




















Staff Governance Committee

03 May 2019, 10:00 to 12:00
Staff Club

Agenda

1. **CHAIRPERSON'S WELCOME AND OPENING REMARKS**
Margaret Wells
2. **DECLARATION OF MEMBERS' INTERESTS**
Margaret Wells
3. **APOLOGIES FOR ABSENCE**
Margaret Wells
4. **MINUTES AND ACTION LIST OF PREVIOUS MEETING
HELD ON 1ST MARCH 2019**
Margaret Wells
 -  Item 4 Staff Governance Minutes 01.03.19 V2.pdf (9 pages)
 -  Item 4 Table of Actions from mtg on 01.03.19.pdf (1 pages)
5. **MATTERS ARISING**
6. **BOARD ASSURANCE FRAMEWORK (BAF) - STAFF
GOVERNANCE RISKS**
Barbara Anne Nelson
 -  Item 6 SBAR BAF.pdf (3 pages)
 -  Item 6 NHS Fife BAF V13 0 100419 - Workforce
Sustainability.pdf (2 pages)
 -  Item 6 BAF Risks - Workforce Sustainability Linked
Operational Risks as at 100419.pdf (3 pages)
- 6.1. **Risk Appetite**
Helen Wright
 -  Item 6 BAF Risk appetite information for NHS Fife Staff
Governance Committee 030519.pdf (2 pages)
 -  Item 6 BAF Risk Appetite Strategic Framework.pdf (1 pages)
 -  Item 6 Example Risk Appetite Template for NHS Fife
Staff Governance Committee 030519 V 1 0.pdf (3 pages)
7. **STAFF HEALTH & WELL BEING**

7.1.	Attendance Management Update	Barbara Anne Nelson
	 Item 7a SG re Attendance Management - 3 5 19.pdf (7 pages)	
7.2.	Well at Work	Barbara Anne Nelson
	 Item 7b SG Well at Work - 3 5 19.pdf (2 pages)	
	 Item 7b Staff Wellbeing Handbook 2019-20final (2).pdf (16 pages)	
8.	HR METRICS	Barbara Anne Nelson
	 Item 8 SBAR SG - HR Metrics and IPR - 3 5 19.pdf (8 pages)	
9.	SIGN OFF 2018/19 STAFF GOVERNANCE ACTION PLAN YEAR END REVIEW AND SIGN OFF STAFF GOVERNANCE ANNUAL MONITORING RETURN 2018/19	Bruce Anderson
	 Item 9a S Gov Cttee Staff Governance Action Plan Year End Review and Annual Monitoring Return SBAR.pdf (3 pages)	
	 Item 9a - Appendix 1 NHS FIFE STAFF GOVERNANCE ACTION PLAN 2018-19 Year End Review Draft.pdf (12 pages)	
	 Item 9a 2 Staff Governance Annual Monitoring Return 2018-19.pdf (10 pages)	
9.1.	AGREE STAFF GOVERNANCE ACTION PLAN 2019/20	Bruce Anderson
	 Item 9b NHS FIFE STAFF GOVERNANCE ACTION PLAN 2019-20 Draft.pdf (10 pages)	
10.	HEALTH & SOCIAL CARE STAFF EXPERIENCE REPORT 2018 - iMATTER	Bruce Anderson
	 Item 10 SBAR Health & Social Care Staff Experience Report iMatter for SG.pdf (4 pages)	
	 Item 10 Appendix 1 Health and Social Care Staff Experience Report 2018.pdf (69 pages)	
11.	CONSULTANT RECRUITMENT - UPDATE	Barbara Anne Nelson

 Item 11 Consultant Recruitment - 3 5 19.pdf (3 pages)


12. BREXIT UPDATE

Barbara Anne Nelson

 Item 12 SBAR Brexit.pdf (2 pages)


13. PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

Barbara Anne Nelson

 Item 13 - Performance Accountability Framework
2019-20 FPR update.pdf (10 pages)


**14. WELL INFORMED STAFF GOVERNANCE STANDARD -
COMMUNICATION AND FEEDBACK WITH STAFF**


Bruce Anderson


 Item 14 Well informed Paper for SG cttee 030519.pdf (4 pages)


**15. STAFF GOVERNANCE ANNUAL STATEMENT OF
ASSURANCE 2018/19**

Barbara Anne Nelson

 Item 15 Annual Report 18-19 Staff Gov DRAFT.pdf (2 pages)

 Item 15 Annual Report 18-19 Staff Gov DRAFT
Appendix 1.pdf (2 pages)

 Item 15 Annual Report 18-19 Staff Gov DRAFT
Appendix 2.pdf (3 pages)

 Item 15 Best Value (2018-19) Staff Gov Appendix 3.pdf (11 pages)

16. INTEGRATED PERFORMANCE REPORT

Barbara Anne Nelson

 Item 16 IPR April.pdf (61 pages)

17. ISSUES TO BE HIGHTED TO THE BOARD



Barbara Anne Nelson

17.1. From the Integrated Performance Report



17.2. In addition to the Integrated Performance Report

18. ITEMS FOR INFORMATION/NOTING


**18.1. Minutes and Action List of the Area Partnership Forum
(20.3.19)**

-  Item 18a APF minutes 200319.pdf (6 pages)
-  Item 18a APF Action List 200319.pdf (5 pages)


18.2. Minutes of the Acute Services Division and Corporate Directorates LPF (28.2.19)

-  Item 18b ASD Corporate Directorates LPF Minute 280219.pdf (12 pages)
-  Item 18b ASD CD LPF Action List February 2019.pdf (2 pages)

18.3. Remuneration Sub-Committee minutes (19.3.19)

-  Item 18c Remun mins EDITED 19.03.19.pdf (4 pages)




18.4. Minutes & Action List of H&SC LPF (6.3.19)

-  Item 18d HSC LPF Minute 06 03 19 unconfirmed.pdf (9 pages)

19. ANY OTHER BUSINESS

19.1. Corporate Strategic Objectives

Barbara Anne Nelson

-  Item 19 SBAR Strategic Objectives 1920.pdf (4 pages)
-  item 19 Strategic Objectives 2018-19 final.pdf (6 pages)
-  Item 19 Strategic Objectives 2019-20 draft final.pdf (2 pages)

20. DATE OF NEXT MEETING: Friday 28th June 2019 at 10:00 hrs in Staff Club, VHK

MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 1ST MARCH 2019 AT 10:00 HOURS IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

Mrs Margaret Wells, Non Executive Director (Chairperson)
Mrs Wilma Brown, Employee Director
Mr Eugene Clarke, Non Executive Director
Mr Andrew Verrecchia, Co-Chair, Acute Services Division LPF

In Attendance:

Ms Barbara Anne Nelson, Director of Workforce
Mrs Rhona Waugh, Head of HR
Mr Bruce Anderson, Head of Staff Governance
Ms Gemma Couser, General Manager (for Acute Services)
Mr Michael Kellet, Director of Health & Social Care
Mrs Helen Bailey (minute taker)

NO.	HEADING	ACTION
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19/19	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
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The Chair welcomed everyone.

The Chair reminded Members that 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 reference.

20/19	DECLARATION OF MEMBERS' INTERESTS	
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None.

21/19	APOLOGIES FOR ABSENCE	
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Apologies were received from S Fevre, C Cooper and P Hawkins.

22/19	MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 18TH JANUARY 2019	
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The minutes of the previous meeting were approved.

Action List

Ms Nelson stated that items are identified as ongoing, completed, item on agenda or verbal update.

