692*	*0*
Financial Flexibility & Allocations	22,822	17,582	1,663	0	-1,663	-100.00%	*-1,663*	*0*
Health Board	**441,507**	**458,125**	**226,869**	**232,979**	**6,110**	**2.69%**	***1,677***	***4,433***
Integration Joint Board - Core	374,019	398,885	199,486	198,908	-578	-0.29%	*-763*	*185*
Integration Fund & Other Allocations	13,880	2,326	0	0	0	0.00%	*0*	*0*
Sub total Integration Joint Board Core	**387,899**	**401,211**	**199,486**	**198,908**	**-578**	**-0.29%**	***-763***	***185***
IJB Risk Share Arrangement	0	0	0	2,340	2,340	0.00%	*2,340*	*0*
Total Integration Joint Board - Health	**387,899**	**401,211**	**199,486**	**201,248**	**1,762**	**0.88%**	***1,577***	***185***
Total Expenditure	**829,406**	**859,336**	**426,355**	**434,227**	**7,872**	**1.85%**	***3,254***	***4,618***
IJB - Health	-38,441	-49,448	-25,278	-25,287	-9	**0.04%**	*-9*	*0*
Health Board	-25,198	-40,086	-26,268	-26,548	-280	**1.07%**	*-280*	*0*
Miscellaneous Income	**-63,639**	**-89,534**	**-51,546**	**-51,835**	**-289**	**0.56%**	***-289***	***0***
Net position including income	**765,767**	**769,802**	**374,809**	**382,392**	**7,583**	**2.02%**	***2,965***	***4,618***

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £7.363m for the year to date**. This reflects an overspend in operational run rate performance of £3.047m, and unmet savings of £4.316m. Within the run rate performance, pay is overspent by £2.908m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with workforce planning tool as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required.

4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. This work now needs to progress with pace and whilst it may result in some benefit in the current year it specifically provides a focus on the longer term financial challenge facing our acute services. This includes: transformational change in relation to outpatients, theatres and A&E attendances; Directorate schemes already identified as opportunities but not yet progressed; and underlying grip and control measures particularly in relation to supplementary staffing.

Table 2: Acute Division Financial Position for the period ended September 2019

	Budget			Expenditure			*Variance split by*	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	*Run Rate £'000*	*Savings £'000*
Acute Services Division								
- Planned Care & Surgery	67,710	69,767	35,499	37,560	2,061	**5.81%**	*415*	*1,646*
- Emergency Care & Medicine	73,085	75,430	38,178	41,746	3,568	**9.35%**	*2,484*	*1,084*
- Women, Children & Clinical Services	54,022	54,741	27,307	29,608	2,301	**8.43%**	*715*	*1,586*
- Acute Nursing	596	616	279	244	-35	**-12.54%**	*-35*	
- Other	3,049	3,090	1,640	1,108	-532	-32.44%	*-532*	
Total	**198,462**	**203,644**	**102,903**	**110,266**	**7,363**	**7.16%**	***3,047***	***4,316***

Estates & Facilities

4.3 The Estates and Facilities budgets report an **under spend of £0.246m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

4.4 Within the Board's corporate services there is **an underspend of £0.026m**. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.692m.** This remains an area of increasing challenge particularly given the relative higher costs of some other Boards. Included in the position this month is the impact of holding back funding for the new Royal Hospital for Children & Young People / Department of Clinical Neurosciences in Edinburgh. This can be seen in the underspend reported against NHS Lothian in Appendix 5.

Financial Plan Reserves & Allocations

4.6 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts and new in year allocations are held in a central budget and are subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses.

4.7 As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £0.578m for the year to date**. This position comprises an under spend in the run rate

performance of £0.763m; together with unmet savings of £0.185m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife. The IJB risk share is included within the position month and is shown separately in the Table 1 above. The position shown for the first 6 months of 2019/20 is **£2.340m**, representing a share of the overall initial budget gap of £6.5m. The key financial risk in relation to the Health & Social Care Partnership is this overall gap (comprising an under delivery of £7.2m on social care and over delivery of £0.7m on delegated health budgets) and the increasing actual overspend on social care budgets seen in the first quarter of the year. In parallel with the increasing pressure across unscheduled care within the Acute Services Division, as reported in 4.1 above, there is increasing demand within social care and this is manifesting in additional packages which are outwith the budget available.

4.9 The Integration Scheme for the IJB describes the steps required to manage any overspend:

"Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health & Social Care will strive to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

8.2.2 The Integration Joint Board may increase the payment to the affected body, by either:

- *utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*
- *utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*

8.2.3 If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:

- *Make additional one-off payments to the Integration Joint Board; or*
- *Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.

4.10 In previous years, and in agreement with Fife Council colleagues, we have managed the overspend on the IJB through the risk share arrangement described at 8.2.4 of the Integration Scheme. However, as discussed and agreed through the Finance, Performance & Resources Committee in February 2019, the Annual Operational Plan for 2019/20 was predicated on the assumption that the Chief Executive and Director of Finance would actively pursue discussions with the Director of Health & Social Care and Fife Council colleagues that the risk share approach would not be the immediate option. Instead, the application of an earlier clause (ie a further recovery plan per 8.2.1,

or each party to cover their own position per 8.2.3) was preferable. This discussion was paused following various meetings with representatives of Scottish Government over recent months, with a clear expectation from SG that all partners would agree an in year recovery plan for the IJB.

Income

4.11 A small over recovery in income of £0.289m is shown for the year to date.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended September 2019

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	371,855	185,202	186,125	923
GP Prescribing	72,726	36,251	36,254	3
Drugs	29,903	15,420	14,855	-565
Other Non Pay	373,974	192,438	194,653	2,215
IJB Risk Share	0	0	2,340	2,340
Efficiency Savings	-9,030	-4,619	0	4,619
Commitments	19,908	1,663	0	-1,663
Income	-89,534	-51,546	-51,835	-289
Net underspend	**769,802**	**374,809**	**382,392**	**7,583**

Pay

5.2 The overall pay budget reflects an overspend of £0.923m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.

5.3 Against a total funded establishment of 7,748 wte across all staff groups, there was 7,737 wte staff in post in September.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.562m on medicines largely due to an under spend of £0.565m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and June and July 2019 actual information. Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.215m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by under spends across a number of areas including energy and diagniostic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.

6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below.

Table 4: Savings 2019/20

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	*Outstanding £'000*
Health Board	10,873	1,019	1,248	2,267	8,606
Integration Joint Board	6,460	3,431	2,605	6,036	424
Total Savings	**17,333**	**4,450**	**3,853**	**8,303**	**9,030**

7 Key Messages / Risks

7.1 The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the IJB position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.

7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend as detailed in table 5 below:

Table 5 – Financial Outturn (modelling based on actual position at 30 September 2019)

Forecast Outturn	Pessimistic	Mid range	Optimistic
	£'000	£'000	£'000
Acute Services Division	8,561	7,251	5,943
Acute Services Division (Acute Set Aside)	4,864	4,585	4,339
IJB Non-delegated	84	29	(4)
Estates & Facilities	87	(600)	(1,894)
Board Admin & other services	(330)	(888)	(1,076)
Non Fife & other Healthcare Providers	1,126	1,126	1,126
Financial Flexibility	(3,327)	(3,327)	(3,327)
Misc Income	(350)	(350)	(350)
Health Board Retained Budgets	**10,715**	**7,826**	**4,757**
IJB Delegated Health Budgets	397	(1,047)	(2,406)
Integration Fund & Other Allocations	0	0	0
Sub Total IJB Delegated Health Budgets	**397**	**(1,047)**	**(2,406)**
Risk Share	4,680	4,680	4,680
Net IJB Health Position	**5,077**	**3,633**	**2,274**
Total Forecast Outturn	**15,792**	**11,459**	**7,031**

7.3 On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a degree of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent, although this remains an area of high risk.

7.4 However, as already highlighted in the Integrated Performance & Quality Report produced in September, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding.

7.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.

7.6 Whilst every effort has been made to quantify the possible financial risks and benefits, there remains an element of uncertainty on the additional costs which may be incurred through: actions to achieve the winter plan; and recent decisions on the use of specific high cost medicines, as instructed by Scottish Government.

8 Recommendation

8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported overspend of £7.583m for the year to 30 September 2019;

and

- **Note** the current *potential* outturn position of break even; with the heavy caveat that this is entirely predicated on additional funding from SGHSCD to support any impact of the IJB risk share.

Core Revenue Resource Limit **Appendix 1**

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	
Jul-19	July Adjustments		2,863	1,678	4,541	
Aug-19	August Adjustments	280	3,268	-181	3,367	
Sept-19	£20m(2018-19) tariff reduction to global sum		-1,380	1,380	0	Change to nature of adjustment
	£20m(2019-20) tariff reduction to global sum		-1,142	1,142	0	Change to nature of adjustment
	Top slice Stereotactic Radiosurgery	-16			-16	National Adjustment
	Top slice Mitral Valve	-13			-13	National Adjustment
	Elective activity as per AOPs			100	100	Relates to Aberdeen Clinic
	CSO- support for research infrastructure			5	5	
	Flow Variability programme			70	70	Annual Allocation
	PFG - Enhancing School Nursing service			46	46	Additional School Nurses
	Veterans First Point			115	115	Annual Allocation
	Supporting improvements in primary care digital technology			209	209	Support IT used by primary care
	Primary Medical Services - provision and support		55,281		55,281	Annual Allocation
	Projects in support of primary care fund			3	3	Support dispensing staff training & implementation of falsified medicines directive
	GP Out of Hours Fund			20	20	GP Fellow
	Supporting improvements to GP premises			204	204	To Look at digitisation of GP paper records to release space and GP improvement grants
	TEC funding to support local scale up			113	113	
	Neonatal Expenses Fund			25	25	Annual Allocation
	Supporting better value healthcare in boards			6	6	
	Paid as if at work			257	257	Relates to payments for 2017/18
	National Cancer Strategy			141	141	Annual Allocation
	Shingles Rotavirus Seasonal Flu and Childhood Flu			935	935	Annual Allocation
	Men C vaccine costs			-14	-14	Annual Allocation
	Total Core Revenue Allocation	**678,600**	**62,664**	**12,290**	**753,554**	

Anticipated Core Revenue Resource Limit **Appendix 2**

	£'000
CAMHS Regional post	35
Distinction Awards	228
Community Pharmacy Pre-Reg Training	-44
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	1,675
NSD risk share	-2,566
Scotstar	-321
PET scan	-477
Depreciation to Non-core	-12,386
Mental Health Bundle	620
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Primary Care Fund GP sub Committee	34
Primary Care Improvement Fund	1,124
Capital to revenue	234
Total	-8,119

Appendix 3 - Anticipated Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	117
Impairment	1,000
AME Provision	-843
IFRS Adjustment	4,833
Non-core Del	3,500
Depreciation from Core allocation	12,386
Total	**24,367**

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,722	5,732	5,767	35
Nhs Fife Chief Executive	207	105	110	5
Nhs Fife Finance Director	5,266	2,617	2,379	-238
Nhs Fife Hr Director	3,042	1,535	1,490	-45
Nhs Fife Medical Director	6,356	2,732	2,658	-74
Nhs Fife Nurse Director	3,471	1,701	2,001	300
Nhs Fife Planning Director	1,971	960	875	-85
Legal Liabilities	15,719	13,702	13,874	172
Public Health	2,192	1,095	1,032	-63
Early Retirements & Injury Benefits	629	226	192	-34
Regional Funding	228	150	151	1
Depreciation	17,937	8,695	8,695	0
Total	**69,740**	**39,250**	**39,224**	**-26**

Finance, Performance & Resources – Finance

Service Agreements **Appendix 5**

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	47	29	-18
Borders	43	21	25	4
Dumfries & Galloway	24	12	30	18
Forth Valley	3,089	1,543	1,668	125
Grampian	349	174	157	-17
Highland	131	66	109	43
Lanarkshire	111	56	76	20
Scottish Ambulance Service	98	49	53	4
Lothian	30,600	15,302	14,143	-1,159
Greater Glasgow	1,607	804	509	-295
Tayside	39,772	19,886	20,385	499
	75,919	37,960	37,184	-776
UNPACS				
Health Boards	8,063	4,031	5,323	1,292
Private Sector	1,209	605	773	168
	9,272	4,636	6,096	1,460
OATS	690	345	353	8
Grants	65	0	0	0
Total	**85,946**	**42,941**	**43,633**	**692**

Financial Flexibility & Allocations

Ap

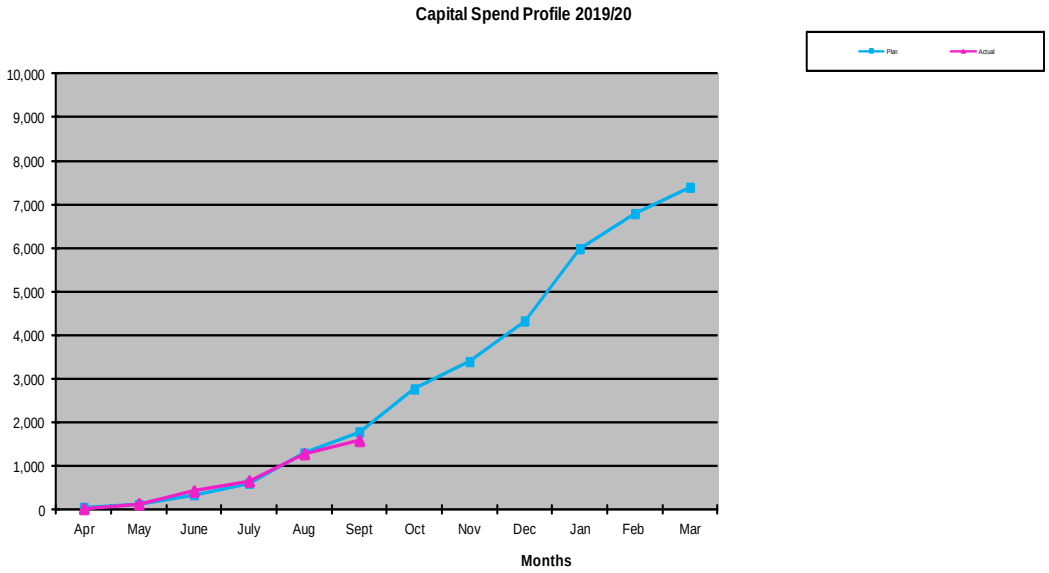
	CY Budget £'000	Flexibility Released to Sept-19 £'000
Financial Plan		
Drugs	3,599	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
National Specialist Services	166	0
Band 1's	307	154
Unitary Charge	213	57
Junior Doctor Travel	112	25
Consultant Increments	50	25
Discretionary Points	231	0
Cost pressures	4,034	1,097
Financial Flexibility	594	85
Subtotal Financial Plan	**9,460**	**1,443**
Allocations		
Health Improvement	93	0
AME Impairments	991	0
AME Provisions	-350	0
Pay Awards	251	0
Distinction Awards	37	0
Waiting List	4,524	0
CAMHS Post	35	0
Best Start	345	0
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	125	0
Superannuation	280	90
Carry Forward 18-19	260	130
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	18	0
Supporting better value	6	0
Capital to revenue	234	0
ADEL	1,000	0
National Cancer Strategy	141	0
Subtotal Allocations	**8,122**	**220**
Total	**17,582**	**1,663**

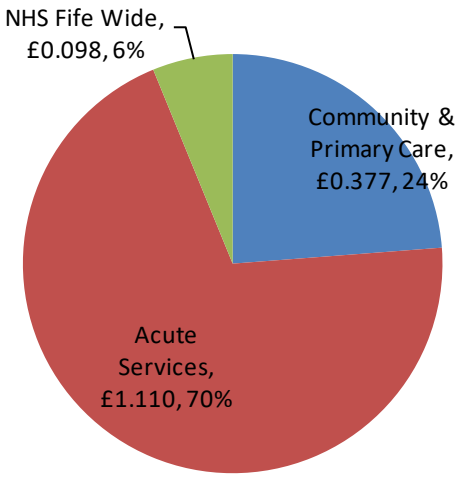
Finance, Performance & Resources – Finance

Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance





Capital Programme Expenditure

Finance, Performance & Resources – Finance

Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	947	316	947
Capital Minor Works	307	26	307
Capital Equipment	86	34	86
Condemned Equipment			
Total Community & Primary Care	**1,340**	**377**	**1,340**
ACUTE SERVICES DIVISION			
Capital Equipment	1,945	331	1,945
Statutory Compliance	2,307	393	2,307
Minor Works	168	74	168
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	218	218	218
Total Acute Services Division	**4,733**	**1,110**	**4,733**
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	95	1,041
Equipment Balance	0		0
Scheme Development	60		60
Contingency	100	1	100
Statutory Compliance - Fire Compartmentation	102	2	102
Minor Works	18		18
Total NHS Fife Wide	**1,321**	**98**	**1,321**
TOTAL ALLOCATION FOR 2019/20	**7,394**	**1,585**	**7,394**

Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 6 months to September shows investment of £1.585m, equivalent to 21.43% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges	Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/ Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

2. Capital Receipts

2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sold;
- Fair Isle Clinic – Sold;
- Skeith Land – preparing to market; and
- ADC – Sale due to complete October 2019.

3. Expenditure To Date / Major Scheme Progress

3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £1.585m or 21.43% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£0.711m
Minor Works	£0.100m
Equipment	£0.460m
E-health	£0.095m
Elective Orthopaedic Centre	£0.218m

4. Capital Expenditure Outturn

4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **note** the capital expenditure position to 30 September 2019 of £1.585m and the forecast year end spend of the capital resource allocation of £7.394m

Finance, Performance & Resources – Finance

Appendix 1: Capital Plan - Changes to Planned Expenditure

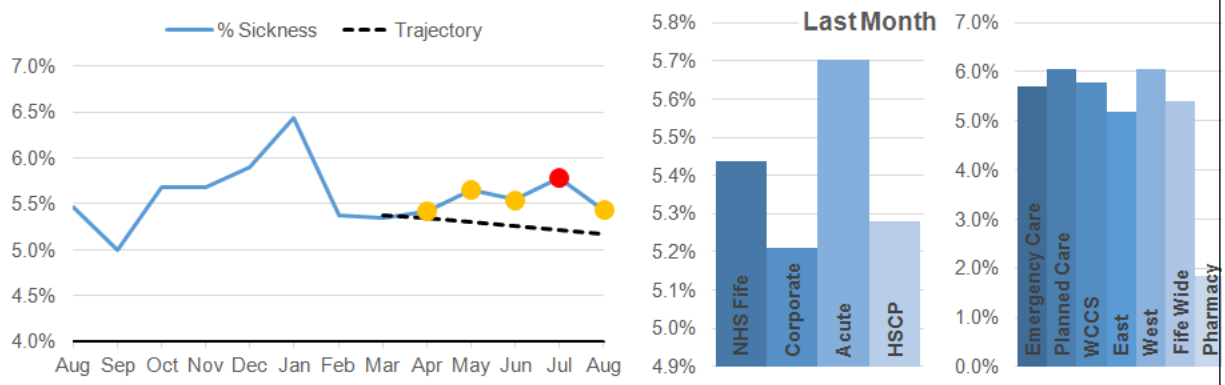
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adj to Aug £'000	Sept Adj £'000	Sept Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		325	(18)	307
Capital Equipment		81	6	86
Statutory Compliance		1,222	(275)	947
Condemned Equipment				
Total Community & Primary Care	**0**	**1,628**	**(287)**	**1,340**
Acute Services Division				
Capital Equipment		1,948	(3)	1,945
Minor Capital		168		168
Statutory Compliance		2,066	241	2,307
Condemned Equipment		94		94
Elective Orthopaedic Centre		186	32	218
Total Acute Service Division	**0**	**4,463**	**270**	**4,732**
Fife Wide				
Minor Work	498	(498)	18	18
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,569	(3,469)	2	102
Condemned Equipment	90	(90)		
Scheme Development	60			60
Fife Wide Equipment	2,036	(2,033)	(3)	0
Fife Wide Contingency Balance	100			100
Total Fife Wide	**7,394**	**(6,090)**	**17**	**1,321**
Total NHS Fife	**7,394**	**0**	**0**	**7,394**

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = ***4.89%***

Local Performance



National Benchmarking

Month	2018/19								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.46%	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%
Scotland	5.36%	5.02%	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%

Current Challenges	Sickness Absence Rate Significantly Above Standard – ***Action 1***
	High Level of Sickness Absence Related to Mental Health – ***Action 2***

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support is being developed, including OH Drop-in Sessions scheduled throughout September and October. **Overall activity will continue throughout the remainder of the FY, and the action completion date has been adjusted accordingly.**	~~Sep 2019~~ Delayed to Mar 2020
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed in six months.	Oct 2019 On Track

PAUL HAWKINS
Chief Executive
23rd October 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 18TH SEPTEMBER 2019 AT 13:30 PM IN STAFF CLUB, VICTORIA HOSPITAL KIRKCALDY

Chair: Wilma Brown, Employee Director

Present:

Bruce Anderson, Head of Staff Governance
Wilma Brown, Employee Director
Nicky Conner, Director of Health & Social Care
Kevin Egan, UNITE
Andy Fairgrieve, Director of Estates, Facilities & Capital Services
Simon Fevre, BDS
Paul Hawkins, Chief Executive
Joy Johnstone, FCS
Andy Mackay, Deputy Chief Operating Officer
Wendy McConville, UNISON
Chris McKenna, Medical Director
Dona Milne, Director of Public Health
Barbara Anne Nelson, Director of Workforce
Louise Noble, UNISON
Janette Owens, Associate Director of Nursing
Susan Robertson, Regional Officer, UNITE
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Human Resources
Mary Whyte, RCN

In Attendance:

Janet Melville, Personal Assistant (minutes)

		Actions
79/19	**WELCOME, APOLOGIES AND INTRODUCTIONS**	
	Mrs Brown welcomed everyone to the meeting and apologies were noted from Fiona Alexander, Helen Buchanan (Janette Owens attending), Paul Hayter, Leigh Murray, Carol Potter, Ellen Ryabov (Andy Mackay attending), Lorna Sherriffs and Gillian Tait.	
80/19	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**	
	The minutes of the meeting held on 24th July 2019 were accepted as a true and accurate record. Outstanding actions from the Action List were discussed: • Mr Fairgrieve confirmed that work is ongoing with regard to creating greater awareness of the Travel to Work Scheme. • There was no update on the Staff Survey. • Mr Fairgrieve advised that the national Catering Strategy has reached initial agreement, but full endorsement is dependent on the detail. Mrs Brown requested an update paper be brought to the next Area Partnership Forum. • Mrs Waugh indicated that the Recruitment Transformation paper was not circulated as it has been superseded with a further update.	**JR/ Comms** **JR** **AF** **BAN**
81/19	**MATTERS ARISING**	
	a) Perfect Attendance Letter arrangements Mrs Waugh was pleased to report that the list of 'perfect attendees' has now been produced, and letters will be issued alphabetically	

		starting at the end of this month via pay slip distribution. Mr Hawkins is preparing for the usual feedback resulting from the letter. Mrs Waugh stated that the delay in issuing the letters was due to the implementation of eESS, not because of any difficulty with identifying eligible individuals.	
	b)	**Financial Workshop** In Mrs Potter's absence, Ms Nelson advised that a date will soon be set for the workshop to discuss this year's financial position and the best way forward. It was noted that the content may differ from previous workshops. Mr Hawkins and Mrs Brown encouraged staff side representatives and members of the Local Partnership Forums (LPF) to attend.	**CP** **Staff Side/ LPF members**
	c)	**Accident & Emergency (A&E) Pressures** Mr Mackay verified that work continues to discover the root causes of the large rise in the number of people presenting at A&E, using different modelling such as time of admission, by GP and by postcode. Comparison with last year reveals an increase of 7.5% cases every day, as well as additional assessments and admissions. It is hoped to identify what is uniquely different this year. It was suggested that a major factor could be the growing number of patients aged over 70 with complex health issues. Mr Hawkins observed that all UK Health Boards are experiencing similar issues.	
	d)	**Citizen's Advice & Rights Fife (CARF)** Mrs Waugh advised that she had requested additional onsite input for staff from CARF, and as she has not yet had a response, will follow this up with their Business Development Manager. Mrs Waugh has clarified with CARF this resource is for NHS Fife staff and not aimed at patients.	**RW**
82/19	**INTEGRATED PERFORMANCE & QUALITY REPORT**		
	Board Finance Mr Hawkins reported that NHS Fife faces significant challenges in striving to achieve a breakeven position by the end of this financial year, if it will be possible at all. The overall overspend to end July 2019 was £5.228m, (£5.9m within Acute Services Division) and there will be further high demand for health provision given the time of year. Health & Social Care has a slight under spend of £0.490m. If the risk share methodology is applied, this could increase the current overspend to £6.8m. Mr Mackay advised that the Deloitte Report highlights areas where more efficient and effective working practices could help mitigate the overspend (and includes comparisons with other Boards) such as fuller utilisation and careful scheduling of theatre activity. This will be considered at the forthcoming Financial Workshop. Mr Fevre queried the need for, and the cost of, an external report. Mr Hawkins considered it money well spent as an aid to improving performance. Mr Hawkins agreed to circulate the finalised report to APF colleagues. Mr Verrecchia questioned whether NHS Fife is contributing to the cost of the new hospital for Sick Children in Edinburgh. Mr Hawkins confirmed	**PH/JM**

	that as NHS Fife has no patients in the new hospital, no payment is being made.	
	APF **noted** the report.	
83/19	**HEALTH & SOCIAL CARE INTEGRATION (H&SC) UPDATE**	
	Mrs Connor reported that • At the most recent H&SC LPF, the focus was on safe staffing and finances. • Feedback from Out of Hours and Transformation Groups was positive, with staff engaged. Transformation work continues, with clear communication regarding the next area of change. • Improvement work continues with iMatter, with weekly monitoring; and development work is ongoing around Turas. • Winter planning is underway, looking at whole system working and interdependencies. Mr Hawkins explained that a 'Stage and Gate' meeting has been arranged for 20th September 2019. Members of the Acute Services Division (ASD) and Integrated Joint Board (IJB) will assess integrated projects and business cases - especially those facing difficulties in reaching completion - and seek to streamline the work. It is planned to either approve projects (and to resolve what is preventing any from going forward through a particular stage) or to end the project as it is not financial viable or won't be of benefit to patients and/ or staff. A short discussion arose during which it was agreed it is vital to communicate changes clearly to all affected, such as with Community Hospital transformation.	
	APF **noted** the update.	
84/19	**ACUTE SERVICES DIVISION (ASD) UPDATE**	
	Mr Mackay highlighted that: • Transformation work continues, including an initial workshop where schemes were identified and mapped to the four workstreams. • With staff side input, the decision making cycle and thresholds have been assessed in relation to business cases to ensure there is a clear process for each savings scheme, • 'Grip and Control' – ASD has linked with Finance and HR colleagues to ensure that with regard to medical and nurse locums and agency staff, spend is appropriate and governance arrangements are in place. • Vacancies – ASD has been working with HR colleagues to streamline the recruitment process, and following risk assessments, 'fast track' individuals into post to reduce staff shortages on wards. • Senior Leadership Visits – senior managers and staff side colleagues are meeting staff on the wards to increase senior management visibility (a recurring theme in iMatter responses) and to give staff a chance to discuss any issues affecting them. Ms Nelson confirmed that robust consideration is given to the suitability of candidates being 'fast tracked', in order to keep vacancies at a minimum	

	whilst maintaining PIN compliance. **Banish Boarding Event** Dr McKenna was pleased to report that the recent Banish Boarding event had been extremely successful, with colleagues attending from both H&SC and ASD. It provided the opportunity for staff to consider how the flow of patients in, through and out of hospital could be improved. There were many positive ideas and suggestions put forward, with staff committed to making a difference. These will be collated and the draft plan will be widely shared in the near future. Dr McKenna advised that he will be presenting on 'Banish Boarding' at next week's Grand Round.	**CMcK/ JM**
	APF **noted** the update.	
85/19	**REGIONAL WORKING UPDATE**	
	a) Job Train Ms Nelson explained that following the successful implementation of eESS Manager and Employee Self Service, JobTrain, the online recruitment module for all Boards in NHS Scotland, will 'go live' at the end of October 2019. A Steering Group will then oversee the rolling out of the system across NHS Fife, with training and FAQs provided. Ms Nelson advised that JobTrain modernises the recruitment process and enables more meaningful data to be extracted than is available at present. A draft report will be circulated to the APF in due course. **b) Bank Update** Ms Nelson acknowledged that there has been more progress with the Regional Nurse Bank than the Medical equivalent. Both financial and non-financial option appraisals are being considered, with the final decision about whether to commit to the Banks yet to be taken. Ms Nelson advised that eRostering discussions are also ongoing. Mrs Waugh indicated that 'sharing' of Bank staff with NHS Tayside provides a better pool, especially for North East Fife, than with NHS Lothian.	**BAN/ JM**
	APF **noted** the report.	
86/19	**ONCE FOR SCOTLAND POLICY WORK UPDATE**	
	Mr Anderson reported that Phase 1 (Core policies) of the work coordinating NHS Scotland wide polices has been approved by Scottish Workforce & Staff Governance (SWAG), with progress being reviewed on 23rd October 2019. Mr Anderson indicated that a series of events and activities will be scheduled within NHS Fife: to promote the new policies, to highlight that the policies will be available electronically and to provide training to ensure managers implement the policies appropriately. Mr Anderson advised that Phase 2 will begin next year with national consultation on further policies. Mrs Nelson encouraged colleagues to participate. Mrs Waugh observed that the digital platform is extremely intuitive and can be accessed via mobile phone or tablet as well as computer or laptop. It was agreed to provide a demonstration at the next APF, if possible.	**All** **BA/ RW**

	APF **noted** the report.	
87/19	**PAYROLL CONSORTIUM UPDATE**	
	Mrs Brown explained that Mr Egan is the NHS Fife representative and invited him to provide an update. Mr Egan advised that he has met staff at Mitchelston Industrial Estate and will take their views to the next national meeting. Two Boards currently have multisite/ single employer status e.g. NHS Lothian with Doctors in Training. The aim is to have a standard approach and consistency of processes. Workshops are ongoing.	
	APF **noted** the report.	
88/19	**ATTENDANCE MANAGEMENT**	
	Attendance Management Mrs Waugh was disappointed to inform colleagues that the overall sickness absence rate, as at end July 2019, has increased to 5.78%. The rolling average of 5.6% is above the Scottish Government HEAT standard of 4%, despite the wide-range of initiatives and activities in place. The ASD rate was >6%, H&SC >5% and Corporate >6%; further details and trends are incorporated in the report. The long term: short term split is 63%:37%. Mental health issues continue to be the main reasons for absence; work is ongoing to address this. Mrs Waugh was pleased to report that the second Promoting Attendance Event on 29 August 2019 was very successful, with worked examples of targets identified as being helpful for managers. Mrs Waugh advised that additional guidance is being prepared in relation to the new circular regarding the 8 day approach, as it is not generally understood correctly by managers or staff. Mrs Waugh confirmed that it has been agreed to rename the 'Return to Work Interview' the 'Welcome Back to Work Meeting'. It was acknowledged that this conversation is crucial, especially going forward as the majority of NHS Fife employees are aged 50+ and older workers tend to have more long term, chronic conditions. Feedback on return to work interviews indicated that some were not happening quickly enough, or if at all. Mrs Waugh indicated that 'myth busting' sessions will be reinstated to ensure managers implement systems and processes consistently, in tandem with the new circular. Mrs Waugh advised that the Sickness Absence booklet is being revised. A discussion arose around vacancies, and the need to replace staff quickly so that the impact on remaining staff is kept to a minimum. It was noted there is a correlation between vacancies and sickness levels. Suggestions included starting the recruitment process sooner and arranging the interview date prior to advertising the post. Additionally, it was agreed that staff at work should be supported just as much absentees. **Well at Work** Mrs Waugh highlighted that: • the Well at Work strategy is being reviewed and revised with Smoking, Alcohol/ Drugs, Physical Activities and Healthy Weight as priorities.	

	• Diabetes work is ongoing. • New recipes are being developed, incorporating 'sustainable' sources. • The Going Beyond Gold evaluation report will be circulated to APF members. • She is attending a Healthy Working Lives event on the menopause. It is planned to provide advice and support for NHS Fife staff by setting up a Menopause Clinic. • Comms are working on the seasonal flu campaign. The dates of the flu clinic will be circulated to APF members. Ms Milne observed that almost 60% of staff had a flu jag last year, which is beneficial for both staff and patients. It is likely to be an early flu season this year, so timely vaccination is recommended.	**RW/ JM** **RW/ JM**
	APF **noted** the updates.	
89/19	**iMATTER**	
	Mr Anderson reported that 42% of Action Plans were complete as at the Scottish Government's deadline date of 16 September 2019, although the figure has already risen to 46% as of today. Mr Anderson suggested one important factor in encouraging engagement with, and participation in, iMatter is the support and backing from senior management; another could be the iMatter Break, mobile tea trolley campaign which drew attention to, and prompted discussion around, iMatter. Mr Anderson wished to dispel the myth that if a team doesn't generate a report, there is no requirement to prepare an Acton Plan: the Action Plan will still be recorded. Mr Anderson informed colleagues that following a national review of iMatter, developments made include staff receiving an email as soon as the manager signs off the Storyboard. Additional functionality will incorporate additional tiers of reporting and prevent Webropol emails being sent to 'Junk' (rather than to an individual's 'Inbox'). Mr Anderson advised he is happy to provide more detail on request.	
	APF **noted** the update.	
90/19	**DIGNITY AT WORK**	
	a. Sturrock Report – Next Steps Mrs Brown advised that the Group set up to discuss and take forward the Sturrock Report as appropriate for NHS Fife, is meeting on 10th October 2019. The themes from the report will form the basis of the discussions. It was agreed it is best to do this work prior to the Dignity at Work (re)launch. **b. Dignity at Work** Mr Anderson indicated that the updated list of Confidential Contacts has been added to the Dignity at Work Policy and published on the Intranet. A further 5 individuals are attending a Confidential Contacts training session on 2nd October 2019 and the list will be updated accordingly thereafter.	
	APF **noted** the updates.	

91/19	**SMOKING POLICY/ CONSULTATION**	
	Mr Anderson gave the following update on behalf of Mr Paul Madill: The Smoking Policy Working Group acknowledged that there was no local consensus in favour of allowing vaping on NHS grounds, but also that "the devil was in the detail", especially since the proposed legislation on smoke-free hospitals has been delayed until next year, and the 15m perimeter will be included in a consultation later this year. On that basis we are recommending that: a) The old policy is re-instated without amendment b) The policy should be reviewed once the legislation is finalised c) The review process should include a local public consultation. Ms Milne stated that she had just received an update advising that the national Smoke Free Hospital Grounds guidance has been approved and a copy will be brought to the next APF meeting.	**DM**
	APF **noted** the update.	
92/19	**TRADE UNION FACILITY TIME**	
	Ms Nelson advised that NHS Fife is legally required to publish Trade Union Facility Time information (this year's is detailed in the template attached to the report). Ms Nelson stressed it is important that all facility time is recorded on SSTS and encouraged everyone to input the data accurately and consistently. It was noted it would be helpful to distinguish between Trade Union duties and Facility/ Partnership time: this is currently not possible on SSTS, but is being explored nationally. In response to Mr Verrecchia's query why SSTS termed Trade Union Facility Time as an 'absence', Ms Nelson explained that it is an 'absence' from an individual's substantive role.	
	APF **noted** the report.	
93/19	**BREXIT UPDATE**	
	Ms Milne reported that a lot of confidential planning and preparation for Brexit has been going on in the past year at various governance groups, including the Executive Directors Group, the Brexit Assurance Group, and the Resilience Forum, identifying possible risks and suggesting ways of mitigating their impact. Ms Nelson confirmed that NHS Fife continues to support non-UK EU nationals with Settlement Status applications and to encourage them to stay and work in NHS Fife. Previous communications are being reviewed and revised as appropriate.	
	APF **noted** the information.	
94/19	**ITEMS FOR NOTING**	
	The following items were **noted** for information by APF: Conditions of Service:	

	a. CoS024a – Trainee Health Visitors – Annex 21 b. CoS025 – Organisational Change Pay Protection Mrs Waugh advised there has been an addendum to the circular which may impact on this document. c. CoS026 – Time Off in Lieu (TOIL) d. CoS027 – Pay During Annual Leave	**RW**
	Minutes: e. H&SC LPF – 16th June 2019 (Minutes) f. ASD & CD LPF – 29th August (Minutes and Action Lists) g. Well at Work Group – 14th August 2019 (Unconfirmed minutes) h. Staff Lottery Committee – 12th August 2019 (Minutes)	
95/19	**AOCB**	
	Staff Lottery Mrs Brown was pleased to inform colleagues that the draw for the first major prize – a new car – had taken place and the lucky winner was delighted. **May Day Public Holiday 2020** Mrs Brown advised that it has been agreed to leave this holiday on the first Monday in May (4th), rather than move it to Friday 8th May (to commemorate VE Day: Friday 8th May 1945). **Bright Ideas – Staff Suggestion Scheme** Mr Fairgrieve explained that this new scheme went live last week and all ideas that could improve the experience for patients, staff or visitors are welcomed. **Staff Achievement Awards** Mrs Brown highlighted that the Awards presentation ceremony and dinner event is being held this Friday, 20th September 2019 at the Bay Hotel in Kinghorn.	
96/19	**DATE OF NEXT MEETING**	
	The next APF meeting will be held on Wednesday 20th November 2019 at 13:30 hrs in the Staff Club, Victoria Hospital.	