59/17 – Ms Nelson gave a verbal update on the National HR Shared

Services.

23/19 MATTERS ARISING

Mrs Brown and Mr Verrecchia gave an update on the Credit Union Roadshows which have concluded. These were very successful with high uptake and NHS Fife have been commended by the Credit Union on their handling and communication of this and they will use NHS Fife as the benchmark.

Mr Kellet asked about community based staff having access and were there opportunities for them to attend various locations. Mrs Brown stated that they had thought about this and that in future they will advertise through Fife Council communications and consider more options for community based staff to maximise access.

Mr Verrecchia discussed the link between stress related absence and the link on occasions to financial difficulties. It is hoped that introduction of the Credit Union may assist staff experiencing any difficulties. Mr Kellet agreed and stated it sends out a message of support to staff. Ms Nelson suggested it would be worthwhile as a follow up with Communications to reflect on how successful the recent exercise has been to encourage those staff who did not participate to do so in future.

Mrs Wells referred to the Public Health presentation at the last Board Development Session and linked this to the Credit Union success playing a part in the wellbeing agenda in relation to staff. Ms Nelson agreed that this discussion covers areas of relevance to different scrutiny committees of the Board and in particular the workforce strategy for the Staff Governance Committee.

24/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

Ms Nelson explained that this is the standard submission relating to workforce sustainability risks submitted to every meeting and confirmed that risks were reviewed regularly.

Risk 1415 is the overarching risk to which, as previously advised, Brexit and Mental Health have been added.

Ms Nelson gave an update on the workforce challenges and the further embedding of the workforce planning arrangements, eESS implementation on 1st April and the detailed risk regarding radiologists and loss of consultants.

Mrs Wells raised concern at the consultant shortages particularly in radiology and rheumatology and the members discussed this position and the local and national plans to address this.

Mr Kellet asked if there was any information on the impact of Brexit to recruiting staff. Ms Nelson stated it was anticipated that supply from already existing non EU countries would still occur. For the workforce with EU nationality every support is being given to encourage them to remain in employment within the Board.

Mrs Wells stated that any issues should be addressed to the Brexit Assurance Group.

Mrs Wells raised the shortage of staff issue and stated she would like assurance of how that is being addressed nationally. Ms Nelson gave an update on the work of the National Workforce Group and further assured the Committee that both regionally and nationally any issues in respect of supply are being raised with Scottish Government.

Mrs Wells referred to the presentation by Dr Morwenna Wood to Board Development Session on doctors in training. The Committee discussed these issues, in particular the development of phlebotomist roles. Ms Nelson stated this was an operational issue in respect of service delivery but had a strategic element in terms of transformation of the workforce and redistribution of skills. Ms Couser supported that comment and gave an update on impacts across the system.

The Committee **approved** the content of the risks outlined and the current ratings.

25/19 WELL AT WORK

a) Attendance Management Update

Mrs Waugh spoke to the update paper on the latest NHS Fife sickness absence statistics.

The NHS Fife average sickness absence rate is slightly increased.

Mrs Waugh referred to item 2.3, following previous requests, a scale of Whole Time Equivalent (WTE) hours have been added, this is to provide some further context in respect of the figures presented.

Mrs Waugh referred to the detail in Pages 2 – 6 of the report in terms of analysis.

Mrs Waugh referred to Item 4 which details the next steps, improvement actions, training available and Well at Work activities.

Mrs Waugh referred to a session on 13th February with managers from Estates & Facilities trying out the good conversations approach, this is currently being evaluated.

A workshop is being planned in partnership to support Attendance Management with managers and supervisors, planned for the end of April. Mrs Brown is assisting with a staff side story, the intention is to get an employee story and a manager's story to help focus discussion on the day itself.

Ms Nelson stated that it is also planned to discuss with Mrs Brown and staff side colleagues the need to target areas who are having particular difficulties with absence. Mrs Brown confirmed that publication of the circular relating to promoting attendance is anticipated in April this is work developed on a Once for Scotland basis.

Mrs Brown referred to the recommendation for joint training and the Committee discussed the importance of training managers/supervisors to deal with the cultural change of encouraging people to return to work, adapting jobs to accommodate a quick return to the workplace and keeping in contact with staff who are absent.

Mr Clarke stressed the importance of ensuring that progress is related to bringing a reduction in sickness absence rates with a tighter focus. Mr Clarke suggested restructuring this report into 2 categories, showing the attendance management and the Well at Work aspect.

RJW

The Committee **noted** the position for the first nine months of the 2018-19 financial year in relation to sickness absence and **noted** the ongoing activities in terms of Well at Work.

26/19 WORKFORCE INFORMATION DASHBOARD

Ms Nelson reported that the HR Directorate are looking to develop a range of HR metrics and are reviewing the availability of management workforce information to support this. She gave an update of the work being undertaken in conjunction with HR colleagues in NHS Borders and NHS Lothian with regard to Tableau. This is in addition to data available via other systems such as eESS.

The aim is to establish a dashboard that in terms of workforce information will give data in all the areas that are relevant to the Staff Governance Committee. The ultimate aim would be to have a dashboard that links workforce data to quality and other performance data.

Mr Clarke welcomed this development and stated the importance of ensuring managers have access to it and use it as part of their day to day role.

Ms Couser, who has previously used this, stated it was excellent and agreed with Mr Clarke's comments.

Ms Nelson advised members that whilst 6 areas have been identified as the areas to be progressed this will be dependent upon the link to other systems/programmes being implemented.

The Staff Governance Committee **noted** the progress in reviewing workforce information within the HR Directorate, and the intention to roll-out Tableau as a source of management workforce information.

27/19 DRAFT STAFF GOVERNANCE ACTION PLAN

Mr Anderson reported this provides the Staff Governance Committee with the first draft of the Staff Governance Action Plan for 2019-20 and the outline questions within the revised National Staff Governance Monitoring Return Framework for the previous period of 2018/19.

It is presented here for information and will be presented to Area Partnership Forum and Local Partnership Forums for their comments. It will be submitted to the Staff Governance Committee in May for further consideration prior to submission to Scottish Government.

Mr Clarke stated that in future it would be worth asking staff how they would want to be communicated with, Mr Anderson stated they have the opportunity through the iMatter questionnaire to provide feedback. It is recognised that this is only one element of engaging with staff and other options/vehicles would be considered as part of the overarching Communications Strategy.

Ms Couser and Mr Verrecchia gave an update of communication with staff used within Acute Services via staff briefings and pop up sessions.

Mr Kellet also reported that within the Partnership work is being undertaken with the Local Partnership Forum to think about how communication can be improved upon.

Regarding communications, Mr Kellet pointed out that whilst Dispatches is a good vehicle it is also a challenge as it may not get to all staff especially those with limited access to IT.

The Staff Governance Committee **considered** the content of the Draft Staff Governance Action Plan 2019 – 20 and **sought** any additional items for inclusion, none to report.

The Staff Governance Committee **noted** the content of the Scottish Government National Annual Monitoring Return template for 2018-19.

28/19 iMATTER UPDATE

Mr Anderson gave an update on the progress of iMatter.

Work continues on ensuring team structures are correct and Mr Ian Wilson, Lead Social Worker has been nominated as the Fife Council representative to be involved in the discussion regarding how to best address council team issues.

Marginal improvements have been made on action planning since the 12 week deadline period and are up 4% to 47%.