AREA PARTNERSHIP FORUM
ACTION LIST as of 18th SEPTEMBER 2019

OPEN ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
07.03.18	18/18	Finance Report	BAN	To circulate HR report on staffing issues for comment	**23.01.19** Reports to be circulated once Tableau available
23.05.18	41/18	Dignity at Work	SLWG	Look at top the 5 concerns from Dignity at Work Report;	**21.11.18** Ongoing (see 33/19, 53/19 below)
20.03.19	33/19	Dignity at Work	BA/ WB	Arrange Dignity at Work launch September 2019	**24.07.19** date not achievable (see 41/18, 53/19)
22.05.19	53/19	Dignity at Work	WB/ BA/ Comms	Re-launch Dignity at Work – date to be confirmed (see also 33/19)	
24.07.19	72b	Dignity at Work – Sturrock Report	BAN/BA/ Staff Side Colleagues	Form sub group to discuss next steps Bring SBAR to next APF meeting (November)	**10.10.19** Sub Group meeting arranged
20.03.19		Financial Workshop	CP/ER/JP/ WB	Design future workshop	
24.07.19	65/19	Financial Workshop	APF members	Discuss financial and service efficiency savings	
18.09.19	81/19b	Financial Workshop	CP/ ER/JP/WB	Set date for workshop	
22.05.19	41/19b)	Employee Benefits Scheme	JR/ Comms	Promote 'Travel to Work' scheme	**24.07.19** – further discussion required (see 63/19b below)
24.07.19	63/19b	Travel to Work Scheme Promotion	JR/CP/WD	Discuss implications of widely promoting subsidised travel tickets Bring SBAR to next APF meeting (18 September 2019)	**15.08.19 –** deferred to November APF to obtain more accurate prediction of uptake **18.09.19** – deferred to November APF
18.09.19	80/19	Travel to Work Scheme Promotion	JR/ CP/ WD	Bring SBAR to next APF (November 2019)	
22.05.19	41/19c)	Pool Car Use	AF/JR	Review Pool Car Use November 2019	

22.05.19	44/19	A&E Analysis	ER/ AM	Investigate high numbers of patients attending A&E	**24.07.19** – investigation ongoing
24.07.19	63/19e	A&E Pressures	ER/ Joyce Kelly	Prepare leaflet to support individuals to source a GP practice	**23.09.19** Suggest using Health Literacy cards
22.05.19	58/19	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital	**24.07.19 –** will do when the majority of staff are back from annual leave (see 63/19g)
24.07.19	63/19g	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital – end August 2019 (to APF November 2019)	
24.07.19	63/19f	Citizen's Advice & Rights Fife	RW	Discuss venue options and promote CARF services	**18.09.19** Follow up due to no response from CARF
18.09.19	80/19	National Catering Strategy	AF	Bring update paper to APF (November 2019)	
18.09.19	82/19	Deloitte Report	PH/JM	Circulate report to APF members	
18.09.19	84/19	Banish Boarding Report	CMcK/ JM	Circulate report to APF members	
18.09.19	85/19	JobTrain	BAN/ JM	Circulate report to APF members	
18.09.19	86/19	Once for Scotland Policy Consultation	All RW/ BA	Attend workshop/ participate in consultation Demonstrate Once for Scotland Policy digital platform at next APF (November 2019)	
18.09.19	88/19	Well at Work	RW/ JM	Circulate Going Beyond Gold evaluation report to APF members Circulate 2019 dates of flu clinics to APF members	**01.10.19** - Complete **01.10.19** - Complete
18.09.19	91/19	Smoking Policy/ Consultation	DM	Bring Smoke Free Hospital Grounds guidance to next APF (November 2019)	
18.09.19	94/19b	Items for Noting	RW	Consider addendum to CoS025 and make the necessary arrangements	

CLOSED ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
19.09.18	Present -ation	Nurse Bank	KB	Bring update on new Nurse Bank System to APF 21 November 2018	**21.11.18** Complete
19.09.18	Matters Arising	EPP	RW	Investigate high level of DNAs and CNAs of EPP appointments with service areas and report at next meeting	**11.12.18** Complete
19.09.18	78/18	Regional Working Update	All	Print off copies of 'Common Ground' for those without computer access	**21.12.18** Complete
19.09.18	79/18	Attendance Management/ Well at Work	RW	Invite Wendy Simpson to a future APF to present on 'Going beyond Gold' project, Good Conversations and Mindfulness	**21.11.18** Complete - Invited to 23 January 2019 meeting
19.09.18	79/18	Attendance Management/ Well at Work	RW	Invite APF colleagues to Amanda Jones' presentation on the Ageing Workforce	**11.10.18** Complete
19.09.18	80/18	iMatter	All	Encourage all iMatter Team Leaders to undertake Action Planning with staff	**11.12.18** Complete
19.09.18	81/18	Dignity at Work	BA	Provide update on DAW SLWG progress at next APF (21 November 2018)	**21.11.18** Complete
19.09.18	87/18	HR Policy Update	BA	Amend HR25 Policy as discussed and circulate to APF electronically for approval	**12.11.18** Complete – no comments received
21.11.18	Present -ation	NHS Credit Union	WB/ Comms	Roll out of NHS Credit Union Awareness Sessions	**23.01.19** Complete - dates arranged.
21.11.18	93/18	EPP	RC/ KB	Follow up staff requiring EPP check	**23.01.19** Complete
21.11.18	95/18	PCES	PH/ FE	Take forward accommodation issues affecting PCES staff	**11.12.18** Update provided **23.01.19** Complete
21.11.18	96/18	Site Optimisation	GC/ LC	Liaise with Lynn Campbell to address issues and engage with staff affected by bed reconfiguration	**23.01.19** Complete – discussions with staff.

21.11.18	99/18	iMatter	BA	Circulate the Paediatric OT Team 'good news story'	**12.12.18** Complete
21.11.18	102/18	Staff Governance	All	Email updates for the Staff Governance Action Plan to Mr Anderson	**11.12.18** Complete
18.07.18 21.11.18	67/18 104/18	Staff (non-) Smoking Policy	BA	Bring draft policy to the next APF meeting	**23.01.19** Complete
21.11.18	107/18	Perfect Attendance Letter	All	Let Mrs Brown know whether to go ahead with 'perfect attendance' letters exercise this year	**23.01.19** Complete – Perfect attendance letters to be issued.
19.09.18	75/18	Finance Report	CP	Invite LPF, APF and Council colleagues to the Financial Workshop	**23.03.19** Complete - Workshop held 18 March 2019
23.01.19	04/19	Exposure Prone Procedure	EDG	Timescale for completion to be agreed by EDG	**23.03.19** Complete – all checks up-to-date
23.01.19	06/19	Home Computing Scheme	KE CP	Assist with taking Procurement aspects forward Bring SBAR to March APF for discussion	**20.03.19** Complete – framework in place
23.01.19	11/19	iMatter	All	Send 'good news' iMatter stories to Mr Anderson in order to promote the tool	**20.03.19** Complete
23.01.19	14/19	Workforce Strategy	All JM	Comment on Guidance for Workforce Planning document Circulate National Workforce Plan feedback	**20.03.19** Complete **01.02.19** Complete
23.01.19	17/19	'Once for Scotland' Events	WB/JM	Circulate dates of forthcoming events	**06.02.19** Complete
23.01.19	21/19	ePayslips	CP/ APF Staff Side	Draft communication to encourage staff to opt for ePayslip – discuss at next APF Staff Side meeting	**23.03.19** Complete
20.03.19	26/19 c)	Employee Benefits Scheme	CP	Bring 'next steps' paper to May APF	**22.05.19** Complete
20.03.19	26/9 d)	Pool Car Use	AF/SF	Review Pool Car Use and prepare improvement plan	**22.05.19** Complete
20.03.19	26/9 e)	ePayslip Communication	CP/JM	Circulate ePayslip Communication to APF members	**22.05.19** Complete
20.03.19	29/19	Acute Services Division	ER	Investigate Decontamination Unit workings	**22.05.19** Health & Safety review complete
20.03.19	30/19	Attendance Management	RW/ CP	Arrange Promoting Attendance Event	**22.05.19** Complete
20.03.19	32/19	iMatter	BA/ JM All	Circulate iMatter 'good news' story Encourage iMatter participation	**22.05.19** Complete – iMatter promoted on Intranet and mobile tea trolley

22.05.19	41/19e)	Decontamination Unit	ER/AM	Further Review Staff Concerns with Decontamination Unit	**24.07.19** No further investigation required – Complete
22.05.19	53/19	Dignity at Work	WB/ BA	Design and deliver training for Confidential Contacts	**24.07.19** Complete
22.05.19	46/19	East Region Recruitment Transformation	??	Invite colleagues to attend regional Recruitment Workshops	**24.07.19** Complete
22.05.19	49/19	iMatter	BA/ Comms BA	Publish video clips on the Intranet Prepare iMatter update report (response rates)	**24.07.19** Complete
22.05.19	54/19	Workforce Strategy	APF members	Review and comment on draft Workforce Strategy document	**24.07.19** Complete
24.07.19	72/19a	Dignity at Work	BA	Publish list of Confidential Contacts	**18.09.19** Complete
23.01.19	04/19	Perfect Attendance Letter	RW	Arrange for letter to be sent to eligible staff	**30.09.19** Complete - Letters issued with payslips
20.03.19	26/9 f)	Staff (non-) Smoking Policy	BA/ JM	Request update from Mr Paul Madill	**18.10.19** Complete
22.05.19	42/19	Financial Workshop	SF/AV	Encourage staff side attendance	**18.10.19** Complete
24.07.19	68/19	Recruitment Transformation	RW	Circulate update paper with APF minutes	**18.09.19** Paper superseded so not circulated
24.07.19	70/19	Attendance Management	RW/ BAN	Escalate absence figures to EDG monthly (short/ long term, occasions of absence)	**18.09.19** Complete/ Ongoing
24.07.19	71/19	iMatter	BA	Identify teams to support who have not previously had a report	**18.09.19** Complete
24.07.19	73/19	Workforce Strategy	RW	Circulate Workforce Strategy following Board approval (end July 2019)	**15.08.19** Complete

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 29 AUGUST 2019 AT 2.00 PM IN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Andrew Verrecchia (AV), Unison (**Chair**)
Andrew Mackay (AM), Deputy Chief Operating Officer
Lynn Campbell (LC), Associate Director of Nursing
Miriam Watts (MW), General Manager – Emergency Care
Kevin Egan (KE), Unite
Andrew Fairgrieve (AF), Director of Estates, Facilities & Capital Services
Paul Bishop (PB), Head of Estates
Conn Gillespie (CG), Unison
Joy Johnstone (JJ), FCS
Louise Noble (LN), Unison
Craig Webster (CW), H&S Manager
Susan Young (SY), HR Team Leader

In Attendance:
Gillian McKinnon (GMcK), Personal Assistant to Chief Operating Officer

		Action
1	**WELCOME & APOLOGIES**	
	AV opened the meeting and welcomed Paul Bishop (Head of Estates) and introductions were made. Apologies were received from Ellen Ryabov, Leigh Murray, Fiona Alexander and Paul Hayter.	
2	**MINUTE OF PREVIOUS MEETING – 27 JUNE 2019**	
	The Minutes of the Meeting held on 27 June 2019 were accepted as an accurate record.	
3	**ACTION LIST**	
	3.1 **ASD/CD H&S Committee Update** • Nominations received from all Directorates/Divisions to allow H&S Committee to be constituted. First meeting on 3 September 2019. This action can be closed.	**GMcK**
	Attendance Management Update	

- It was noted this is a national system code and it cannot be removed. This action can be closed. **GMcK**

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- CW advised the July edition of the H&S Newsletter had been published and the August edition would be published shortly. The September edition would commence profiles of the H&S Team members with the first profile of CW.
- CW advised the team were working closely with Infection Control colleagues and extensive training for Face Fit Testers is planned for October for Vital Haemorrhagic Fever (VHF).
- CW advised the first meeting of the ASD & CD H&S Committee would take place on 3 September 2019 and asked for staff side nominations. Following consideration CG and KE were nominated as staff side representatives. The main agenda item for the first meeting would be the Terms of Reference. Future meetings would be held on a Thursday and meetings will be held quarterly.

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Chief Operating Officer's (ASD) Brief – Operational Performance

- AM advised the hospital and staff have been under extreme pressure over the last few weeks. There have been a high number of ED attendances and surgical admissions and staff have worked extremely hard to maintain services. These pressures have been consistent across the country.
- AM advised this week has seen significant improvements with a drop in ED admissions. We still remain one of the top performing boards against the 4 hour access target.
- AM advised an additional 17 patients had been discharged at the weekend and plans are in place to continue with additional medical cover throughout the weekend.
- AM advised our TTG performance is good. Our Outpatient performance has slipped from trajectory due to consultant vacancies and cancelled outpatient clinics but remains lower than neighbouring health boards.
- LC advised there were a number of examples of staff going above and beyond during the recent challenging times,

including a wedding being facilitated for a patient receiving end of life care. This particular story was shared through Leading Better Care and was one example of excellent care.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- SY advised there has been an increase in sickness absence for June 2019 in both Acute Services (5.85%, 175 WTE) and Corporate Directorates (6.11%, 69 WTE) and shows an increase for the same period last year.
- SY advised Acute Services and Corporate Directorates have the highest sickness absence within NHS Fife.
- SY confirmed work continues to reduce sickness absence. A second Promoting Attendance Workshop had taken place in August 2019 and had been well attended. A further event is planned for October 2019.
- SY advised the resilience presentation from Laboratories had been well received.
- SY advised Good Conversations work is ongoing and Review and Improvement Panels continue in all areas.
- SY advised anxiety, stress, depression, other psychiatric illness continues to be the highest reason for sickness absence.
- SY advised the Live Positive Toolkit was recently refreshed and is being well used.
- AV asked whether there had been any increase in sickness absence due to the fire at Woodmill High School, Dunfermline. The group advised they were not aware of any increase in absence and had not been made aware this was an issue.
- LN advised the Step on Stress classes were proving popular and feedback has been positive. There is currently a wait of 4 weeks for classes.
- AV noted the causes of stress were not confined to work with many staff suffering from stress due to outside factors. AF advised Jim Rotheram recently undertook a piece of work relating to stress which indicated 80% of staff stress was not work related.

5.3 Feedback from NHS Fife Board & Executive Directors

- AF advised performance and finance continues to be discussed regularly.
- AF advised Linda Douglas will join NHS Fife on 1 January 2020 as Director of Workforce. Linda joins us from the Scottish Ambulance Service.
- AF advised Nicky Connor has been appointed as Interim Director of Health and Social Care. Lynn Barker has been

appointed as the new Interim Associate Director of Nursing for the Fife Health and Social Care Partnership.

- AF advised Scott Garden has been appointed as the new Director of Pharmacy & Medicines with NHS Fife.
- AM advised following NHS Fife's attendance at the recent Health & Sport Committee Meeting this scrutiny process would be repeated on a quarterly basis by all boards.
- AM advised NHS Fife has been able to extent the notice period of a departing Haematology Consultant through agreement from NHS Lothian via regional working.
- AF advised Alan Wilson had provided an update on the Elective Orthopaedic Centre at yesterday's Board Development Session. The project is on target.
- AM advised an update paper on Safe Staffing was presented recently to EDG. 201 student nurses are being recruited this year which is an increase on previous years recruitment and highlights NHS Fife is an attractive place to work.

6 B Appropriately Trained

6.1 Training Update

- CW advised they are currently looking at various options to roll-out sharps training.
- AF advised Estates and Facilities staff complete their training over a 2-day period.
- LC advised as noted at recent PRs core training was reported as progressing well with all Directorates on track.

6.2 Turas Update

- AM confirmed Turas performance was currently sitting between 55-70% across the Acute Division but there was still work to do in advance of the October target date. This would be ongoing and monitored through Directorates and PRs.
- MW noted performance had dropped during the summer period and this was a reflection of how busy staff had been with no relief in the system. The October deadline would focus improvements in performance.
- CG asked whether it is sufficient to attach a LearnPro Certificate into Turas without linking to the relevant factor or whether it is possible to auto update from LearnPro. SY agreed to check and would provide an update. **SY**
- SY noted iMatter teams would be generated from the eESS system going forward.

7 C Involved in Decisions which Affect Them

7.1 **Staff Briefings & Internal Communications**

- AV advised monthly Senior Leadership Team walkrounds have commenced to improve staff engagement and to ensure visibility of our senior team across all areas of acute, which had been highlighted as part of iMatter feedback. There will be 8 visits per month to a variety of locations with input from our Communications Department.
- LC advised she and Louise Noble had visited the Laundry yesterday. It had been an interesting visit and noted there were a number of long serving members of staff and no issues of concern had been raised.
- AV advised he and ER had recently visited North and South Laboratories where there were a number of long serving members of staff. No issues of concern were raised and positive feedback on the visit had been received.
- AV advised he had allocated a staff side colleague to join SLT members on these walkrounds and had identified venues to visit, but confirmed he was happy to receive suggestions of venues for future visits.
- MW confirmed she and PH had visited the Endoscopy Unit, VHK and it was good to see the advances that have been made in technology. PH was able to see how biopsies were taken and processed and how this linked in to his role as a porter. The staff had commented on the occupancy of the unit through the winter and the patient experience. The staff understood the reasons for this, but comment was made regarding the limited food options for patients through their stay in the unit.
- AV commented it was important for senior managers to visit an area that was not under their direct area of responsibility and staff were keen to showcase their areas and outline the positives. It was also important to undertake the walkrounds in partnership and to visit as many areas as possible.
- CG asked whether feedback was provided to the Manager of the area visited. It was noted feedback is provided together with a message on Dispatches with a synopsis of the visit.
- AM advised following discussion with SLT an Action Tracker would be prepared which would pick up any areas where action was required and would be the responsibility of the individual Managers to pick up and feedback to the outcome to staff.

7.2 **Staff Governance Action Plan 2019/20**

- AM advised this was work in progress and an update would be given at the next meeting.

7.3 **iMatter**

- AM advised he had received an update from Bruce Anderson and confirmed as at 28 August 2019 from the 225 teams within Acute, 33 Action Plans have been created but only 6 had been completed. Within AF's area from the 64 teams, 11 Action Plans have been created but only 1 completed.
- AM advised this was work in progress and follow-up communications would come out regarding the importance of creating and completing Action Plans.
- It was noted the iMatter deadline was 16 September 2019.

8 D <u>Treated Fairly & Consistently</u>

8.1 **<u>Current/Future Change Programmes</u>**

- AF advised the Joint Strategic Transformation Stocktake Workshop held in Glenrothes on 23 July 2019 had been a worthwhile event with good presentations.
- AM advised following the Acute Services Transformation Workshop on 15 August 2019 there was momentum and progress was being made.
- AM confirmed the Service Redesign across 7 Days Workstream was making good progress.
- MW confirmed the Acute Access and Flow Workstream was currently looking patients coming in and going out with a cross over into the Service Redesign across 7 Days Workstream.
- AF advised the VHK Site Master Plan was being resurrected and was working closed with MC's team and discussions were progressing.
- AF advised Phase 1&2, Hayfield House, North Laboratories and Whyteman's Brae had been identified by Historic Scotland as potential listed buildings. An architect has been appointed and NHS Fife is resisting the listing of these buildings.
- SY advised discussions continue regarding the model for regional recruitment and were down to 3 models out of 39. More information would follow after the financial appraisal of the models.

9 E <u>Provided with an Improved & Safe Working Environment</u>

9.1 **<u>Well at Work Update</u>**

- The Well at Work Update was noted, for information.
- LN advised NHS Fife has retained the Healthy Working Lives Gold Award.
- LN advised there is a dedicated space within Whyteman's Brae to allow individuals and groups to practice mindfulness and hold related sessions.
- LN advised a second Promoting Attendance Workshop had taken place in August 2019 and had been well attended.

- LN advised the facilities for staff to buy pre-paid Stage Coach travel passes is to be re-launched.
- LN advised following a successful bid funding will be provided for shelters for bike racks in various sites.
- LN advised guided walks continue.
- LN advised a staff team challenge aligned to the Rugby World Cup will take place in September 2019.

9.2 **ASD & CD Well at Work Minutes**

- The ASD & CD Well at Work Minutes of 22 July 2019 were noted, for information.

9.3 **Capital Projects Report**

- The Capital Projects Report was noted, for information.
- AF advised works were progressing but slightly behind schedule.
- AF advised the QMH Stream Decentralisation was a large project. There would be energy efficiency and minimal disruption.
- AF advised lift replacement was continuing. Work would commence next month on the bariatric lift.

9.4 **Adverse Events Report: August 2018 to July 2019**

- The Adverse Events Report for the period August 2018 to July 2019 was noted, for information.
- LC advised there were no major issues and the top 5 reporting incidents remained the same, with unwanted behaviours, violence and aggression the top reporting incident.
- LC advised following a discussion and to avoid duplication of reporting V&A incidents, it had been agreed nursing staff will report such incidents in Datix where Security have also responded to requests for assistance and attended the ward/clinical area to reduce double recording.
- It was noted A&E and some wards have experienced an increase in V&A incidents.