Mr Anderson reported that the Paediatric Occupational Therapy Team has been selected to attend the National NHS Event at the end of May to present their story, it was voted best team story in H&SC Partnership by all the iMatter leads. Mr Anderson stressed this needs to be publicised more to encourage and relaunch the iMatter process and the benefits of participating and he is working with the Communications Team currently to develop a proactive approach.

Ms Nelson commended the improvement but stressed the need for continued improvement in action planning going forward. This has been discussed at EDG previously and further progress reports will also be provided.

Staff Governance Committee will be kept informed of the progress. The overarching report is a national report which is currently being considered and this will be reported to future EDG and Staff Governance Committee.

The Staff Governance Committee **noted** the activity taking place in relation to iMatter across the organisation and encourages more to be done to improve the position.

29/19 DRAFT STAFF GOVERNANCE WORKPLAN 2019/20

Ms Nelson referred to the draft Staff Governance Annual Workplan 2019/20 which takes the format of previous workplans including standard items, regular reports and the Staff Governance Standards items which are distributed throughout the workplan.

Mr Clarke stated that he believed Digital Readiness should be a standing item on Staff Governance.

Ms Nelson referred to the conversation she and Mr Clarke had and her expectation that digital awareness and capability would form an integral element of the Workforce Strategy development and development of the Corporate Training Plan. Ms Nelson suggested

that could be a strand of the Workforce Strategy appropriate for discussion at a future meeting. In essence taking it on the agenda as a subset focus discussion as part of the Workforce Strategy. Mr Clarke agreed. Ms Nelson will discuss with Lesly Donovan and establish the most appropriate timing for the Staff Governance Workplan.

Staff Governance Committee considered and agreed the Staff Governance Annual Workplan 2019/20 with the addition of the Ms Nelson having a discussion with Ms Donovan, eHealth and determining at which meeting a report on Digital Readiness will be brought.

30/19 STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE

Ms Nelson stated it was a governance requirement to ensure all Staff Governance Committee members were content with the Terms of Reference.

Staff Governance Committee members reviewed and approved the Staff Governance Committee Terms of Reference

31/19 STAFF GOVERNANCE COMMITTEE DATES FOR 2019/20

Staff Governance Committee dates for 2019/20 have been set in line with the Corporate Calendar. Staff Governance Committee members noted the dates for 2019/20.

32/19 STAFF GOVERNANCE COMMITTEE SELF ASSESSMENT REPORT 2018 - 19

Mrs Wells stated that it was a much easier format. Areas identified for initial discussion are summarised on bullet points and Mrs Wells welcomed any input.

Ms Nelson agreed it was an easier process and it was helpful to see the narrative with the scores. Ms Nelson stated that she had carried out an awareness session for Mrs Wells coming in to the Chair of Staff Governance and suggested doing sessions to inform other members of workforce related issues for general knowledge, particularly national or regional issues would be helpful. .

Following discussion it was felt that perhaps summary briefs to members might be helpful as opposed to a specified session.

Mrs Wells referred to item A6 around the appropriateness of training and awareness raising and also around patient safety issues. Mrs Wells suggested devoting time linked to one of the meetings to help cover key issues. Ms Nelson suggested that it is the Clinical Governance Committee that would consider patient safety related

issues with this Committee's focus being on workforce related issues. In addition with the breadth of representation and knowledge of those present the Committee could be assured that any patient safety related issues would be identified appropriately.

Mr Kellet stated his surprise at the comments regarding adequacy of H&SC Partnership representation.

Mrs Wells stated that members are required to be mindful of the comments. Mr Clarke wondered if an additional scoring system may be helpful.

BAN/MW

Ms Nelson and Mrs Wells will discuss this and also, in a bid to reduce the volume of papers, will consider the use of topic based presentations picking out the highlights using dashboards in an effort to be more concise.

Mrs Wells referred to feedback from the Board in terms of the Committee's effectiveness which she will pick up. Mrs Wells also will individually deal with members' attendance at meetings.

MW

The Staff Governance Committee **noted** the outcome of the Committee's recent self-assessment exercise, detailed in the attached and **discussed** what actions members would wish to see implemented to address those areas identified for improvement.

33/19 INTEGRATED PERFORMANCE REPORT

Members identified the areas already discussed which require highlighting to the Board.

The Committee **noted** the Integrated Performance Report.

34/19 ISSUES TO BE HIGHTED TO THE BOARD

The following items would be highlighted to the Board:

BAN

- Sickness Absence
- iMatter – Paediatric Occupational Therapy Team story;
- TURAS and Core Training
- Credit Union
- Workforce Strategy – staff shortages

35/19 ITEMS FOR INFORMATION/NOTING

- Minutes & Action list of the APF (23.01.19)
- Minutes & Action List of H&SC LPF (16.01.19)

All **noted**.

36/19 ANY OTHER BUSINESS

Ms Nelson referred to the discussion within the BAF about the establishment of the Brexit Assurance Group which is made up of the Executive Leads and Chairs of the scrutiny committees. It is chaired by Dr Les Bisset and Ms Dona Milne is the Executive Lead. It brings into one group all of the relevant scrutiny committees that may require to have discussions regarding Brexit. The first meeting was held on 15th February 2019 and there is a requirement for all relevant scrutiny committees to have Brexit as an item on their agenda.

37/19 DATE OF NEXT MEETING

Friday 3rd May 2019 at 10:00 hours in Staff Club, VHK.

**TABLE OF ACTIONS from
STAFF GOVERNANCE COMMITTEE MEETING
held on 1st March 2019**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
59/17	National HR Shared Services – BAN to bring updates as appropriate	BAN	Ongoing	Ongoing
60/18	Metrics report to future committee	BAN	03.05.19	On agenda
63/18 13/19	Remuneration Sub-Committee Terms of Reference – amended and being presented to next Remun Sub Cttee, then will come back to Staff Governance	BAN	03.05.19	WIP
05/19	Exit interview process to be reviewed (poss exit online survey)	BAN	03.05.19	Verbal
07/09	Christina Cooper, BA Nelson, Rhona Waugh to meet and discuss Single Gateway	BAN	03.05.19	Verbal
15/19	Issues to be highlighted to Board	BAN	27.03.19	Reported to Board
25/19	Well at Work / Attendance Management Report restructured – split W@W and attendance management	RJW	03.05.19	On agenda
29/19	Draft Staff Governance Workplan 2019/20 Add digital readiness to Workplan	BAN	28.06.19	Completed
32/19	Staff Governance Committee Self Assessment Report 2018/19 To discuss topic based presentations picking out highlights using dashboard	BAN/MW	03.05.19	Completed
32/19	Staff Governance Committee Self Assessment Report 2018/19 Chair to address individuals attendance	MW	03.05.19	Completed

NHS Fife
Staff Governance Committee



DATE OF MEETING:	3 rd May 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 (delete as appropriate)		
For Decision	For Discussion	For Information

SBAR REPORT
<p><u>Situation</u></p> <p>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:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.</p> <p>This report provides the Committee with the NHS Fife BAF.</p> <p><u>Background</u></p> <p>This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • 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 <p>The Committee is invited to consider the following :</p> <ul style="list-style-type: none"> • 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

Risk 1415 – As previously reported the risks remain as details along with the remedial action described. Work is continuing to ensure that internal workforce planning arrangements are robust and driven by the needs of the service. eESS has now gone “live” within the Board in terms of linking to e-payroll and that has also involved appropriate training for those who will be using the system. The implementation project has now concluded and will now require to move into a “business as usual” status.