9.5 **Violence & Aggression Report**

- The Violence and Aggression Report for the 1st quarter return 2019/20 was noted, for information.

10 ISSUES FROM STAFF-SIDE:

10.1 **Application for Bereavement Leave across the Division**

- AV advised staff side colleagues had received a number of

queries from members of staff regarding the different application of bereavement leave across the Division.

- AV outlined a few examples and noted bereavement leave was not being approved consistently.
- AM noted there needed to be a consistent approach and asked for Managers to look at this closely within their areas of responsibility and to refer to the Bereavement Leave Policy.
- SY advised HR staff were undertaking a piece of work around special leave policies, training and specific scenarios for Managers. FAQs would be made available on the Intranet and noted some Managers may require additional training support around the application of such policies.
- AV to give SY a sense of the areas currently having issues. **AV**

10.2 **Car Parking on VHK Site**

- AV advised issues had been raised regarding the barrier car park for multi-site staff and asked if the barrier could be raised at 5 pm to allow staff working a backshift to use this car park.
- Following discussion, AF agreed to ask Kenny Green to undertake a review of current passes and criteria for barrier pass applications. **AF**
- AF advised other car parking options were currently being explored including the purchase of additional land at the top of Whyteman's Brae and this is being progressed with Fife Council. Consultation is also ongoing with Miller Investments to purchase the land at the rear of the barrier car park which would hopefully alleviate car parking issues.

11 MINUTES FOR NOTING

11.1 **Capital Equipment Management Group Minutes: 4 April, 2 May & 6 June 2019**

- The Capital Equipment Management Group Minutes of 4 April, 2 May and 6 June 2019 were noted, for information.

12 HOW WAS TODAY'S MEETING?

- PB advised his first meeting had been interesting, helpful and positive.
- AM advised due to the recent capacity pressures within the hospital any staff affected adversely to the pressures should be highlighted to the senior team.

12.1 **Issues for Next Meeting**

- There were no new issues for the next meeting.

12.2 **Issues for Escalation to Area Partnership Forum**

- There were no issues for escalation to the Area Partnership Forum.

13 ANY OTHER COMPETENT BUSINESS:

13.1 **eESS Drop in Sessions**

SY advised eESS drop in sessions for Managers are being arranged in the next couple of weeks and dates would be advertised on Dispatches.

13.2 **JobTrain**

- SY advised it is anticipated that JobTrain would be implemented in October. Feedback indicated this system was user friendly and the 3 pilot boards have spoken highly of the system.

13.3 **Healthy Working Lives**

- MW advised a number of NHS Fife staff had taken part in Kirkcaldy's half marathon on Sunday which demonstrated their aim to keep healthy. A photograph of NHS staff was taken and available on Dispatches.
- AV passed on his congratulations to MW and SY who had taken part.

13.4 **RRP**

- PB advised he was investigating the potential of reinstating RRP to maintenance craftsmen and asked for staff side support. Staff side colleagues gave their support.
- PB advised NHS Fife was currently struggling to attract electricians and joiners and was looking into reinstating RRP to make NHS Fife the employer of choice.
- SY advised there would be a national process to consider this and prior to that a paper would require to be considered by EDG and the APF.

13.5 **Staff Suggestion Scheme**

- AF advised a Staff Suggestion Scheme was raised at the last APF and would be launched shortly.

13.6 **Asset Sales**

- AF advised after 3 years the sale of Forth Park Hospital has

been completed.

- AF advised the sale of Fair Isle was close to completion.
- AF advised the sale of the Area Distribution Centre (ADC) was taking place on 27 September 2019. Staff will be re-located to Level 3, Hayfield House.

14 DATE OF NEXT MEETING

Thursday 31 October 2019 at 2.00 pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.

Health and Social Care Local Partnership Forum

Wednesday 4th September 2019 – 10.00am – 12 noon

Committee Room 1, 5th Floor, Fife House, Glenrothes

Present: Nicky Connor, Director of Fife Health & Social Care (Co-Chair)
Debbie Thompson, Joint Trades Union Secretary
Linsey Gilmartin, HR Lead Officer, Fife Council
Bruce Anderson, HR Head of Staff Governance, NHS Fife
Sharon Adamson, OT Child Health
Alison Nichol, RCN
Eleanor Haggett, Staff side (Co-Chair)
Audrey Valente, Chief Finance Officer, H&SCP
Gillian Tait – RCN
Wendy McConville – RCN

Apologies: Karen Rennie, Dr Lim, Kevin Egan, Mary Whyte, Susan Robertson, Julie Paterson, David Heaney, Louise Noble, Wilma Brown, Simon Fevre, Kenny McCallum

Prepared by: Sally Howley, Management Support Officer to Nicky Connor

Summary & Action Note

1. Apologies

2. Previous Minutes

Minutes of 26/06/2019 **Agreed**

3. Matters Arising

- Interim Director of Fife Health & Social Care Partnership Advert - **Completed**
- Four Seasons – update to be emailed to LPF — **Fiona McKay**
- eEss – additional managers' sessions have been conducted with 'short cuts' shown to managers to make the process easier/quicker. It had been found that the guidance is too long/detailed – staff require quicker routes to get to where they need to be on the system
- Recruitment module – Job Train will be rolled out shortly. Positive

feedback from pilot, easy to use, no paperwork – training will be provided

- Locum agency spend - work in progress to identify these costs. Will be brought to future meetings
- Bank agency and overtime costs are on today's agenda
  (DT requested that the financial report/s should go out well in advance of the LPF meeting. AV agreed – any queries on the reports can be emailed to her for reply/further investigation)
- Vacancies/absences – NC proposed that a presentation on Safe Staffing Legislation should come to next LPF. This should inform the group on what work we can and should be doing, the areas where focus is required and what work the Partnership is doing around this proposed plan. This was **agreed** **Lynn Barker**
- Recruitment - It was highlighted that just now is a crucial period for recruitment in relation to current graduates – concern of time delay in recruitment. BA stated that three years ago 89 graduates were recruited, currently over 200 graduates are recruited.
  It was noted that work is done with universities to be proactive in recruiting graduates.
- Management review – **Completed**
- LPF Action Plan – **Completed**
- Community Hospital – **Completed**
- Strategic plan update – **Completed**
- FC training – still working on this at the moment –send to BA to collate to bring to LPF **KR/BA**
- H&S –Deep Dive - pull together who is involved
- 'Alert' technologies on to next LPF agenda **SF**
  SH/SF

3.1 Local Partnership Agreement – review

As there is a change in Director, the agreement needs updated to reflect this and signed off by EH, SF & NC.

Action: Revised LPF Agreement to be signed off by EH, SF & NC **EH/SF/NC**

NC wanted clarity on which wider SLT members are invited to LPF. Confirmed SLT who are speaking to an agenda item are welcome to attend.

3.2 eEss

BA stated no further update from last LPF. Re-iterated that there are several improvements coming in the next year and work is being done to link all systems.

4. **Finance**

4.1 **Update**

AV – finalising June position (£10.5m overspend) – agreed budget deficit at IJB meeting of 28.03.19 was £6.5m.

- £3m overspend within Adult Packages (demand and complex packages), and £1m in GP overspend
- Risk share agreement 72/28 split NHS/FC and funding partners.
- Regular meetings with funding partners discussing corrective actions.
- Financial position updated and overspend noted by F&PC (17.09.19) and IJB (24.09.19)

A discussion took place with the following highlighted:

- Difficult /complicated packages – pressures of delivering in the community
- Digital technology being looked at to review packages.
- Challenges/demographics/workforce –
- Shared throughout National partnerships
- look at what is happening elsewhere

4.2 **Consultant, Locum and Agency Spend**

AV explained lay out of information. If anyone has any questions, please contact her. Information to be sent out in advance of the next meeting to enable discussion on the work being progressed.

4.3 **Management Review**

NC stated this was a carry forward item from previous agenda. **Agreed** to take off agenda. **Noted** - If being re-visited then staff side would be involved. **SH**

5. **Transformation**

5.1 **Joining up Care Consultation (Update) – Consultation closed**

5.1.1 OOHs/Action Plan

NC updated on the redesign work and next steps over the phases in relation to both St Andrews, Glenrothes and Victoria Hospital. Discussion has been ongoing with nursing staff, administration staff and General Practitioners. Considerable work on-going to support staff rotas. Staff side feedback that have felt very involved in this change.

5.1.2 Community Health & Wellbeing HuBs

NC updated that these are continuing to be developed.

5.1.3 Community Hospitals

NC updated that this work is on-going, and this will be considered as part of the transformation stage and gate process.

Action: DH to feedback to next LPF following the stage and gate **DH**

SBAR - Transformation Stock Take Workshop update

5.2

There was discussion regarding the stock take workshop and planned next steps for a stage and gate event.

The SBAR was discussed and understanding was sought regarding the engagement of staff side. It was noted it was to be discussed at Clinical Governance and EH was seeking assurance once it's been there, it comes back to LPF. NC enquired what staff side involvement is. There is involvement in the transformation work at a programme and a partnership level. This must continue, and this clarity would be helpful moving forward.

Action: Update on Stage & Gate back to next LPF **NC**

5.3 Mental Health Redesign Update

NC advised that the mental health redesign will also be considered as part of the stage and gate process. NHS Board asked questions in relation to the strategy which will also be considered and feedback to clinical governance. It is noted that that will result in a change in timeframe for the delay Voluntary Sector review timelines seen as a risk.

5.4 Strategic Plan Update

Completed

6. **LPF Action Plan – *Focus on 'Involved in Decisions' (section 3 of plan)***

BA stated that clear opportunities exist for discussion with staff.

A discussion took place with the following highlighted:

- iMatters meet staff once year
- Are there any gaps? – are we missing day to day comms and change activities
- Staff side reps are stretched – staff having the chance to input
- OOHs redesign - staff engagement – LPF **recognised** the exceptional engagement which occurred and is happening–some of the best examples we have seen
- Approach to Nursing Staff/GP/Admin staff are very different and engagement has worked really well.
- Change – managing it.
- Important to reflect and consider

Action: LPF **recognise** the level of work CD and the team did which exemplified partnership working. **Add** to next agenda to discuss further the positive aspects of engagement to highlight what worked/went well and how to take forward to next piece of transformation. **GT**

7.

Workforce Strategy – Action Plan

NC updated that at the July meeting Q1 data was reviewed with missing information identified. This is being chased up. The group is getting an understanding of the services we have.

The group has agreed a series of meetings to discuss the Action Plan, and separate time for presentation on topics. NC highlighted previous presentations and future ones.

EH requested a better insight to Social Care as it had been traditionally health oriented – get a balance understanding. It would be useful to get input from Care Managers – Fife large care homes. There are substantial vacancies in this area, far less capacity and it would benefit to understand more fully.

8. **Action:** This topic to be considered as a presentation at a future Workforce Development Board (Care Homes – understand/changes) as a presentation. **NC**

8.1 **Absence/Attendance Management**

H&SCP Attendance Figures

BA informed still the same, static – 6% across partnership

Reducing absence consistently remains a challenge. There is a whole raft of approaches taking places –well at work, creative thinking, myth busting sessions for managers. Open to suggestions.

A discussion took place which highlighted the following:

- Recruiting problem – stress on people who are taking on additional workload
- Aging workforce with pressure on everyone - lack of resources
- more complex needs; high expectations; obesity issues; societal issues; people working with significant health issues – how do we interpret stats to show this?
- Can we present the stats differently? Be positive i.e. 92% people turning up
- Acknowledge and value who is working- how communicate/balance with staff?
- Formal language used – pushed through stages which can be a huge worry to staff who have genuine health issues
- Need processes but need to remember dealing with people.
- Compassionate approach
- Training is essential – managers have huge autonomy within their gift on how to deal with this, unfortunately there are still pockets of

inconsistency

- Need to keep people engaged - Attendance Management training session introduced on Mental Health – this is positive, and managers are taking on board this area. Hardest area to manage.
- Engaging sooner – get away from targets – duty of care for staff
- Keep front and centre guidance and use of policy - how to take care of the issue.
- Conversations matter in the moment – time led
- What contingencies are in place?
- Part time managers (timescale) – someone else could engage with the member of staff

9. **Health & Safety**

9.1 **Health and Safety unconfirmed minutes – noted**

9.2 **Deep Dive Review**

For **noting** and on agenda for next meeting for SF to discuss. **SF**

10. **iMatter Update**

BA updated.

- Middle of Managers Action plan process with two weeks to deadline since reports issued (12-week period). Currently sitting at 17%. There is usually a last-minute rush to meet the deadline.
- Over 60% of staff believe that their team didn't generate report and therefore don't need action plan.
- Every single team must meet once a year and do action plan to feed into the process.
- Slippage – Scottish Government check in at the 12-week stage. Every board/partnership has a check list to follow.

- Important that it is getting done properly. Time must be taken to ensure this. BA emphasised - get it done; if deadline not met, still do (quality); if no action plan done at all – question, why not done (myth/barriers/challenges), need to understand
- Agree that it would be helpful for point 3 to be sent out within a month after the deadline.
- BA confirmed that action plans don't require a special, one off meeting – it can be collated from issues discussed at regular staff meetings.
- BA to consider looking at Home care – patch meetings.
- Need clarity on what comes out of these meetings so staff (coordinators) understand
- Managers language – formal – staff don't speak up as task driven
- Comms – consider video to show process and staff who have been telling the story (OT Health side has this)
- Patch meetings – out in locality/quick

Action: Promote over next few weeks via the Senior Leadership Team. If teams miss the deadline still to encourage action plans to be submitted as part of our commitment to continuous improvement in staff experience. **NC**

Action: Add to next agenda **SH**

Action: BA to send NC link of video (OT) **BA**

11.

Divisional Updates

EAST – Head of Nursing vacancy as Lynn has been appointed as interim Associate Director of Nursing.

Fife- wide – Mental Health strategy progress as detailed earlier on the agenda. OT dietetics'/speech and language vacancies challenges working closely with teams to support. Workforce tools in relation to mental health will be considered as part of the processes being developed to support implementation of safe staffing legislation. Divisional General Manager has been Shadowing frontline staff supporting senior leadership visibility. EH commented helpful JP has gone back to frontline – see what affects staff

day to day.

West – no specific issues to update the LPF

Director Update: NC updated that she had spent time yesterday meeting schedulers and Care at Home teams to see how it works. She is following this up with further sessions with staff across both health and social care.

12. **AOCB**

None

13. **Date of next meeting**

16.10.19 @ 10am FHM05.001, Fife House, Glenrothes

Dates of Future meetings:

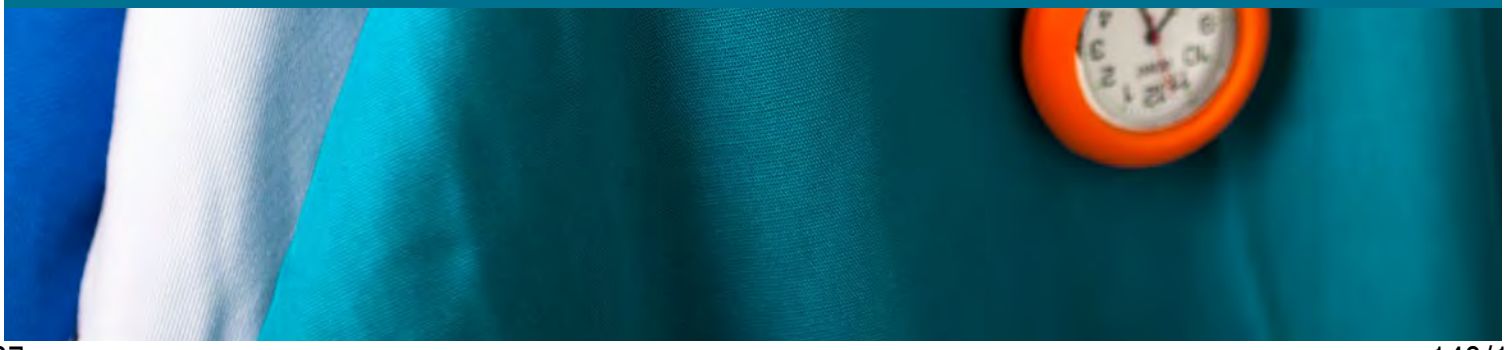
11.12.19 @10am FHM05.001, Fife House, Glenrothes

NHS workforce planning – part 2

The clinical workforce in general practice

AUDITOR GENERAL

Prepared by Audit Scotland
August 2019



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Audit team

The core audit team consisted of: Mark Ferris, Dharshi Santhakumaran, Nichola Williams and Erin McGinley, with support from other colleagues and under the direction of Claire Sweeney.

Key facts

General practice-based multidisciplinary workforce (WTE)[1]

6,194

3,575 GPs in 2017

1,541 nurses in 2017

Investment in GP recruitment and retention since 2015/16

£15 million

over 1 in 3 GPs are aged 50 or over

Funding paid to GP practices in 2017/18

£794 million

over half Nurses employed by GP practices are aged 50 or over

Notes:
1. Based on survey data.

Summary

Key messages

1 Expanding the primary care workforce is central to the government's 2020 vision of delivering more care at home and in the community. Primary care services face growing demand from an ageing population and an increase in the number of people with multiple chronic conditions. There are also pressures on workforce supply, including an ageing workforce and problems with recruitment and retention. The Scottish Government acknowledges these workforce pressures but has not estimated the impact they will have on primary care services.

2 The Scottish Government is working to improve primary care workforce data, but progress has been slow. There is a lack of national data on the current numbers in the workforce, workforce costs, activity and demand. This makes it difficult to plan the workforce effectively or to monitor the impact of major policy changes, such as the new General Medical Services contract.

3 The Scottish Government's commitments to train additional GPs, paramedics, nurses and midwives are on track, but it is not clear how this increase in training will translate into numbers employed in the primary care workforce. The Scottish Government has implemented a range of initiatives to improve recruitment and retention of GPs but these have had limited success to date. UK-wide pressures on the workforce and increasing demand mean the government will find it challenging to meet its GP target of an 800 (headcount) increase over ten years. Meanwhile, similar workforce pressures will make it difficult for integration authorities to increase the multidisciplinary workforce by 2021/22.

4 People are generally positive about their experiences of primary care and would be happy to receive care from professionals other than doctors in a GP practice if they understood more about their roles. However, not enough has been done to engage with the public on a national level about these changes and why they are important.

5 Progress on national workforce planning has been slow, and there has been a series of delays to planned outputs by the Scottish Government. Responsibility for planning the primary care workforce is split across different policy areas, risking duplication of work. This complexity could further slow progress because of a lack of clarity about who is responsible for making decisions.

Recommendations

The Scottish Government should:

- undertake scenario planning to identify the potential impact of workforce pressures on all staff groups and set out how it plans to address these. This should make use of the NHS Education for Scotland (NES) data platform and include analysis of vacancy rates and the demographics of the workforce
- work with NHS boards and integration authorities to model how training and recruitment numbers across all healthcare staff groups will meet estimated future demand for primary care
- provide a clear breakdown of the costs of meeting projected demand through additional training and recruitment across all healthcare staff groups
- implement plans to collect data from GP practices on workforce numbers, activity, income and expenses. Whole time equivalent (WTE) as well as headcount data should be collected on workforce numbers. This data should be used to:
  - better understand the current workforce
  - underpin workforce planning
  - monitor progress against commitments
- collect data on the impact of workforce pressures on staff in primary care and set out how any issues will be addressed. This should include:
  - workload
  - sickness absence levels
  - staff morale
  - intention to leave the workforce
- work with primary care professionals to develop a coordinated national approach to engaging with the public about the changes to how primary care services are delivered
- monitor the impact of the GMS contract, including:
  - progress towards achieving the aim of changing the role of the GP and reducing GP workload
  - impact on rural and deprived areas
  - impact on staffing of out-of-hours services
  - impact on staff
  - impact on patients, including quality and continuity of care
- monitor progress towards meeting workforce commitments, including identifying the barriers to meeting the commitments and putting plans in place to meet demand if they are not achieved
- implement plans to simplify the workforce planning governance structure and clearly identify roles and responsibilities both nationally and locally.