Risk 90 - Shortage of Radiologists – Actions continue as detailed upon the attached BAF.

Risk 1420 – Loss of Consultants – Actions continue as detailed upon the attached BAF.

The overarching workforce sustainability risk number 1415 is here for consideration in the normal manner.

Recommendation

The Committee is invited to:

- **Approve** the content of the risks outlined and the current ratings.

Objectives: (must be completed)

Healthcare Standard(s):	To aid 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.

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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1420	Loss of consultants	High20	H Bett
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
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
1042	Staffing levels Community Services East unable to meet staffing establishment	No longer high risk	Moderate 12	K Nolan
503	Lack of capacity in Podiatry Service unable to meet SIGN/ NICE Guidelines	Risk Closed		
1375	Breast Radiology Service	No longer high risk	Moderate 12	M Cross

90	1420	ID
Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	COMMUNITY SERVICES FIFE-WIDE - Rheumatology Service Risk Register	Position of Risk (Risk Register)
23.08.2002	19.02.2018	Opened
National Shortage of Radiologists	Loss of consultants	Title
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.	The rheumatology service will lose three of its 5 consultants over the coming 9 months which will have a significant impact on the service offered to patients both in terms of waiting times for new patients and access to care for review patients It appears that there are no consultants available to appoint to these vacancies	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
4 - Major	3 - Moderate	Consequence (initial)
High Risk	High Risk	Risk level (initial)
20	15	Rating (initial)
<p>23/01/2019</p> <p>All other previous actions continue.</p> <p>Radiologist on-call rota now includes 5 Radiologists performing 1:10.</p> <p>Recruitment VMF completed interview date to be set for earliest opportunity in 2019.</p> <p>The requirement for access to Radiologists for clinical meetings has been raised, especially haematology.</p> <p>23/4/2019</p> <p>All other previous actions continue</p> <p>Lothian posts recruited to with job plan PA's undertaken in Fife</p> <p>Lothian Radiologists on site in Fife</p> <p>SERRIS</p> <p>Outsource reporting</p> <p>Continued recruitment processes</p> <p>Consultant Locum</p> <p>Engage with National initiatives</p>	<p>Update Jan 2019 ,</p> <p>Rheumatology Consultant staffing remains a high risk as we have been unable to recruit to the two vacancies. Currently two locums are in place to support our two substantive Consultants and we have an as and when required NHS locum Consultant. We are in discussion with HR about options to recruit from Ireland.</p> <p>Service Redesign is also being considered to make more use of the Multidisciplinary Team (MDT) and as such have appointed an additional Band 6 nurse and are looking to appoint a further Pharmacist, the plan being that these staff will be able to undertake some of the review activity, which is the challenge for the team. We have also made a bid to the waiting times fund for an Advanced Nurse Practitioner (ANP) that should be able to support the routine referrals.</p> <p>Update 05/04/19</p> <p>Rheumatology consultnat staffing remains a high risk. Normal recruitment practice has been unsuccessful. Looking at other alternatives including the potential to recruit from Ireland. Service redesign also being considered. Also continuing to review service delivery to patients.</p>	Current Management Actions
4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	4 - Major	Consequence (current)
High Risk	High Risk	Risk level (current)
16	20	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen	Likelihood (Target)
4 - Major	2 - Minor	Consequence (Target)
Moderate Risk	Very Low Risk	Risk level (Target)
8	2	Rating (Target)
Burdock, Jeanette	Bett, Heather	Risk Owner
Burdock, Jeanette	Bett, Heather	Handler
23.01.2019	08.01.2019	Previous Review Date
30.07.2019	05.07.2019	Next Review

1420	ID
COMMUNITY SERVICES FIFE-WIDE – Rheumatology Service Risk Register	Position of Risk (Risk Register)
19.02.2018	Opened
Loss of consultants	Title
The rheumatology service will lose three of its 5 consultants over the coming 9 months which will have a significant impact on the service offered to patients both in terms of waiting times for new patients and access to care for review patients It appears that there are no consultants available to appoint to these vacancies	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
3 - Moderate	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
<p>Update Jan 2019 , Rheumatology Consultant staffing remains a high risk as we have been unable to recruit to the two vacancies. Currently two locums are in place to support our two substantive Consultants and we have an as and when required NHS locum Consultant. We are in discussion with HR about options to recruit from Ireland.</p> <p>Service Redesign is also being considered to make more use of the Multidisciplinary Team (MDT) and as such have appointed an additional Band 6 nurse and are looking to appoint a further Pharmacist, the plan being that these staff will be able to undertake some of the review activity, which is the challenge for the team. We have also made a bid to the waiting times fund for an Advanced Nurse Practitioner (ANP) that should be able to support the routine referrals.</p> <p>Update 05/04/19 Rheumatology consultnat staffing remains a high risk. Normal recruitment practice has been unsuccessful. Looking at other alternatives including the potential to recruit from Ireland. Service redesign also being considered. Also continuing to review service delivery to patients.</p>	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
2 - Minor	Consequence (Target)
Very Low Risk	Risk level (Target)
2	Rating (Target)
Bett, Heather	Risk Owner
Bett, Heather	Handler
08.01.2019	Previous Review Date
05.07.2019	Next Review

90		ID	
Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register		Position of Risk (Risk Register)	
23.08.2002		Opened	
National Shortage of Radiologists		Title	
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.		Description	
5 - Almost Certain - Expected to occur frequently - more likely than not		Likelihood (initial)	
4 - Major		Consequence (initial)	
High Risk		Risk level (initial)	
20		Rating (initial)	
23/01/2019 All other previous actions continue. Radiologist on-call rota now includes 5 Radiologists performing 1:10. Recruitment VMF completed interview date to be set for earliest opportunity in 2019. The requirement for access to Radiologists for clinical meetings has been raised, especially haematology.		Current Management Actions	
23/4/2019 All other previous actions continue Lothian posts recruited to with job plan PA's undertaken in Fife Lothian Radiologists on site in Fife SERRIS Outsource reporting Continued recruitment processes Consultant Locum Engage with National initiatives			
4 - Likely - Strong possibility this could occur			Likelihood (current)
4 - Major			Consequence (current)
High Risk			Risk level (current)
16			Rating (current)
2 - Unlikely - Not expected to happen - potential exists			Likelihood (Target)
4 - Major			Consequence (Target)
Moderate Risk			Risk level (Target)
8			Rating (Target)
Burdock, Jeanette		Risk Owner	
Burdock, Jeanette		Handler	
23.01.2019		Previous Review Date	
30.07.2019		Next Review	

RISK APPETITE

Background

“the board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic decisions” (UK Corporate Governance Code).

Risk appetite - why is it important? Provides:

- focus on strategic objectives within risk management
- transparency and consistency in relation to critical decisions
- basis for effective monitoring of risks
- basis for questioning if risks are properly identified & managed
- foundations for further discussion as strategies & objectives change
- guidance on level of risk permitted and need for consistency

It should make a difference to how the organisation is run.

Risk appetite - definition

“Amount and type of risk that an organisation is prepared to accept, tolerate or be exposed to at any point in time” (HM Treasury, Orange Book, 2004).

Features of a risk appetite statement

- Easy to understand
- Clarifies the risks the organisation is actively pursuing **and** avoiding
- Links directly to the organisation’s objectives
- Varies with context
- Dynamic - changes over time
- Sets acceptable levels of risk
- Incorporates monitoring and assurance to ensure application
- Documented as a formal statement
- Approved by the Board
- Communicated to all staff

Risk Appetite Classification

Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

HM Treasury, Orange Book, 2004



NHS Fife Strategic Framework



Our Vision

The people of Fife live long and healthy lives

Our Mission

Transforming health and care in Fife to be the best

Our Values

Safety
First

Dignity & Respect

Care & Compassion

Excellence

Fairness &
Transparency

We aspire to be

Person-Centred

Clinically Excellent

An Exemplar Employer

Sustainable

Our objectives

We will...

- listen to what matters to you and treat you as an individual;
- design services in partnership with service users, carers and communities;
- give you choices and information;
- create environments that encourage caring and positive outcomes for all;
- develop and redesign services that put patients first, supporting independent living and self-management of health

We will...

- work *with* you to ensure you receive the best possible care;
- ensure there is no avoidable harm;
- achieve and maintain recognised quality standards;
- ensure that NHS Fife's environment is clean, tidy, well maintained, safe and something to be proud of;
- embed patient safety consistently across all aspects of healthcare provision;

We will...

- create time and space for continuous learning;
- listen to and involve staff at all levels of the organisation;
- give staff the skills, resources and equipment needed to do their jobs;
- encourage and expect all staff to take appropriate decisions;
- encourage staff to be ambassadors for health and social care in Fife;
- create high performing multi-professional clinical teams through clinical

We will...

- ensure the maximum impact of our resources in the promotion of health and wellbeing;
- increase efficiency and reduce waste;
- ensure that our activities are cost effective and within budget;
- ensure that all service redesign and development makes the most effective use of resources and avoids waste and unwarranted variation;
- develop, in collaboration with our partners, our

Through Innovation

How we will know

LOCAL ACTION PLANS WITH AGREED METRICS

Quantitative Assurance

BOARD PERFORMANCE REPORT

Qualitative Assurance

Through Quality Improvement



Infographic in this column	Strategic Value	Strategic Aspiration	Strategic Objectives	Strategic Risks	Risk Appetite	Area of Risk	
	Care & Compassion	An Exemplar Employer	<ul style="list-style-type: none"> • Create time and space for continuous learning • Listen to and involve staff at all levels of the organisation • Give staff the skills, resources and equipment 	Workforce Sustainability There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed		Learning & Organisational Recruitment and Retention Workforce Planning Compliance with legislation Performance against national	
Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.						
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.						
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.						
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Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.						

Listen to what matters to you and treat you as an individual
Design services in partnership with service users, carers and communities
Give you choices and information
Create environments that encourage caring and positive outcomes for all
Develop and redesign services that put patients first, supporting independent living and self-management of health through the integration of health and social care

Infographic in this column	Strategic Value	Strategic Aspiration	Strategic Objectives	Strategic Risks	Risk Appetite	Area of Risk	
To be added	Compassion	Example	<ul style="list-style-type: none"> • Create time and space for continuous learning • Listen to and involve staff at all levels of the organisation • Give staff the skills, resources and equipment 	Workforce Sustainability There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed		Learning & Recruitment and Workforce Planning Compliance with Performance against	
Averse	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.						
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.						
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.						
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.						
Hungry	Eager to seek original/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.						

REPORT TO STAFF GOVERNANCE COMMITTEE



DATE OF MEETING:	Friday 3 May 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.