Background

1. The Scottish Government's long-term vision for health and social care is to shift the balance of care so that there is a greater focus on keeping people well in their own homes and the community. This vision is set out in a range of policy documents and plans, going back to 2005, and is central to the government's 2020 Vision, published in 2011 (Exhibit 1, page 8). Primary care plays a major role in achieving this vision, as primary care professionals can identify issues early and support people to manage their own health as far as possible.

2. The Scottish Government intends to support the shift in the balance of care by increasing funding for primary care. In *Health and Social Care: medium term financial framework,* it committed to increasing primary care funding by £500 million over five years, so that, by 2021, 11 per cent of the frontline NHS Scotland budget should be spent on primary care.[1] The financial framework did not set out how the Scottish Government defines primary care spending, or what proportion of this increase will be spent on the workforce.

3. As well as increasing funding for primary care, the Scottish Government also aims to change the way primary care services are delivered. It plans to expand the primary care workforce, so that care will be provided by a range of professionals working together in multidisciplinary teams (MDTs). The Scottish Government wants people to receive care from the most appropriate member of the MDT. The size and make-up of these MDTs will vary according to local need, but MDTs may include nurses, advanced nurse practitioners (ANPs), physiotherapists, pharmacists and paramedics. MDTs may also include non-clinical staff, such as community link workers, who can support patients to access wider services.

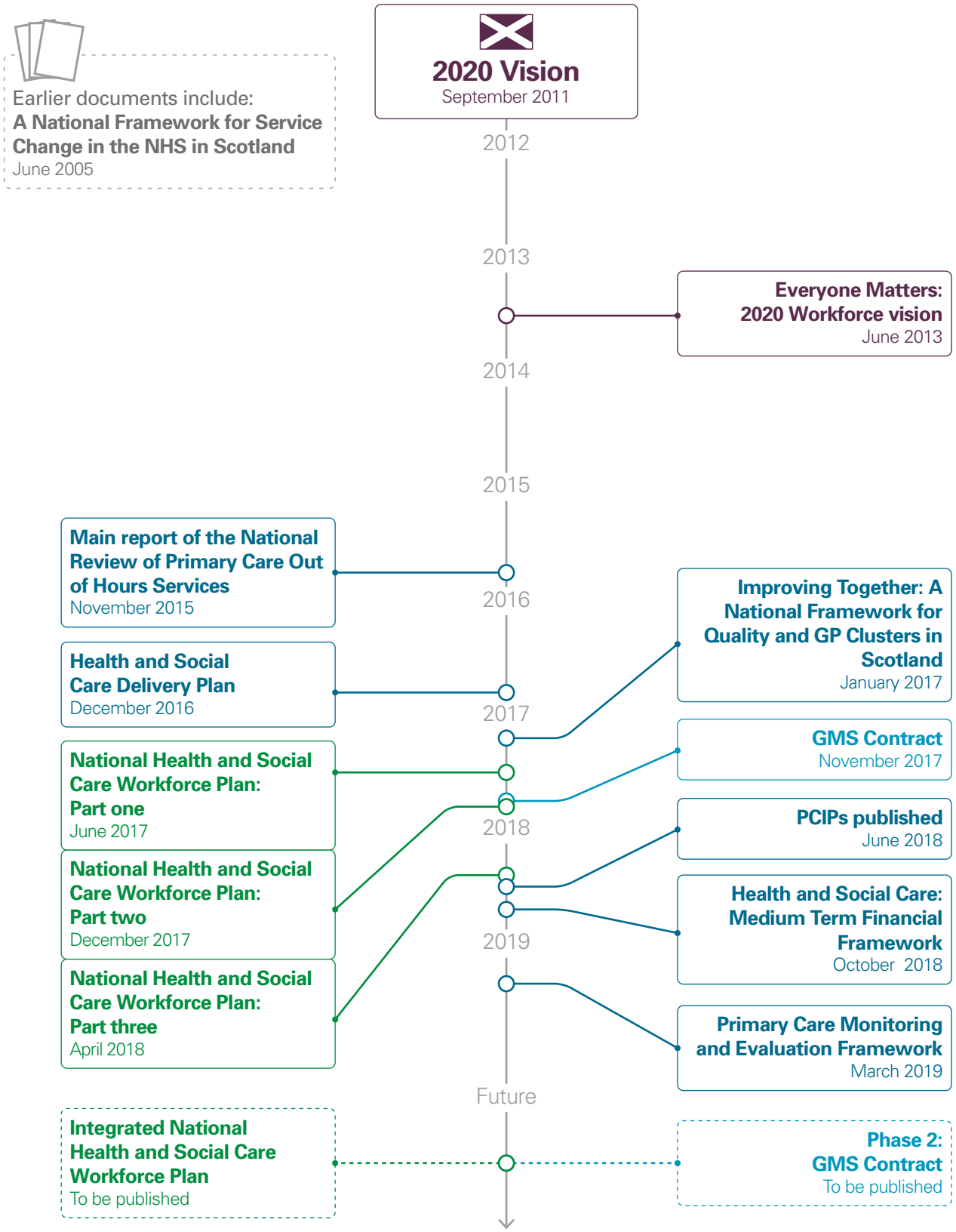
4. MDTs may be based in individual GP practices or work across a cluster of practices. These teams are the focus of this audit, but they do not work in isolation. To carry out their role, they need to work closely with other primary care professionals, for example, district nurses and the wider community nursing team, and colleagues working in hospitals and in social care. Any changes to the way that professionals work in the MDT has an impact on those working in the rest of the system. The Primary Care Clinical Professions Group have set out a joint statement on their vision for the future of primary care, and how the different professions will work together, based on 21 principles.[2]

5. Reform of primary care is complex and challenging. It is not solely the responsibility of the Scottish Government; NHS boards and integration authorities (IAs), which are partnerships between NHS boards and councils, have a crucial role. The voluntary sector also has a role to play, particularly in the development of the community link worker workforce. Locally, IAs are responsible for planning and resourcing primary care services. As the multidisciplinary workforce grows, the aim is that members of MDTs will be employed by NHS boards rather than GP practices. In the longer term, NHS boards will also take on more responsibility for owning practice premises.

Exhibit 1

Policy timeline

The Scottish Government's vision to shift the balance of care has been in place since 2011.



Note: PCIPs – primary care improvement plans, produced by integration authorities.

Source: Audit Scotland

6. These changes to primary care will require effective national and local workforce planning to make sure the right workforce is in place to meet the needs of Scotland's population. In our 2013 report, *Scotland's public sector workforce*, we define workforce planning as 'the process that organisations use to make sure they have the right people with the right skills in the right place at the right time'. For primary care, this means that the Scottish Government, NHS boards and IAs have to understand the needs of the population, both now and in the future, and plan the workforce to meet demand. We have previously highlighted the risk that the NHS workforce is being planned in response to budget pressures rather than strategic needs.[3]

7. Primary care is usually a person's first point of contact with the NHS. It is provided in the community by generalist health professionals, and includes general practice, community pharmacy, dentistry and optometry services. It covers both physical and mental health, and all age groups and health conditions.

8. Most GPs are self-employed. GP partners are GPs who own and run practices, usually in partnership. Historically, they have been responsible for employing their own staff, including other salaried GPs. Practices are contracted by NHS boards to provide primary care services.

9. Data on the size and make-up of the primary care workforce is limited (paragraphs 57–58), so workforce estimates are based on available survey data (Exhibit 2, page 10).

10. In April 2018, the new General Medical Services (GMS) contract came into effect. This contract aims to:

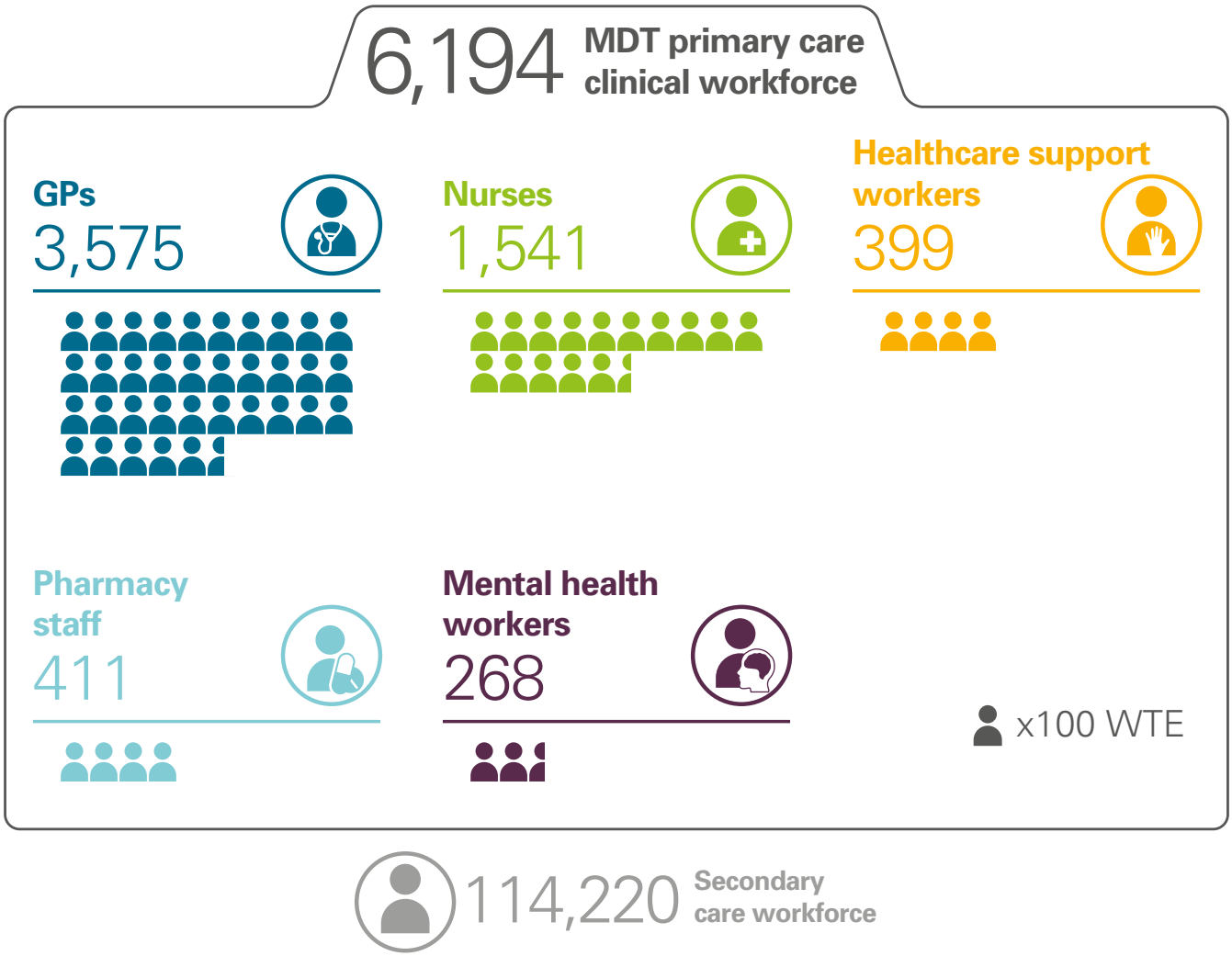
- refocus the role of GPs as expert medical generalists
- reduce GP workload and allow them to concentrate on patients with more complex care needs
- provide better care and improved access for patients
- improve infrastructure and reduce risk.

11. The contract is accompanied by a memorandum of understanding (MOU), which sets out the role of the GP as the senior clinical decision-maker at the head of the MDT. The increased role of other professional groups in the practice is intended to free up GP time and make it easier for patients to access the most appropriate care. The MOU also sets out priorities for reform to support the implementation of Phase 1 of the contract, from 1 April 2018 to 31 March 2021. As part of the contract, all IAs were required to work with NHS boards and GPs to develop primary care improvement plans (PCIPs). These plans should explain how the priorities set out in the MOU will be implemented locally. More information on the background and aims of the GMS contract is provided in our *General Medical Services contract in Scotland: a short guide*.[4]

Exhibit 2

The multidisciplinary primary care workforce in Scotland

A number of professional groups make up the MDTs based in GP practices.



Notes:

1. Figures given are whole time equivalent.
2. The figures for GPs, nurses and healthcare support workers are estimates made as part of the 2017 National Primary Care Workforce Survey carried out by ISD Scotland. These figures will only include staff members employed by the GP practice. Allied health professional data is not available.
3. The secondary care WTE figure excludes administrative staff and may include some staff employed by the NHS board but working in a GP practice, as it is not possible to separately identify these staff members.

Sources: Secondary care, ISD Scotland workforce trend data for March 2017 (2017 data used to be consistent with the latest primary care workforce survey); Pharmacy staff data provided by the Scottish Government, as at March 2019; Mental health workers, Mental health worker quarterly performance report, as at July 2019 (2019 data used for pharmacists and mental health workers, as 2017 data not available); Other staff groups, ISD Scotland National Primary Care Workforce Survey 2017.

About this audit

12. In July 2017, the Auditor General published the first in a series of audit reports on NHS workforce planning.[5] That report focused on clinical staff in a hospital setting and concluded that:

- the Scottish Government and NHS boards had not planned effectively for the long term
- responsibility for NHS workforce planning was confused
- there was a risk of further fragmentation as health and social care planning and planning for specialist medical centres developed.

It found that NHS staff were raising concerns about workload, and that NHS services were under increasing pressure. The Scottish Government expects demand for health and social care to increase but is yet to provide a clear analysis of the skills and workforce numbers needed to meet this demand. A summary of progress against the recommendations made in the first report is set out in Appendix 1 (page 33).

13. The aim of this audit was to establish how effectively the Scottish Government is planning and developing the primary care clinical workforce to meet the needs of the Scottish population. We set out to answer four key questions:

- How effectively is national workforce planning for the primary care clinical workforce addressing current pressures on staff and patient care?
- How well are national primary care clinical workforce planning arrangements considering the future needs of the Scottish population?
- What are the anticipated workforce costs to meet demand for primary care services and how effectively are these being planned for?
- What impact will the new GMS contract have on the Scottish Government's ability to deliver its vision of primary care?

14. This audit looked mainly at the national approach to workforce planning and how well it supports planning at regional and local levels. It focused on the general practice-based workforce of GPs and the wider clinical MDT, including nurses, allied health professionals (AHPs), pharmacists and others, as they are central to the implementation of the new GMS contract. AHP is a term which covers a range of healthcare professionals including paramedics, physiotherapists, occupational therapists and podiatrists. For the purposes of this report, when we refer to the primary care workforce, we mean the general practice-based clinical workforce. Although the dentistry, optometry, community nursing and care home workforce fell outwith the scope of this audit, they are an important part of the overall primary care workforce, and many of the issues highlighted in this report are also relevant to planning for the wider workforce.

15. This report is in two parts:

- Part 1 examines current pressures on the primary care workforce.
- Part 2 focuses on planning the future workforce to meet the needs of the Scottish population.

Part 1

The primary care landscape

There are significant pressures facing the primary care workforce

Demographic issues put increasing pressure on primary care services

16. Scotland's population is ageing. People aged over 75 are projected to be the fastest-growing age group in Scotland, expected to grow by 27 per cent between 2016 and 2026. The average number of patients registered at a GP practice is increasing. Between 2013 and 2018, the average practice list size across Scotland increased by eight per cent, from 5,602 to 6,073 patients.[6] Scotland's ageing population means that more people will be living longer with multiple long-term conditions, putting increasing pressure on the NHS.[7] This places pressure on general practice as GPs manage growing numbers of patients with multiple and complex health needs.

17. There are significant health inequalities across Scotland. People living in the most deprived areas have a lower life expectancy than those living in more affluent areas. They are also likely to spend more years living with ill health. From 2015 to 2017, the difference in healthy life expectancy between the ten per cent most deprived and ten per cent least deprived areas was 22.5 years for males and 23 years for females.[8] Primary care services in deprived areas face particular issues in meeting the complex needs of their patients, who are more likely to have multiple chronic conditions linked with poverty.

Recruitment and retention issues create pressures on the workforce

18. Recruitment and retention difficulties are one of the key issues facing the primary care workforce (Exhibit 3, page 13). Although there has been a slight increase in the overall headcount of GPs, the number of GPs who are partners has decreased, from 3,721 in 2013 to 3,396 in 2018. The number of practices being taken over by NHS boards has been rising.[9] This means that the practice is run by the NHS board instead of by GP partners as independent contractors, often because of difficulties recruiting new partners or retaining existing ones. The Royal College of General Practitioners (RCGP) Scotland recently reported that 26 per cent of GPs think they are unlikely to be working in general practice in five years' time.[10]

19. Until 2017, the main source of data on staff and vacancies in GP practices was a primary care workforce survey, run by ISD Scotland, on behalf of the Scottish Government. This was completed by GP practices and run every two years. The survey was voluntary and had a response rate of 82 per cent in 2017, up from 58 per cent in the previous survey, run in 2015. Fifty-nine per cent of GP vacancies that occurred in 2017 were filled, but 27 per cent of those took more than six months to fill. Commonly reported challenges in filling GP vacancies in 2017 included a shortage of applicants and the fact that the practice was in a rural area. The most commonly reported reasons for difficulty in filling nursing positions were a lack of candidates and the quality of the candidates applying.

Exhibit 3

Pressures on the primary care workforce

The available data shows workforce numbers increasing, but there is wide variation in vacancy rates across the country.

Workforce in post

4,994
GPs in 2018
Up 2.4% since 2013

3,575 WTE
GPs in 2017
Down 4.3% since 2013

2,297
Nurses in 2018
Up 8.1% since 2013

1,541 WTE
Nurses in 2017
Up 8.5% since 2013

Absences

Practices that said they often could not fill absences, 2017

	Planned absence	Unplanned absence
GP	1/5	1/2
Nurse	1/10	1/4

Age of workforce

(50 years or over in 2017)

Over 1 in 3 GPs

50+

Over half of nurses
employed by GP practices

Vacancies

5.6%
vacancy rate for GPs across Scotland

Highest: **32.9%**
NHS Shetland

Lowest: **2.4%**
NHS Borders

1 in 4 **practices reported a GP vacancy in 2017**

2.4%
vacancy rate for nurses in GP practices across Scotland

Highest: **4.7%**
NHS Lanarkshire

Lowest: **0%**
NHS Borders, Orkney, Shetland and Western Isles

Interactive data available on our website

Notes:
1. The GP total includes 564 third-year trainees in 2018 and 490 third-year trainees in 2013. The figure for nurses includes only those employed by a GP practice, and not those employed by an NHS board.
2. WTE – Whole-time equivalent.
3. Trend data not used for vacancies and age of workforce, as these figures are based on a survey with large differences in response rates between years.
4. This level of detail is only available for GPs and nurses.