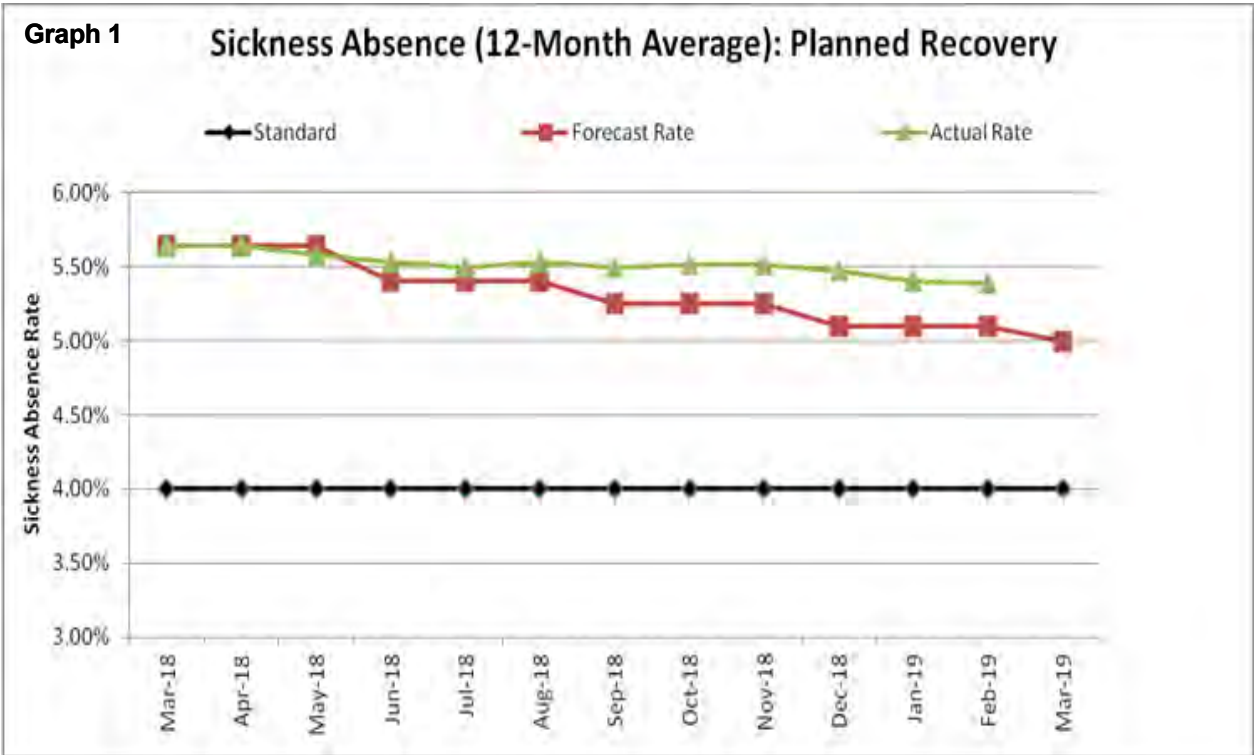
Background

1. CURRENT NHS FIFE SICKNESS ABSENCE DATA

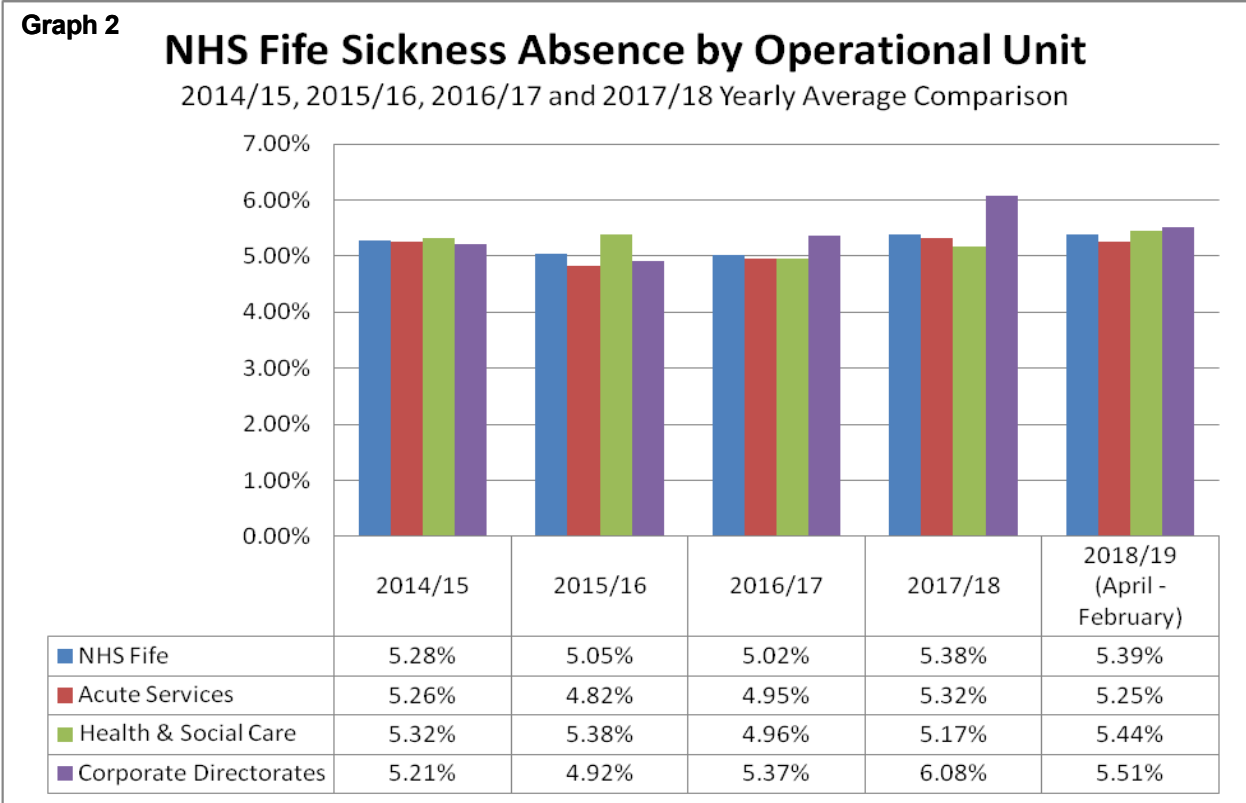
1.1 The average sickness absence rate for NHS Fife for the eleven months of the 2018/19 financial year to date was 5.39%, a decrease of 0.27% when compared with the equivalent eleven months of the 2017/18 financial year.

1.2 The NHS Fife sickness absence rate for February 2019 was 5.38%, a decrease of 1.05% from the January 2019 absence rate of 6.43%. This was as a result of decreases in the absence rates within all operational units of the Board.

1.3 As detailed in Graph1 below, the trajectory for sickness absence is to achieve a rate of 5.00% by the end of March 2019. The current performance is still outwith the trajectory set, being 5.39% as at 28 February 2019.



1.4 NHS Fife's average sickness absence rates by Operational Unit are detailed in Graph 2 below, noting that the rates for the 2018/19 financial year reflect the average rates for the months from April 2018 to February 2019.

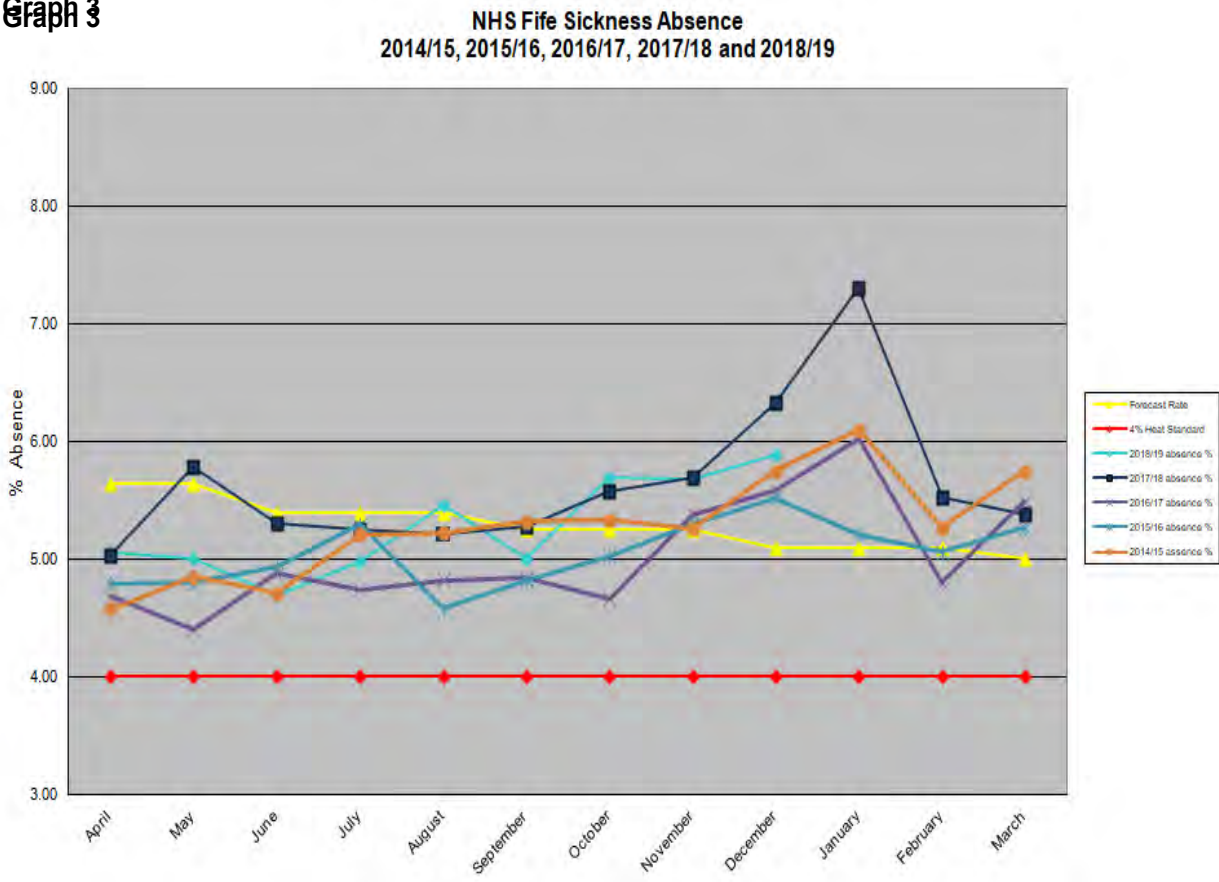


1.5 NHS Fife's Sickness Absence Rates for the rolling 12 month period to February 2019 are detailed in the table below. This highlights that the sickness absence rates were at their highest within all operational units for the month of January 2019.

Area	Mar 2018 % Rate	April 2018 % Rate	May 2018 % Rate	June 2018 % Rate	July 2018 % Rate	Aug 2018 % Rate	Sept 2018 % Rate	Oct 2018 % Rate	Nov 2018 % Rate	Dec 2018 % Rate	Jan 2019 % Rate	Feb 2019 % Rate
Acute Services Division	5.32	4.88	4.43	4.28	4.67	5.24	4.87	5.83	5.51	5.90	6.86	5.27
Health & Social Care	5.17	5.13	5.41	5.07	5.29	5.64	4.99	5.66	5.79	5.77	6.01	5.12
Corporate Services	6.08	5.37	5.37	4.78	4.97	5.52	5.29	5.49	5.80	6.17	6.09	5.79
NHS Fife	5.38	5.06	5.00	4.69	4.98	5.46	5.00	5.69	5.68	5.89	6.43	5.38

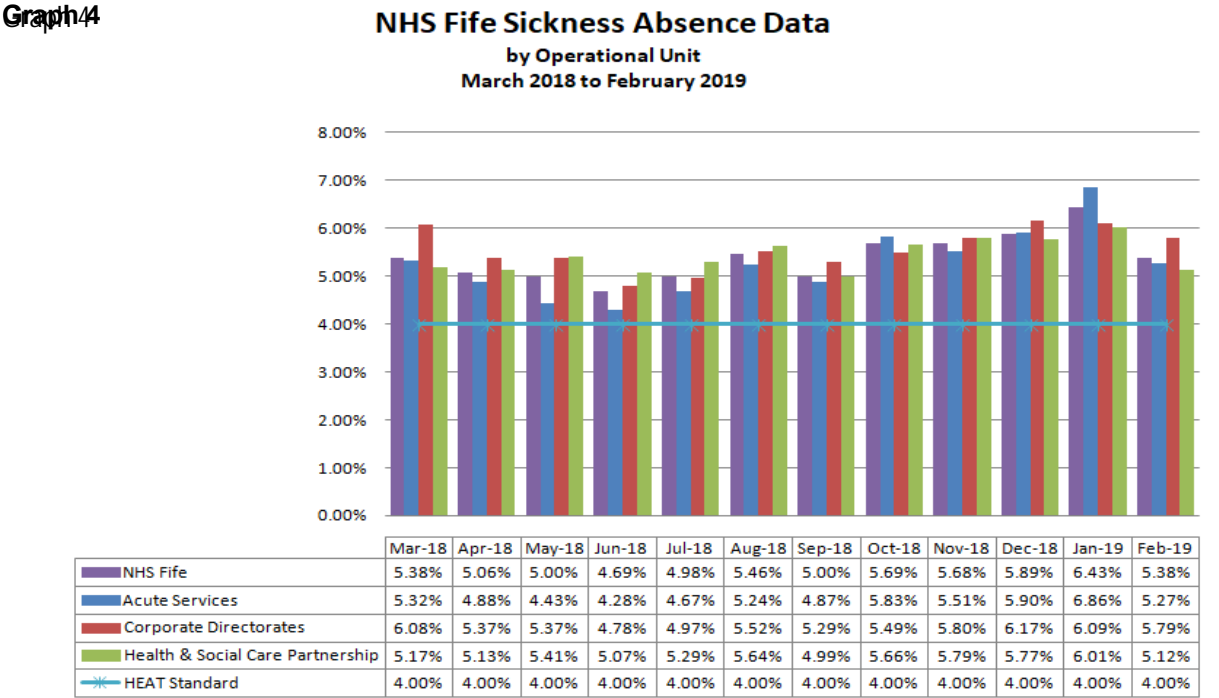
1.6 NHS Fife's sickness absence rates for the rolling years from 2014/15 to 2018/19 are detailed in Graph 3 below. This shows that performance in the current year to date is slightly improved on last year.

Graph 3



1.7 Locally produced comparative sickness absence information for the rolling financial year for each area of NHS Fife is summarised in Graph 4 below, for ease of reference. The seasonal peak each January is demonstrated within the graph.

Graph 4



2. ANALYSIS OF STATISTICS

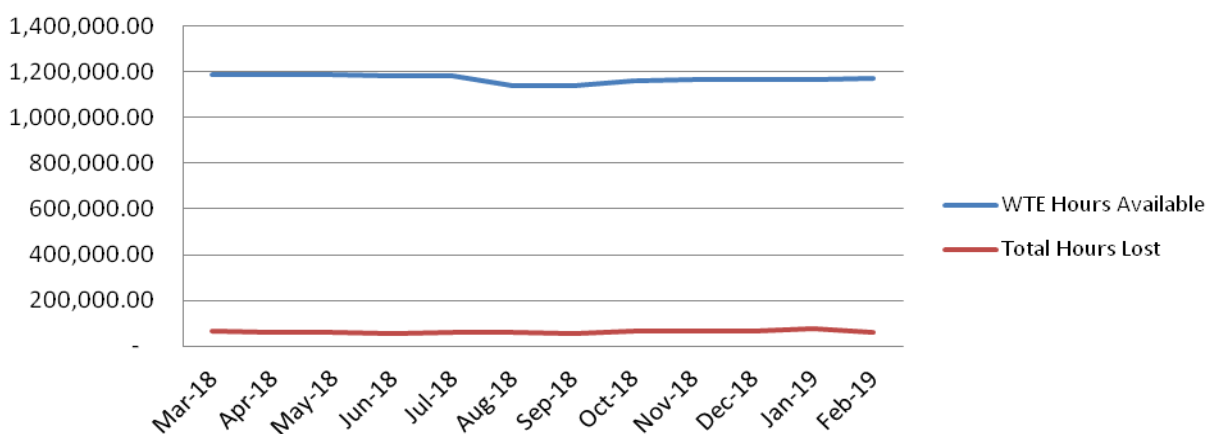
2.1 Further analysis shows that the 62,991.44 contracted hours lost for the month of February 2019 would equate to an additional 419.94 whole time equivalent staff, as detailed below.

NHS Fife Summary						Corporate Services Division					
February 2019						February 2019					
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	NHS Fife Average	WTE Lost	Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	189834.90	10364.68	5.46%	5.38%	69.10	Administrative Services	81703.23	4263.06	5.22%	5.79%	28.42
Allied Health Professionals	104426.70	3807.52	3.65%	5.38%	25.38	Allied Health Professionals	797.90	0.00		5.79%	0.00
Dental Support	10574.55	778.90	7.37%	5.38%	5.19	Dental Support	0.00	0.00		5.79%	0.00
Healthcare Sciences	26583.16	1006.40	3.79%	5.38%	6.71	Healthcare Sciences	1337.09	0.00		5.79%	0.00
Medical & Dental	66578.53	1175.50	1.77%	5.38%	7.84	Medical & Dental	3189.53	152.00	4.77%	5.79%	1.01
Medical Support	5243.99	282.00	5.38%	5.38%	1.88	Medical Support	0.00	0.00		5.79%	0.00
Nursing and Midwifery	586794.99	35067.44	5.98%	5.38%	233.78	Nursing and Midwifery	8481.26	30.00	0.35%	5.79%	0.20
Other Therapeutic	46213.90	1494.00	3.23%	5.38%	9.96	Other Therapeutic	163.06	0.00		5.79%	0.00
Personal And Social Care	7670.31	612.50	7.99%	5.38%	4.08	Personal And Social Care	752.25	0.00		5.79%	0.00
Senior Managers	4570.01	84.50	1.85%	5.38%	0.56	Senior Managers	3754.71	62.00	1.65%	5.79%	0.41
Support Services	121723.39	8318.00	6.83%	5.38%	55.45	Support Services	120745.03	8285.00	6.86%	5.79%	55.23
NHS Fife Average	1170214.43	62991.44	5.38%	5.38%	419.94	Corporate Services Division Average	220924.06	12792.06	5.79%	5.79%	85.28
Clinical	854086.13	44224.26	5.18%		294.83	Clinical	14721.09	182.00	1.24%		1.21
Non-clinical	316128.30	18767.18	5.94%		125.11	Non-clinical	206202.97	12610.06	6.12%		84.07