Source: Audit Scotland using ISD Scotland data

20. Out-of-hours services are a fundamental part of the health system, providing primary care services outwith GP practice opening times. Pressures on the primary care workforce are also reflected in the delivery of out-of-hours services. NHS boards completed the part of the primary care workforce survey that asked about out-of-hours care. Boards reported that 90 per cent of out-of-hours shifts were filled but noted the amount of effort this took. The most commonly reported actions taken to fill shifts were the use of financial incentives such as increased rates and staff working longer shifts. Other issues reported included:

- instances of both nurses covering GPs' shifts and GPs covering nurses' shifts
- out-of-hours services being delivered through NHS 24 and a hospital ward because of difficulties in filling shifts
- a reduction in the number of locations where out-of-hours services were provided.[11]

The primary care workforce is changing

21. The primary care workforce survey data is used to estimate the whole-time equivalent (WTE) GP workforce across the country. The data shows a fall in the WTE GP workforce from 3,645 in 2015 to 3,575 in 2017. This suggests that, although the overall number of GPs may be increasing, more are choosing not to work full-time. A GP session is about five hours, and one WTE represents eight sessions a week. The demographics and changing working patterns of the primary care workforce pose a challenge to future supply:

- A higher proportion of GPs aged between 50 and 59 are working eight or more sessions a week.
- Those aged 25-49 years are more likely to be working four to seven sessions a week.
- Partners are often working more sessions a week than salaried GPs.

The increase in the proportion of GPs who are salaried rather than partners, and the pattern of younger GPs increasingly working part-time, is likely to mean that for every GP that retires more than one will need to be trained and recruited to replace them.

22. Recent changes to pension and tax arrangements may have an impact on GP recruitment and retention. The British Medical Association (BMA) has raised concerns that limits on annual and lifetime allowances, which govern how much GPs can contribute to their pension funds before incurring a tax charge, will lead to GPs retiring early or reducing their workloads. The BMA has also expressed concerns about the impact of UK Government changes to increase employer pension contributions by six percentage points, from 14.9 per cent to 20.9 per cent, from April 2019. The UK Government has committed to provide funding to cover some of the cost of increased pension contributions to the NHS. In June 2019, the Scottish Government confirmed that it would provide additional funding to cover the remaining £48.4 million for 2019/20.

23. The Scottish Government has identified EU withdrawal as having a major impact on the health and social care workforce, but it has not set out potential scenarios or how it plans to respond. Although data on the nationality of doctors

is available only for those who took up a licence to practice in the UK from June 2017, the General Medical Council (GMC) holds data on country of qualification for all doctors. This data shows that, in 2018, 3.7 per cent of Scottish GPs had graduated in a European Economic Area (EEA) member country. Remote and rural areas of Scotland, including Argyll and Bute, Orkney, Shetland and the Western Isles are more reliant than other areas on non-UK-licensed doctors.[12] The GMC has looked at the relationship between where medical students qualified and their nationality. It concluded that using place of qualification as a proxy for nationality is likely to result in an underestimate of the number of doctors who were EU nationals working in the UK.[13]

24. As at March 2018, five per cent of nurses and midwives in the UK had first registered in the EEA. Between 2016/17 and 2017/18, there was a drop of 87 per cent in the number of EEA-qualified nurses and midwives joining the UK register, and an increase of 29 per cent in those leaving it.[14] This suggests that EU withdrawal will exacerbate existing workforce pressures.

The Scottish Government does not collect enough information on the impact that primary care workforce pressures are having on staff

25. There is a lack of data on the impact of workload pressures on staff in primary care. The Scottish Government's national staff survey is completed only by staff employed by NHS boards, and not those employed by GP practices, or most GPs themselves.

26. The GMC runs an annual survey of trainees and their trainers, including those in general practice, which includes questions about workloads.[15] Those delivering training were more likely to report a heavy or very heavy workload than those training in other specialties, 78 per cent compared with an average of 59 per cent across all other specialties. They were also more likely to work beyond normal working hours, with 59 per cent doing so daily. Among doctors in GP training posts, although overall satisfaction was high, responses to questions on workload indicate this is an area of concern. Thirty-five per cent rated their workload during the day as heavy or very heavy, and 46 per cent were working beyond scheduled hours at least weekly.

27. A recent RCGP survey of Scottish GPs found that 37 per cent feel so overwhelmed by their daily tasks that they cannot cope at least once a week. Workload pressures may have an impact on patient experience as well as staff morale; 35 per cent said that their stress levels have an impact on their ability to make decisions.[16]

28. Without national data on, for example, staff morale or sickness absence levels for all staff groups, the Scottish Government cannot identify and monitor the impact that workload pressures may be having on the primary care workforce. When making major changes to the workforce, the Scottish Government needs to understand the challenges facing the workforce and monitor the impact of policy changes on the people delivering those changes.

Patients are generally happy with the quality of care from their GP practice

29. The Scottish Government carries out a health and care experience survey every two years. This asks the public about their experience of health and care services; it covers GP practices and out-of-hours care. The latest survey, in 2017/18, reported a mixed picture regarding patient experience. There is a national target that 90 per cent of people should be able to access a GP, or an

appropriate healthcare professional, within 48 hours if they need to. The survey found that this target was met, with 93 per cent of people able to see a GP within two days. All NHS boards, and all except two IAs, met this target. North Lanarkshire and Aberdeenshire each missed it by one percentage point.

30. Although the responses to some questions in the survey indicated a decline in patient satisfaction, satisfaction remains high overall (Exhibit 4, page 17). Eighty-three per cent of people rated the overall care provided by their GP practice as good or excellent in 2017/18, a slight fall from 87 per cent in 2011/12.

31. When asked about recent experiences with a health professional at their GP practice, 93 per cent of people were positive about feeling listened to and 95 per cent understood the information they had been given. However, there was a lower percentage of positive responses when people were asked if they felt their treatment had been well coordinated (78 per cent) and if they knew the health professional well (50 per cent).

More engagement with the public is needed on changes to primary care

32. The Scottish Government's vision for primary care represents a significant change to how services will be delivered. It intends to expand GP-led MDTs to enable people to receive care from the most appropriate member of the MDT (Case study 1, page 18). The various professional groups believe a national campaign is needed to ensure that members of the public understand why they may be asked more questions than before when they want to make an appointment, and why they will not necessarily see a GP. We have previously reported on the need for greater public engagement by the Scottish Government, NHS boards and IAs to build support for change by increasing understanding.[17] Following discussions between the primary care professions and the Cabinet Secretary for Health and Sport, the Scottish Government is currently developing its approach to public engagement on this issue.

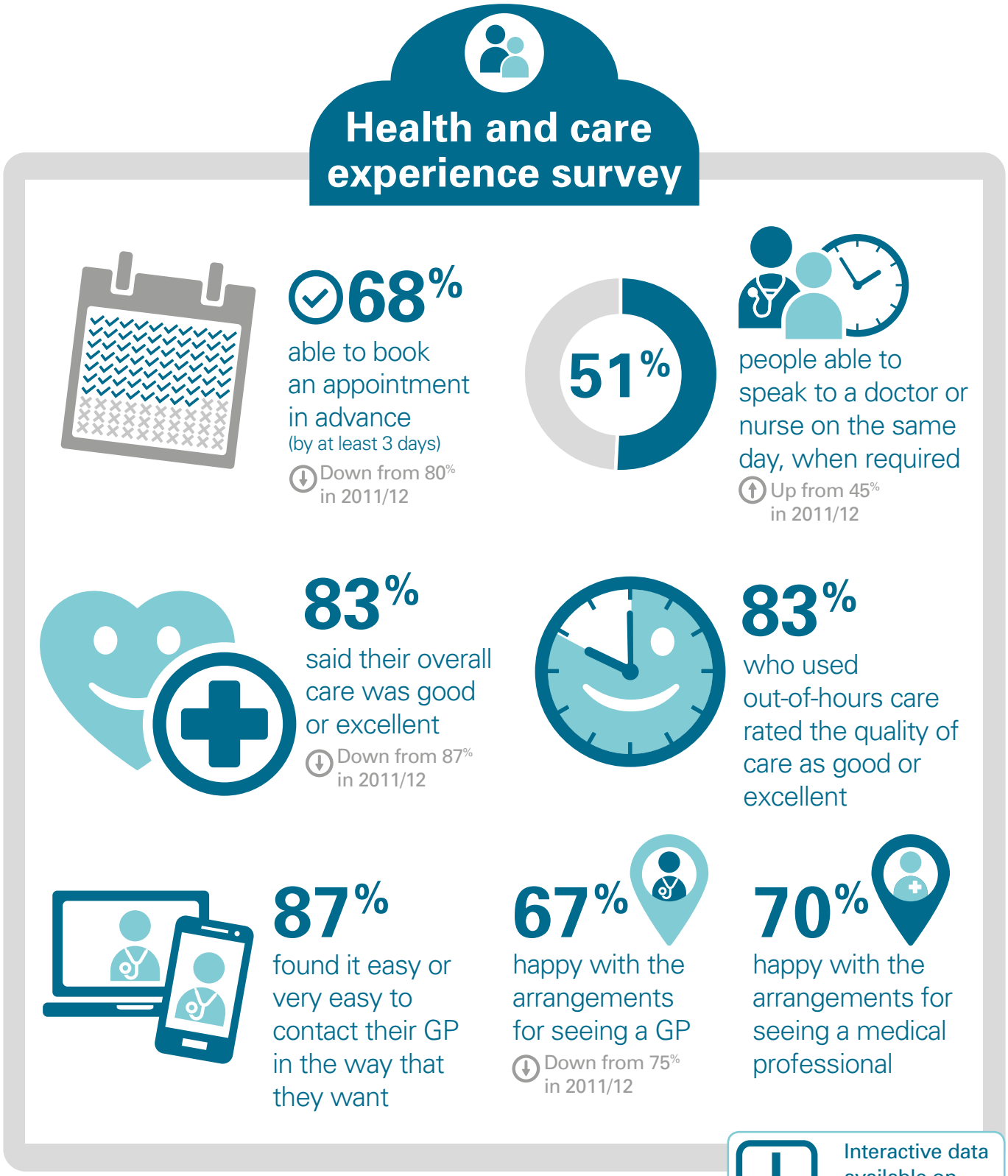
33. Some public engagement has suggested that people may be happy to see other staff members within a GP practice when they understand more about the roles of these staff members and are confident in the quality of care. A survey was carried out by Our Voice Citizens' Panel to ask people about primary healthcare and their views on seeing non-GP medical professionals.[18] Seventy-eight per cent of respondents said that they would consider going directly to non-GP healthcare professionals if they were happy with the treatment that they had received from them previously. Three-quarters would be more likely to accept an appointment with a health or social care professional who was not a GP if they understood more about their role.[19]

34. The Scottish Government commissioned a study on pharmacists working in GP practices, carried out through surveys and interviews with patients and the other members of the MDTs in the practices. Both the patients and the teams had positive feedback about the quality of the care, and the knowledge and ability of the pharmacists. Eighty-four per cent of patients surveyed said that they were confident that the pharmacist would prescribe as safely as a GP and 83 per cent said that they were more interested in the quality of the care they received than in who delivered it. However, 43 per cent still said that, given the choice, they would prefer to see a GP rather than a pharmacist.[20]

Exhibit 4

Health and care experience survey

The results of the survey show that patients are mostly satisfied with their care, although in some areas there has been a drop in satisfaction.



Note: Trend data not available for all questions.

Source: Audit Scotland using the Scottish Government's health and care experience survey

Case study 1

Musculoskeletal (MSK) physiotherapists

MSK conditions are estimated to account for about one in five GP appointments, and are the second biggest cause of sickness absence in the UK. MSK advanced practitioner physiotherapists as a first point of contact in primary care MDTs have the potential to:

- improve access for patients
- support greater self-management
- reduce GP workload
- reduce referrals to orthopaedic specialists.

Several areas around Scotland have introduced MSK physiotherapist pilots to show the impact that this can have on general practice. For example:

Nov 2015

NHS Forth Valley recruited 2.4 WTE MSK advanced practitioner physiotherapists to work across two GP practices.

Over the first two years, 8,417 patients accessed the service, with 60 per cent of people able to self-manage following the appointment. Orthopaedic referrals decreased across both practices by approximately 212 referrals a year.

Jun 2016

Inverclyde appointed an MSK advanced practitioner physiotherapist (0.88 WTE) to work across three GP practices.

The pilot concluded in June 2017. During the pilot, the physiotherapist saw 55 per cent of MSK consultations across the three practices and 56 per cent of referrals were made directly by receptionists to the physiotherapist. It was reported that the proportion of consultations where people needed to be prescribed medication decreased from 80 per cent to 20 per cent for patients presenting with an MSK problem. The evaluation highlighted the need for better routine data collection to enable monitoring of the impact on GP time and on referrals to secondary care services.

Source: Audit Scotland using *Evaluation of New Models of Primary Care: Inverclyde Case Study*, Scottish School of Primary Care, January 2018 and information provided by NHS Forth Valley

The new GMS contract will affect the primary care workforce

The new GMS contract is accompanied by a new funding formula that may affect rural areas

35. The new contract is accompanied by a new funding formula for GP practices. The aim of the new formula is to better reflect the workload of GPs. The practices that stand to lose funding because of this new formula have received a guarantee from the Scottish Government that their funding will be protected. Some rural GPs

have expressed concerns that the formula will have a disproportionate impact on rural GP practices, as under the new workload calculation they are less likely to receive an increase in funding than urban practices.

36. Under the previous formula, rural practices received more funding per patient than practices in urban areas, an average of £264.1 per patient in the most rural areas in 2017/18, compared with £101.2 per patient in the most urban areas.[21] Although funding has been protected so that no practice will see its funding drop, difficulties in recruiting and retaining staff may increase when these practices have to compete for staff with practices with increased funding. This could also have an impact on the morale of staff. These concerns have been raised in response to a petition to the Scottish Parliament on medical care in rural areas.[22]

37. The Rural GP Association of Scotland carried out a survey with a small sample of 66 rural GPs on the new contract, in March 2018. Sixty-eight per cent felt less confident that the changes would benefit rural practices and about 70 per cent felt less confident about the sustainability of their practice. Concerns were specifically expressed about the funding formula, recruitment and retention issues, and out-of-hours service delivery.

The Scottish Government should do more to measure the impact of the GMS contract on patients and staff

38. The Scottish Government carried out an equality impact assessment on the GMS contract, in which it considered the impact that the contract could have on specific groups, including certain age groups, different genders and those from deprived areas and rural areas.[23] The GP contract impact assessment split this into:

- the impact on GPs
- the impact on the rest of the primary care team
- the impact on patients.

39. The impact assessment does not fully consider the concerns expressed about some aspects of the new contract. For example, the assessment concludes that there will be a positive impact on rural practices because protected funding mitigates the potential negative impact of the funding formula. As the impact assessment does not fully acknowledge potential risks it does not set out how any negative impact could be monitored, or concerns addressed.

40. The Scottish Government published a primary care monitoring and evaluation strategy in March 2019.[24] This includes indicators on the size of the workforce and involves the use of the health and care experience survey to measure patients' views. There are no measures that would allow the Scottish Government to monitor the direct impact of the GMS contract, including the intended effects on the role of the GP, recruitment and retention, and any impact on staff or patient care. The Scottish Government is due to publish an evaluation work plan to provide more detail on how it will monitor the priority areas set out in the strategy. Health Scotland is also due to produce a report on primary care in Scotland later in 2019, which is planned to include data across a wider range of indicators.

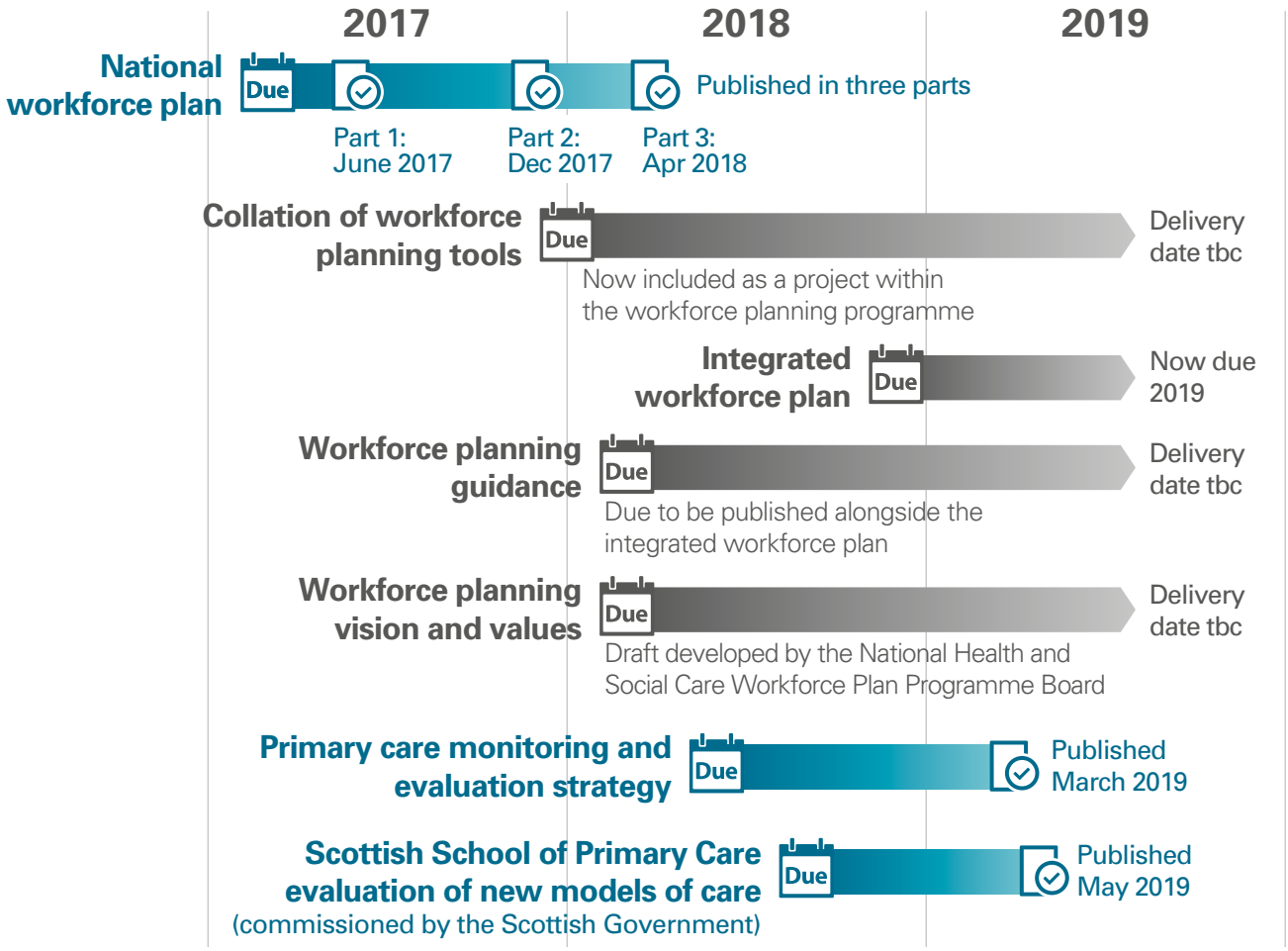
Part 2

Planning the future workforce

The Scottish Government is developing its approach to workforce planning but progress has been slow

41. The Scottish Government initially planned to publish a national workforce plan in spring 2017, covering the entire health and social care workforce. It then revised its approach, publishing the plan in three parts, covering the NHS workforce, the social care workforce and the primary care workforce. This was to be followed by an integrated national health and social care workforce plan, a joint publication with the Convention of Scottish Local Authorities (COSLA), in 2018. This is now due to be published in 2019 (Exhibit 5).

Exhibit 5
Workforce planning and primary care outputs have been delayed



Source: Audit Scotland

42. The third part of the plan, published in April 2018, considers how primary care workforce arrangements will change.[25] The plan sets out the intention to reform primary care in Scotland by building and expanding primary care MDTs. The plan recognises the challenges facing primary care, including that demand for primary care services is increasing, because of the ageing population and a rise in people suffering from two or more chronic conditions. It also notes the pressures arising from an ageing workforce, but it does not include projections of what this might mean in terms of numbers leaving the workforce.

43. The Scottish Government acknowledges that it needs to develop a more sophisticated approach to workforce modelling. It also recognises that more needs to be done to improve primary care data to inform workforce planning. In *NHS workforce planning: The clinical workforce in secondary care*, we recommended that the Scottish Government should:

- improve understanding of future demand
- demonstrate how training and recruitment numbers will meet estimated demand
- provide a clear breakdown of the costs of meeting projected demand through additional recruitment.

44. In April 2019, NHS Education for Scotland launched a data platform to bring together data on workforce supply. The platform includes data on different stages of the GP training pipeline and will give a better picture of how the numbers entering training will translate into the number entering employment in NHS Scotland, as well as the numbers of trainees leaving Scotland or going to work in other areas of the health service. The platform is available to both national and local workforce planners and should enable a more joined-up approach to workforce planning across the health service. The extent to which it can be used for primary care workforce planning will be limited until better data on the primary care workforce is available.

Workforce planning is fragmented

45. Nationally, responsibility for health and social care workforce planning sits in one division of the Scottish Government and responsibility for primary care sits in another (Exhibit 6, page 22). This creates a risk that workforce planning for different elements of the workforce is carried out separately, without a coordinated, strategic approach to planning the whole primary care workforce. The Scottish Government intends to create a revised structure to move towards a more strategic approach. This is due to be in place by November 2019.

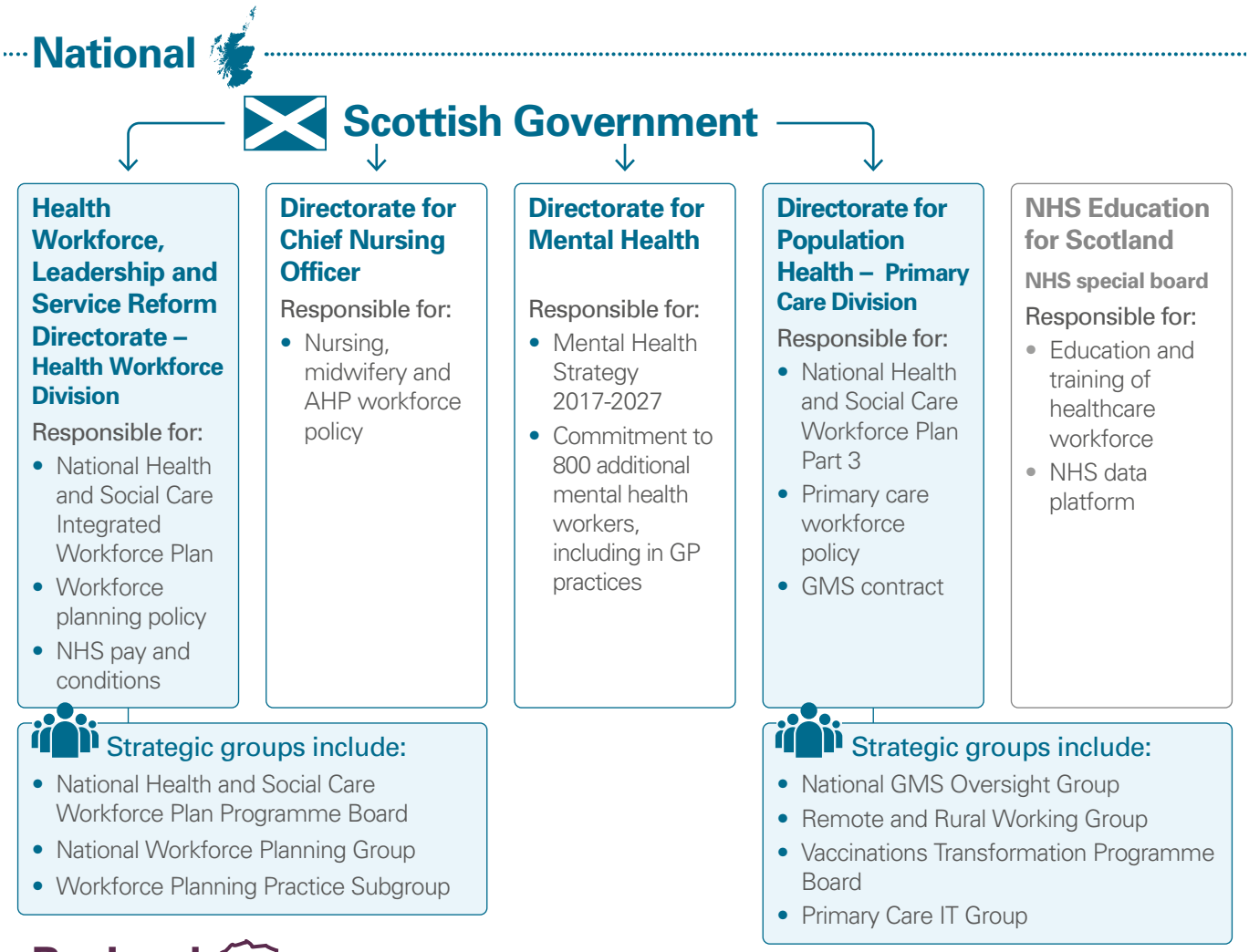
46. Locally, NHS boards and integration authorities need to work together to plan the primary care workforce.

- NHS boards are responsible for contracting with GP practices to provide general medical services in their area. They are required to submit annual workforce plans and workforce projections, but most of their plans do not specifically mention primary care.
- IAs are responsible for planning, designing and commissioning primary care services. IAs are supposed to produce workforce plans, but not all have done so. They are also responsible for the development of primary care improvement plans, in collaboration with NHS boards and local GP subcommittees.

Exhibit 6

Workforce planning roles and responsibilities

Responsibility for planning the primary care workforce is fragmented.



Source: Audit Scotland

47. The National Health and Social Care Workforce Plan Programme Board was set up in November 2018. This is a group of representatives from the Scottish Government, COSLA and the Scottish Social Services Council. It was set up to oversee the development and delivery of the whole health and social care workforce planning programme and to provide clearer governance. Progress against the workforce commitments in the plans is the responsibility of the relevant policy teams in the Scottish Government.

48. The National GMS Oversight Group is responsible for overseeing implementation of the new GMS contract across Scotland. This group includes representatives from the Scottish Government, NHS boards, IAs and the Scottish General Practitioners Committee (SGPC). It does not include the professional organisations which represent the different healthcare staff groups which make up MDTs. In addition, there are several groups that provide advice and support on a range of issues such as remote and rural, IT and premises.

49. In *NHS workforce planning: The clinical workforce in secondary care*, we reported on the risk that the number of workforce plans and workforce groups could become a barrier to effective working. It is important that NHS boards and IAs work together with the Scottish Government to ensure their different plans align and that their respective roles are clear.

It is not clear how the Scottish Government's workforce commitments will contribute to the wider ambitions for primary care

50. The Scottish Government has made several commitments to train and recruit a range of primary care professionals (Exhibit 7, page 24). Planning the primary care workforce at a national level has been complex and challenging because most practices are run by self-employed GP partners who have been responsible for employing other practice staff. This has made it difficult to both understand the size and make-up of the existing workforce and also to plan for changes to the future workforce.

51. The commitments to train additional staff are either on track or have already been achieved. For the commitments relating to staff groups who work across the health service, such as nurses and paramedics, it is difficult to assess what the impact will be on the primary care workforce specifically, as those trained may go on to work outwith Scotland or in other parts of the health system. The Scottish Government's intention to increase the primary care workforce and expand the role of MDTs is clear, but it has not set out in detail how it anticipates that its workforce commitments will:

- reduce GP workload
- improve patient care and access
- meet future demand.

52. It is also unclear how these commitments link to workforce decisions being made at a local level. IAs are responsible for specifying the future primary care workforce they need to deliver services in their area. The Scottish Government did not use information from IAs about their requirements to inform its commitments and such information is not being used to monitor progress towards achieving them.

Exhibit 7

NHS workforce commitments

The Scottish Government has made a number of commitments to increase the NHS workforce.

Primary care commitments	Status	Progress
800 more GPs (headcount) over next 10 years	Not on track	Further information in paragraphs 53-54
100 more GP specialist training places from 300 to 400	Achieved	This was achieved in 2016 and 2017. There was a change in the way GP training was delivered in 2018, moving from a mixture of three- and four-year courses to only three-year courses. As a result, the number of new places advertised fell, but the overall number of training posts increased.
500 more health visitors by 2018	Achieved (late)	There was an increase of between 509.1 and 575.9 WTE, between March 2014 and March 2019. This is based on estimated 2014 data.
All GP practices to have access to pharmacist support by the end of 2021	Incomplete data	Funding for this has been provided by the Primary Care Transformation Fund. This had funded pharmacy support for about 68 per cent of GP practices as at December 2018. There is no information on how many of the remaining 32 per cent have pharmacy support funded through other means.
Up to 250 community link workers to work in GP surgeries by 2021 at least 40 being recruited in the coming year	Incomplete data	It is difficult to assess whether this commitment is on track because there is a lack of complete data on the current number of these workers, and on trends. Primary Care Improvement Plans report 120 community link workers in post in 2018/19.
Wider commitments with primary care impact		
2,600 more nursing and midwifery training places by 2021	On track	The Scottish Government sets the number of nursing university places for Scottish students. This increased to 4,006 for 2019/20. If current trends continue, it looks likely that an additional 2,600 places cumulatively will be achieved by 2021.
500 additional ANPs trained by 2021	On track	1,023 nurses received funding to undertake training, 425 from a primary or community care background, during 2017/18 and 2018/19. As at December 2018, 60 nurses had completed ANP education, with the Scottish Government expecting an additional 95 to have completed it by September 2019.
1,000 more paramedics training in the community over five years including 50 with enhanced skills to work in the community	On track	518 paramedics trained, and 57 more recruited between 2016/17 and 2018/19.
800 additional mental health workers over 5 years in A&Es, GP practices, police custody suites and prisons	On track	An additional 268 mental health workers were appointed as of 1 July 2019; 99 were in GP surgeries.

Incomplete data | Not on track | On track | Achieved

Source: Audit Scotland

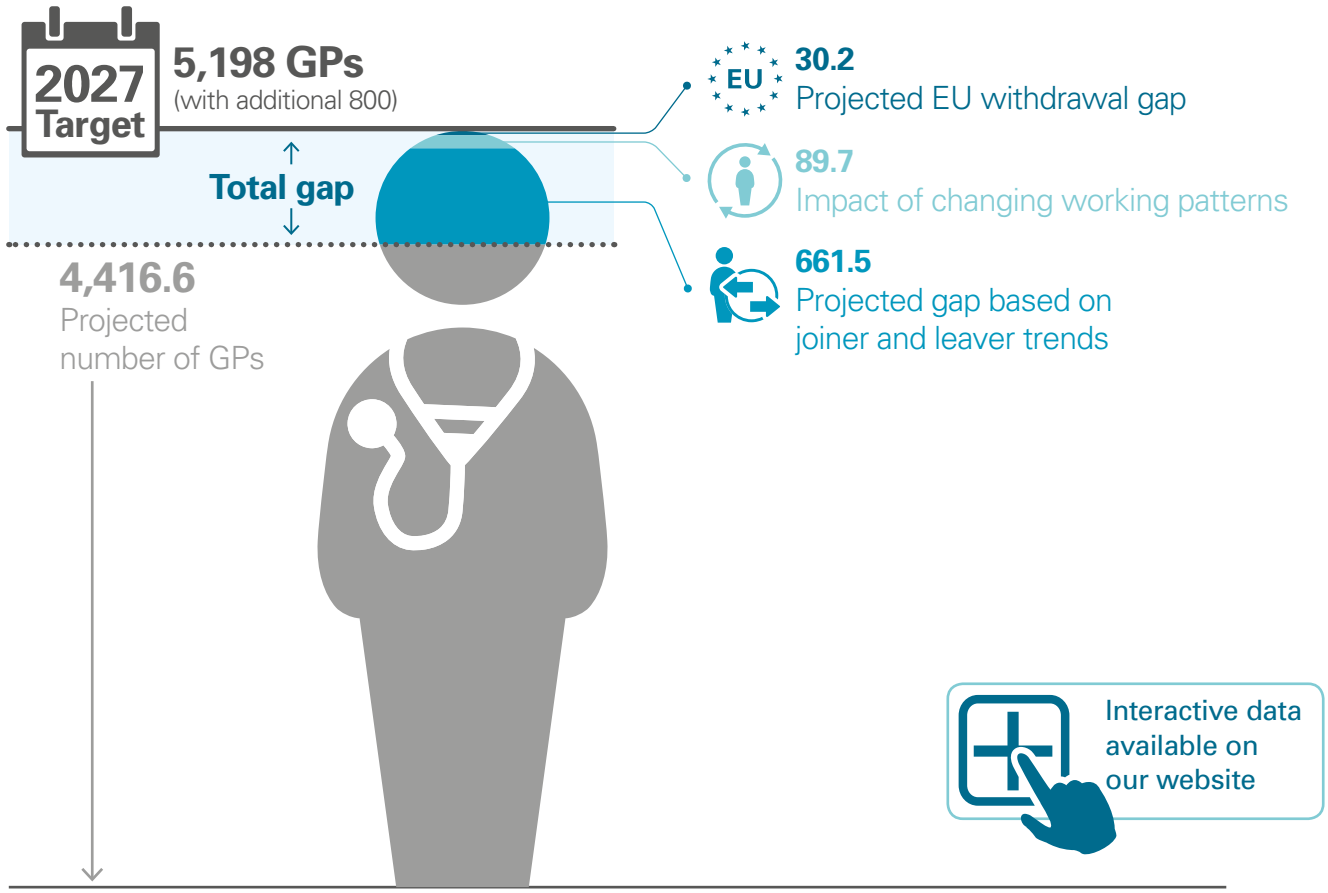
53. One of the most ambitious workforce commitments is the plan to have an additional 800 GPs over a ten-year period. Taking 2017 as the baseline, an additional 800 GPs would represent an 18 per cent increase, from 4,398 to 5,198. The Scottish Government has not set out what impact these additional GPs will have or how the target reflects retirement rates or changes in working patterns. It has not provided an assessment of how policy initiatives will contribute to reaching the target, or identified what the risks are if it is not achieved.

54. We have analysed the trend in GPs joining and leaving the NHS workforce in Scotland over the last ten years, the potential impact if ten per cent of GPs from the EU were to leave the workforce and the impact of changing working patterns. Our analysis indicates that GP numbers will remain broadly stable over the period 2017–27. Exhibit 8 shows the potential gap between the Scottish Government's commitment and the likely number of GPs, taking account of past trends and future pressures.

Exhibit 8

Potential shortfall in the number of GPs, 2027

Factors such as changing working patterns and past trends in GP joiners and leavers indicate that GP numbers are likely to remain fairly stable, which will make achieving the Scottish Government's commitment challenging.



Note: See Appendix 2 for methodology.

Source: Audit Scotland using ISD Scotland data

55. The target is based on a headcount of GPs, rather than WTE. With more GPs working part-time, this is likely to translate into considerably less than 800 additional WTE GPs (paragraph 21). This makes it difficult to assess:

- what impact achieving this commitment would have on the primary care workforce and pressures in primary care
- how it would contribute to the Scottish Government's aim to change the way primary care is delivered through the use of MDTs.

56. Some individual boards have considered these issues as part of local workforce planning. For example, in 2017, before the new GMS contract came into effect, the IAs in Ayrshire and Arran looked at the age profile of their GP population and at trends in recruitment and working patterns. On this basis, they calculated that for every GP leaving the workforce they would need to recruit an additional 1.6 GPs to maintain workforce capacity. Based on trends in retirement, they projected that they were likely to need an additional 80 GPs by 2022, without factoring in any additional recruitment needed to increase the workforce. This level of GP recruitment was assessed as being difficult to achieve. To address this the IAs developed a primary care programme to focus on implementing multidisciplinary working in practices and to divert activity away from GP practices where appropriate.

A lack of data on the primary care workforce will make it difficult to assess whether the GMS contract is achieving its aims

57. In 2008, in our report on the previous GMS contract, we highlighted that there was a lack of basic data on general practice, making it difficult to plan the workforce effectively. We recommended that:

- the Scottish Government collect robust data before implementing major schemes so that it could base decisions on accurate information
- the Scottish Government and NHS boards collect comprehensive data on GP numbers and GP practice staff numbers to support workforce planning at national and local levels.[26]

58. Between 2004 and 2018, GP practices were not obliged to provide data on staff employed by the practice. Lack of data on practice-employed staff means that there are no accurate figures on the size and make-up of the primary care workforce.

59. In 2018/19, £870.5 million was spent on GMS funding, making up 6.4 per cent of the total health budget. This is a real terms increase of 13 per cent since 2013/14, when GMS funding made up six per cent of the health budget.[27] The latest published data on GP practice funding is for 2017/18. About £794 million was paid to GP practices. This covers the cost of delivering core primary care services, including payments to GP partners and staff salaries for those employed directly by the practice. It also includes additional payments for premises, seniority payments for staff and payments for some additional services commissioned by NHS boards. There is no data available on how much of this is spent on staff, so primary care workforce costs cannot be separately identified.

60. Accurate workforce data is essential for effective workforce planning both nationally and locally. Without a clear picture of the size and make-up of the primary care workforce, WTE as well as headcount, it is difficult to plan the workforce to meet future need and to assess progress against plans to increase the workforce. Similarly, without accurate information on the costs of the primary care workforce, it is difficult to project what the cost of expanding the workforce will be. Some work has been done to assess the pharmacy workforce needed to meet future demand (Case study 2).

Case study 2

Pharmacy modelling

The Scottish Government commissioned the University of Strathclyde and Robert Gordon University to carry out some work on the involvement of pharmacists in GP practices. The results were published in November 2018. The universities looked at the pharmacy workforce across Scotland to get an understanding of the workforce and to model future demand.

They wanted to calculate the potential workforce needed to take on two areas of work: polypharmacy clinics, for patients receiving prescriptions for four or more medications, and requests for non-repeat medication. To do this, they carried out case studies in NHS Greater Glasgow and Clyde and NHS Lothian. As both NHS boards already collect data on pharmacy activity and demand, it was possible to project the number of WTE pharmacists required to meet demand in these areas and model this nationally.

For example, for acute medication requests they calculated the time taken and corresponding WTE figure using both the NHS Greater Glasgow and Clyde model, and the NHS Lothian model.

	Process two acute prescriptions for all patients	
	Estimated hours	Estimated WTE staff
Scotland (NHS GGC 3 mins per acute prescription)	**196,702 hrs**	**114.0 WTE**
Scotland (NHS Lothian 8.6 mins per acute prescription)	**563,880 hrs**	**326.9 WTE**

As part of this work, they recommended that NHS boards follow a consistent approach to collecting and reporting data on pharmacy activity.

Source: Audit Scotland using *Evaluation of pharmacy teams in GP practice report*, Robert Gordon University and the University of Strathclyde

61. As part of the new GMS contract, GP practices will be required to provide data on income and expenses and on practice-employed staff. Arrangements for the collection of this data were not in place when the contract came into effect in April 2018. The contract document states that data collection to inform phase 2 would start in 2018/19. This data collection was piloted in April 2019 and is due to be rolled out to all GP practices over the summer of 2019. This data will be used to inform the development of Phase 2 of the contract. It is expected to include the data previously collected through the primary care workforce survey.

62. As part of Phase 2, the Scottish Government plans to introduce a guaranteed income range for GPs, similar to that currently in place for consultants, and to directly reimburse practice expenses. This is due to come into effect from 2020/21, but there is a risk that Phase 2 will be delayed or based on limited data.

National data on activity and demand has not been available since 2012

63. Since 2012, the Scottish Government has been working with NHS National Services Scotland to improve the extraction of data from GP practice records by developing the Scottish Primary Care Information Resource (SPIRE). In December 2018, SPIRE had been deployed in 93 per cent of Scottish GP practices.

64. Until 2013, data on consultations with GPs and other members of practice teams was collected from a sample of six per cent of practices. This was used as the basis for estimates for Scotland. SPIRE is intended to provide an improved source of activity data and was originally due to be operational in 2016. As implementation has taken longer than planned, estimates of practice workload are considerably out of date, including those used as the basis for the funding allocation formula for the new GMS contract.

65. As part of the GMS contract, the Scottish Government intends to collect information on hours worked by GPs, but there is no clear timetable in place for when this data collection will begin. To fully understand primary care activity and demand, data is needed on the number of consultations with all staff groups. The Scottish Government is in the early stages of modelling work intended to give it a better understanding of demand and to assess the potential impact of the range of commitments included in its Health and Social Care Delivery Plan. This work is currently limited in its ability to model the impact of primary care commitments by the lack of robust data. However, the Scottish Government hopes that in the longer term it will have an analytical model in place that can be used to model workforce capacity across health and social care.

66. As SPIRE is not yet fully deployed, there is no up-to-date information at a national level on what activity is being moved to other MDT members and the impact that this is having on GP workload. Without this data, the Scottish Government will not be able to assess whether the new contract is achieving the aim to change the role of the GP and reduce GP workload.

67. The development of MDTs depends on having the digital and physical infrastructure in place to enable joint working. Different professional groups currently use different records management systems. This makes it difficult for MDT members to share information. MDTs will operate differently in different local contexts, but for those based in GP practices there can be challenges in accommodating an expanded MDT on the existing premises. The Scottish Government has asked IAs to clearly set out in the second iteration of the PCIPs how they are identifying the digital and physical infrastructure needed locally to

deliver the priorities set out in the MOU accompanying the GMS contract. The costs of digital infrastructure to support additional staff are to be included in the PCIPs as core workforce costs.

Putting the workforce in place to deliver the planned primary care changes will be challenging

68. The Scottish Government has implemented a range of initiatives to increase recruitment and retention of GPs. Between 2015/16 and 2016/17, it invested £2.5 million on recruitment and retention. In 2017/18, it increased this funding to £5 million and provided a further £7.5 million in 2018/19, bringing the total investment to £15 million. Initiatives include:

- ScotGEM: a four-year graduate entry medical course, open to students who have graduated with a degree other than medicine. The course has a focus on general practice and rural working. Students can also apply for a bursary of £4,000 per year if they agree to work in Scotland's NHS for at least one year for every year they received the bursary, after graduating. There are currently 55 students enrolled on the course.

- Pre-medical entry courses at Glasgow and Edinburgh universities: these courses are designed to widen access to medical training by providing 40 places for students from disadvantaged backgrounds to prepare for undergraduate medical training.

- The Scottish Rural Medicine Collaborative: this is a programme to develop ways to improve recruitment and retention in rural areas.

- A relocation package and 'golden hello' scheme: these measures are intended to encourage GPs to work in 160 eligible rural practices.

- A marketing and recruitment campaign: the campaign aims to attract GPs from the rest of the UK and overseas to work in Scotland.

- Mentoring and coaching programmes: the objective is to help retain the existing workforce.

- The Scotland GP returners programme: designed to make it easier for GPs who have taken a break to return to general practice.

69. The Scottish Government has reported that, between 2015/16 and 2017/18, an additional 39 GPs were recruited as a result of this recruitment and retention funding. Despite the additional funding, based on the number of additional GPs recruited to date, and the scale of pressures on the workforce, it will be challenging for the Scottish Government to recruit an additional 800 GPs by 2027.

70. Some areas have implemented local initiatives to improve recruitment and retention of GPs. NHS Ayrshire and Arran runs a 'GPs with enhanced role' programme, which enables GPs to work part time in a practice and part time in an acute specialty.

71. The expansion of the MDT workforce depends on the availability of staff across the various professional groups with the necessary skills and experience. Although the Scottish Government has made commitments to train additional

GPs, nurses, ANPs and paramedics, this increase in supply will take time to result in an increase in the available workforce. The Scottish Government does not currently control the number of training places for AHPs, making it harder to plan for numbers entering the workforce. The National Health and Social Care Workforce Plan Part 3 notes that NHS boards have indicated that there are challenges with recruitment across the AHP workforce and states that the Scottish Government is considering options for taking a more managed approach to training AHPs. There is no published timescale for this work.

More needs to be done locally to plan the future workforce

72. In support of the 2018 GMS contract, all 31 integration authorities were asked to develop the first versions of their primary care improvement plans by 1 July 2018. There was considerable variation in the detail provided in the initial plans, particularly in relation to projected workforce numbers and costs. The Scottish Government provided additional guidance on what the second iteration of PCIPs should cover. These were due as soon as possible after 1 April 2019. IAs are now also required to submit a tracker every six months to report on progress against the PCIPs.

73. PCIPs also provide an opportunity for the Scottish Government to collect local-level information on demand. Some plans use local monitoring data to assess trends in demand. For example:

- The three IAs in Ayrshire and Arran worked together to collect data on the recent increase it has seen in demand on primary care services, including a seven per cent increase in the rate of consultations per 1,000 patients since 2015.

- East Dunbartonshire IA has projected demand in 2025 based on a model using data from practices across Scotland and population estimates for NHS Greater Glasgow and Clyde. It estimates that face-to-face GP consultations across Greater Glasgow and Clyde will increase from 3.77 million to 4.26 million per year. It also projects a rise in district nursing contacts of 25.7 per cent by 2025.

74. Based on an analysis of national trend data, for some staff groups the PCIP projections would require the workforce to grow at a much faster rate than it has in previous years (Exhibit 9, page 31). This indicates that local projections will be difficult to achieve, regardless of available funding, without a substantial increase in workforce supply across the country over the next three years.

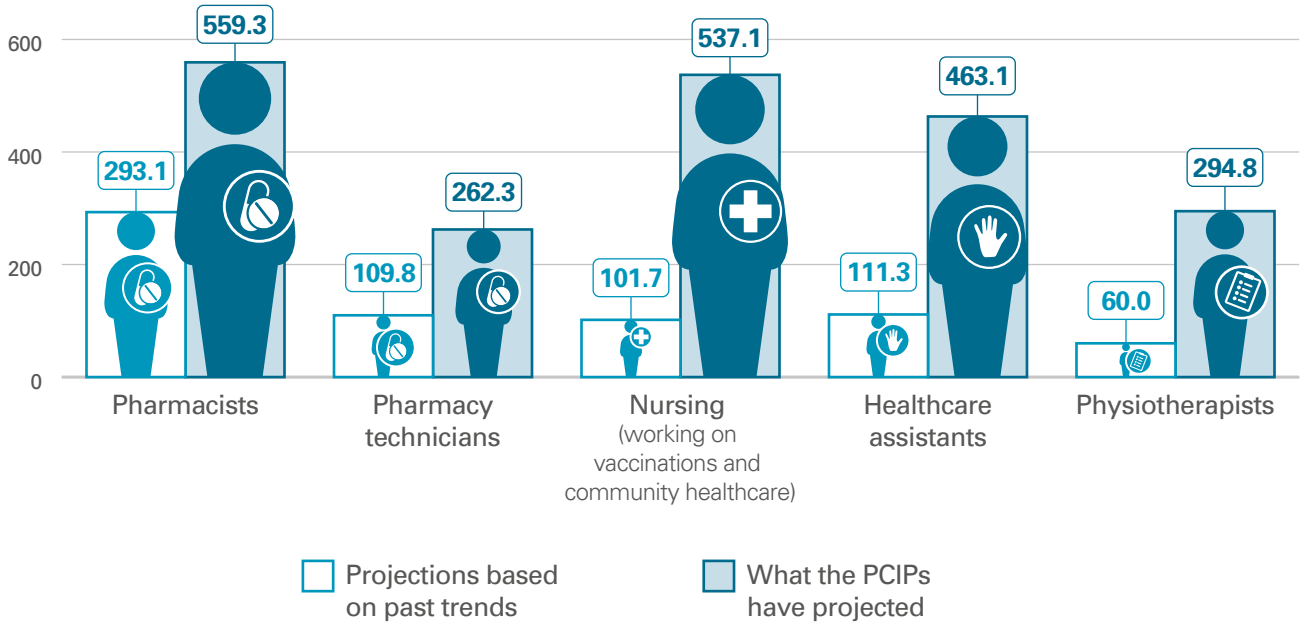
75. Integration authorities have identified issues with the availability of staff as one of the main barriers to implementing their PCIPs. As all IAs are working to expand their primary care workforce during Phase 1 of the GMS contract, there is a significant risk that they will be in competition for the same limited workforce. This may cause additional recruitment challenges in rural areas, where recruitment is already difficult.

76. Locally, some NHS boards and IAs are taking steps to support the expansion of the workforce and development of new roles. For example, to help support the recruitment and training of ANPs, NHS boards in the west of Scotland have come together to establish the West of Scotland Advanced Practice Academy. The academy has developed a coordinated training and development programme for ANPs, working in collaboration with general practice.

Exhibit 9

Workforce projections

The numbers of staff that IAs are projecting that they will need over the next three years represent much larger increases in staff than have been seen in recent years.



Source: Audit Scotland using PCIPs and ISD Scotland workforce data

77. It is likely that the expansion of the primary care practice-based workforce will have unintended consequences for workforce numbers in other parts of the NHS. In some areas, NHS boards are struggling to find staff to work in out-of-hours services. There is a risk that this situation will worsen if staff find working in a practice more attractive. For example, over the period 2017/18 to 2018/19, 12 nurses left the out-of-hours service in NHS Lothian to work in GP practices. Similarly, pharmacists have raised concerns that the increase in pharmacists working in GP practices is leading to staff shortages in community and hospital pharmacies.

78. Part 3 of the national workforce plan does not assess the potential impact of primary care workforce expansion on other parts of the healthcare system. In *Changing models of health and social care*, we reported on the benefits of taking a whole-system approach to planning health and social care services, which would assess the impact of changes to the primary care workforce on the NHS more widely.

Endnotes

1 *Health and social care: medium term financial framework*, the Scottish Government, October 2018.

2 *The future of primary care in Scotland: A view from the professions*, Primary Care Clinical Professions Group, September 2016 (updated May 2017).

3 *Health and social care integration*, Audit Scotland, December 2015.

4 *General Medical Services contract in Scotland: a short guide*, Audit Scotland, May 2019.

5 *NHS workforce planning: The clinical workforce in secondary care*, Audit Scotland, July 2017.

6 *General practice – GP workforce and practice list sizes 2008–2018,* ISD Scotland, December 2018.

7 *NHS in Scotland 2018*, Audit Scotland, October 2018.

8 *Healthy life expectancy for Scottish areas, 2015-2017,* National Records of Scotland, 2019.

9 *General practice – GP workforce and practice list sizes 2008–2018,* ISD Scotland, December 2018.

10 *From the frontline – the changing landscape of Scottish general practice*, Royal College of General Practitioners Scotland, June 2019.

11 *Primary care workforce survey Scotland 2017,* ISD Scotland, March 2018.

12 *Health select committee inquiry: Impact of a no-deal Brexit on health and social care*, General Medical Council, 2018.

13 *The relationship between the primary medical qualification region and nationality at the time of registration, 2017 and 2018*, General Medical Council, November 2018.

14 *The NMC register*, Nursing and Midwifery Council, March 2018.

15 2018 National training survey, General Medical Council.

16 *From the frontline – The changing landscape of Scottish general practice,* Royal College of General Practitioners Scotland, June 2019.

17 *NHS in Scotland 2018*, Audit Scotland, October 2018.

18 Our Voice Citizens' Panel is a large, demographically representative group of citizens selected at random. The panel is used to gather information on the views of the public on health and social care policy and services.

19 *Survey on the use of digital technologies for healthcare improvement, using and sharing personal health and social care information and access to healthcare professionals other than doctors,* Our Voice Citizens' Panel, January 2018.

20 *Evaluation of pharmacy teams in GP practice,* Robert Gordon University and University of Strathclyde, November 2018.

21 *NHS Scotland payments to general practice 2017-18*, ISD Scotland, November 2018, *Practice populations by urban/rural classification,* ISD Scotland, December 2018. Urban/rural classifications are based on the location of the practice, patients may not necessarily live in areas with the same urban/rural classification as the practice itself.

22 *Rural GP Association of Scotland submission of 14 October 2018*, The Scottish Parliament, October 2018.

23 *Equality impact assessment on the new GMS contract*, Scottish Government, 2018.

24 *Primary care: National monitoring and evaluation strategy*, Scottish Government, March 2019.

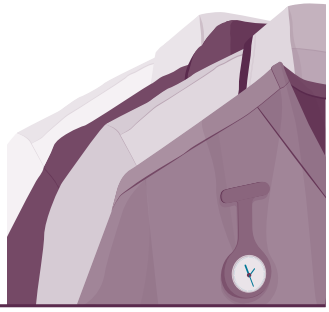
25 *National Health and Social Care Workforce Plan Part 3 – Improving workforce planning for primary care in Scotland*, Scottish Government, April 2018.

26 *Review of the new General Medical Services contract*, Audit Scotland, July 2008.

27 *Scottish Budget: draft budget 2018-19*, Scottish Government, December 2018.

Appendix 1

Progress on implementing the recommendations made in *NHS workforce planning: The clinical workforce in secondary care*



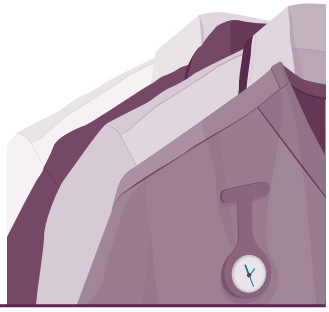
Recommendation	Progress
The Scottish Government should:	
Improve understanding of future demand to inform workforce decisions, including: • collating, comparing and monitoring NHS boards' assessments of demand and supply to help form a national picture and manage risks • carrying out scenario planning on the future population health demand and workforce supply changes (such as staff retiring), including how this will affect the types of treatments provided • considering and clarifying potential future skills mix with NHS boards and stakeholders to determine how a future team can work to meet this demand.	The medium-term financial framework was published in 2018, and includes estimates of increases in demand, as a percentage per year. NHS NES launched a data platform in April 2019, bringing together a wide variety of NHS and social care workforce data. It includes both training and employment data. The platform is being tested and developed in collaboration with stakeholders. Once further developed, this will give workforce planners a better picture of supply and allow scenario planning on future workforce numbers. Still in development: • the publication of the integrated health and social care workforce plan, originally expected in 2018. This may address some of these issues, including scenario planning for future demand • updated workforce planning guidance for boards, originally due in 2018 • further development and implementation of the modelling tool that could be used to look at demand, workforce and cost.
Demonstrate how training and recruitment numbers will meet estimated demand for healthcare – if it does not, document and cost how the gap between demand and supply in the future will be covered.	The NHS NES data platform will give a better picture of numbers coming through training and into employment from the supply side. We would hope to see more on this in the upcoming workforce plan.
Provide a clear breakdown of the costs of meeting projected demand through additional recruitment across all healthcare staff groups.	We would hope to see this in the upcoming workforce plan.

Cont.

Recommendation	Progress
Demonstrate how policy initiatives, such as safe staffing levels and elective centres, are expected to affect staffing requirements in NHS boards.	We would hope to see this in the upcoming workforce plan.
Set out the expected transitional workforce costs and expected savings associated with implementing NHS reform. This includes collating transitional costs in relation to moving staff into elective centres and into the community, and savings through increased efficiencies.	We would hope to see this in the upcoming workforce plan.
Determine the data required for decisions on the workforce. This will include data on the training pipeline for medical and AHP staff, data on EU citizens working in the NHS in Scotland, and agency spending by professional group.	NHS Education for Scotland work on the data platform will bring together the workforce data sources available, to be used for workforce planning. This went live in April 2019.
Progress arrangements to create national and regional staff banks.	A national service model for radiology is due to be launched in summer 2019. For most other specialties, the Scottish Government has decided against the creation of a national staff bank because evidence suggests staff are only likely to accept shifts within a 15-mile radius of their home.
NHS boards should:	
Produce future plans as well as supply criteria. This would include: • projecting their future workforce against estimated changes in population demography and health factors • producing plans which detail the expected workforce required, supported by analysis of workforce supply and demand trends.	Not in the scope of this audit.
Fully cost the workforce changes needed to meet policy directives, such as the shift to community-based care, proposed elective centres, safe staffing levels and more regional working.	Not in the scope of this audit.
Improve the accuracy of budgeting for agency spending.	An analysis of financial performance report data for the NHS in Scotland in 2018 found that 12 of 14 boards overspent against their pay budget.

Appendix 2

Methodology



Methodology for GP projections (Exhibit 8, page 25)

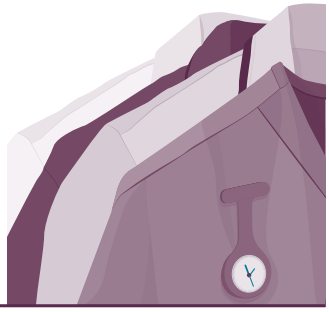
- Total number of current and historic GPs is based on the GP headcount, excluding trainees, published by ISD Scotland. The number of GPs needed in the future has been calculated by taking the headcount in 2017 and adding 800.
- Leaver and joiner projections are calculated by forecasting forward based on trends over the previous ten years, using data on GPs starting or leaving the NHS in Scotland provided by ISD Scotland. Alternative scenarios used factored in the number of ScotGEM graduate training places and the impact of increasing numbers of retirements.
- Potential gap due to EU withdrawal has been calculated by assuming 3.7 per cent of GPs are from the EU (based on GMC data for all doctors). Surveys have shown as many as 40 per cent of doctors from the EU are intending to leave, so we have assumed ten per cent may genuinely leave. These potential leavers due to EU withdrawal have been removed from the overall GP number, as well as future GP new starts.
- Given that the GP workforce demographics show a decreasing number of GP partners, an increasing number of women and that about one in three are over 50, it is likely that an increasing number of new GPs will be needed to replace those who leave, due to changing working patterns. To demonstrate the impact that this could have we have assumed that the current ratio of about 1.2 GPs for every 1 WTE will increase to about 1.4.
- For each of these factors a range of scenarios was produced, and those that may be most likely, based on the available evidence, were selected. Further data on the alternative scenarios is presented in the linked background data.

Methodology for cost per patient (paragraph 36, page 19)

- The cost per patient for the most rural and most urban practices uses data from the ISD Scotland GP payments publication and published data on the urban/rural categorisation of GP practices.
- Cost per patient for each practice was calculated by dividing the global sum plus correction factor by the number of people on the practice list. Then the average was calculated for the most and least rural practices, for comparison.

Appendix 3

Advisory group members



Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit. Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Member	Organisation
Richard Foggo	Scottish Government
Miles Mack	Rural GP
Moya Kelly	NHS Education for Scotland
Lorna Greene	Royal College of Nursing Scotland
Robert Peat	Allied Health Professions Federation for Scotland
Carey Lunan	Royal College of General Practitioners
David Prince	British Medical Association
Aileen Bryson	Royal Pharmaceutical Society Scotland
David Leese	Renfrewshire Health and Social Care Partnership

NHS workforce planning – part 2

The clinical workforce in general practice

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