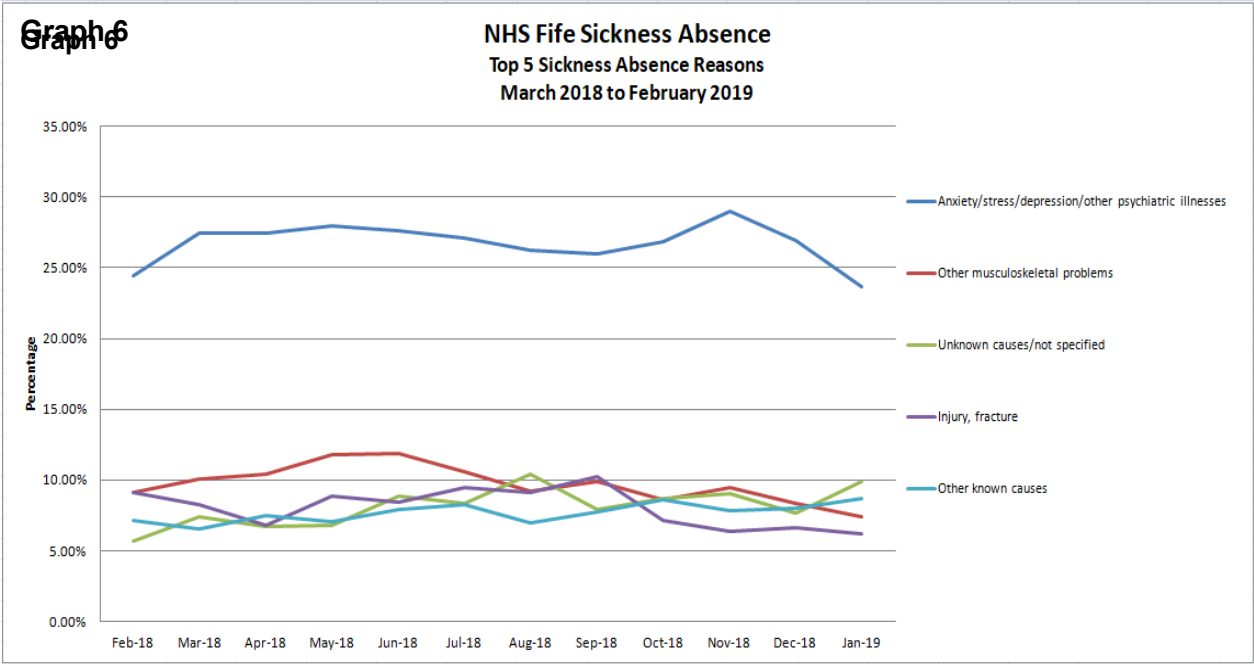
Acute Services Division						Health & Social Care Partnership					
February 2019						February 2019					
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost	Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	49337.55	3336.81	6.76%	5.27%	22.25	Administrative Services	58337.56	2764.81	4.74%	5.12%	18.43
Allied Health Professionals	29910.31	1279.19	4.28%	5.27%	8.53	Allied Health Professionals	73718.49	2528.33	3.43%	5.12%	16.86
Dental Support	1576.37	137.32	8.71%	5.27%	0.92	Dental Support	8998.18	641.58	7.13%	5.12%	4.28
Healthcare Sciences	24580.79	1006.40	4.09%	5.27%	6.71	Healthcare Sciences	665.28	0.00		5.12%	0.00
Medical & Dental	48844.72	629.00	1.29%	5.27%	4.19	Medical & Dental	14544.29	394.50	2.71%	5.12%	2.63
Medical Support	5080.93	282.00	5.55%	5.27%	1.88	Medical Support	163.06	0.00		5.12%	0.00
Nursing and Midwifery	283288.36	16663.01	5.88%	5.27%	111.09	Nursing and Midwifery	295025.37	18374.43	6.23%	5.12%	122.50
Other Therapeutic	935.96	82.50	8.81%	5.27%	0.55	Other Therapeutic	44984.43	1411.50	3.14%	5.12%	9.41
Personal And Social Care	163.06	0.00		5.27%	0.00	Personal And Social Care	6755.01	612.50	9.07%	5.12%	4.08
Senior Managers	815.30	22.50	2.76%	5.27%	0.15	Senior Managers	0.00	0.00		5.12%	0.00
Support Services	978.36	33.00	3.37%	5.27%	0.22	Support Services	0.00	0.00		5.12%	0.00
Acute Services Division Average	445511.69	23471.73	5.27%	5.27%	156.48	Health & Social Care Average	503191.67	25766.49	5.12%	5.12%	178.18
Clinical	394380.49	20079.42	5.09%		133.86	Clinical	444854.11	23962.84	5.39%		159.75
Non-clinical	51131.20	3392.31	6.63%		22.62	Non-clinical	58337.56	2764.81	4.74%		18.43

2.2 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 has been very much consistent over the last year.

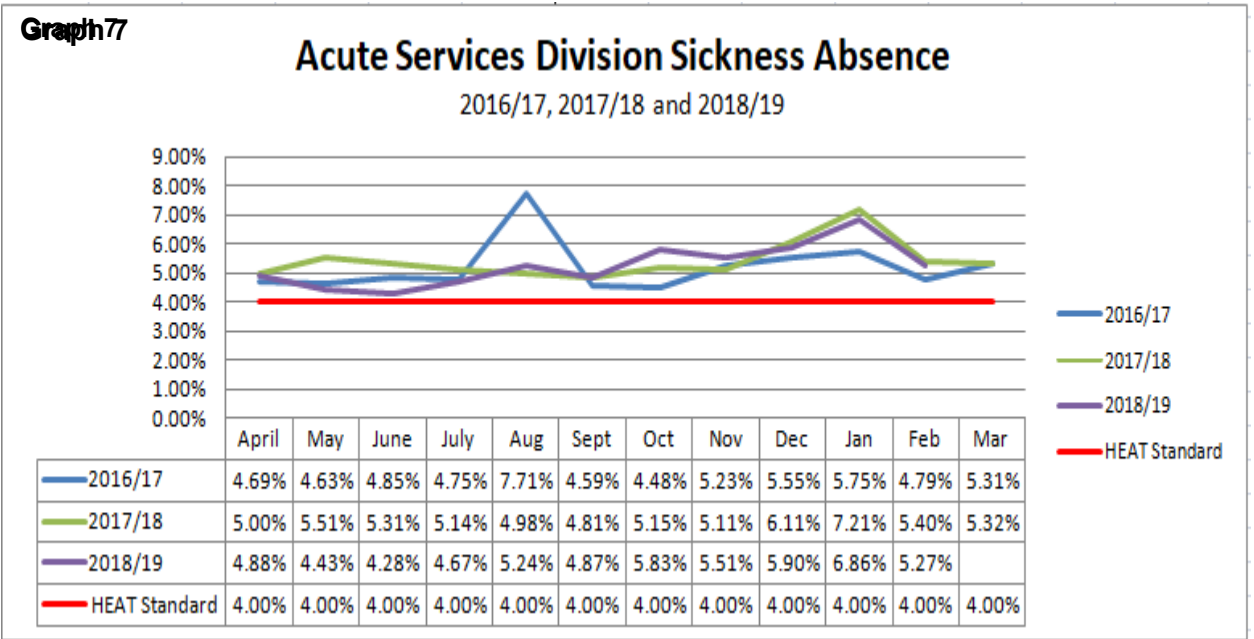
Graph 5 NHS Fife WTE Hours Available / Total Hours Lost
March 2018 to February 2019



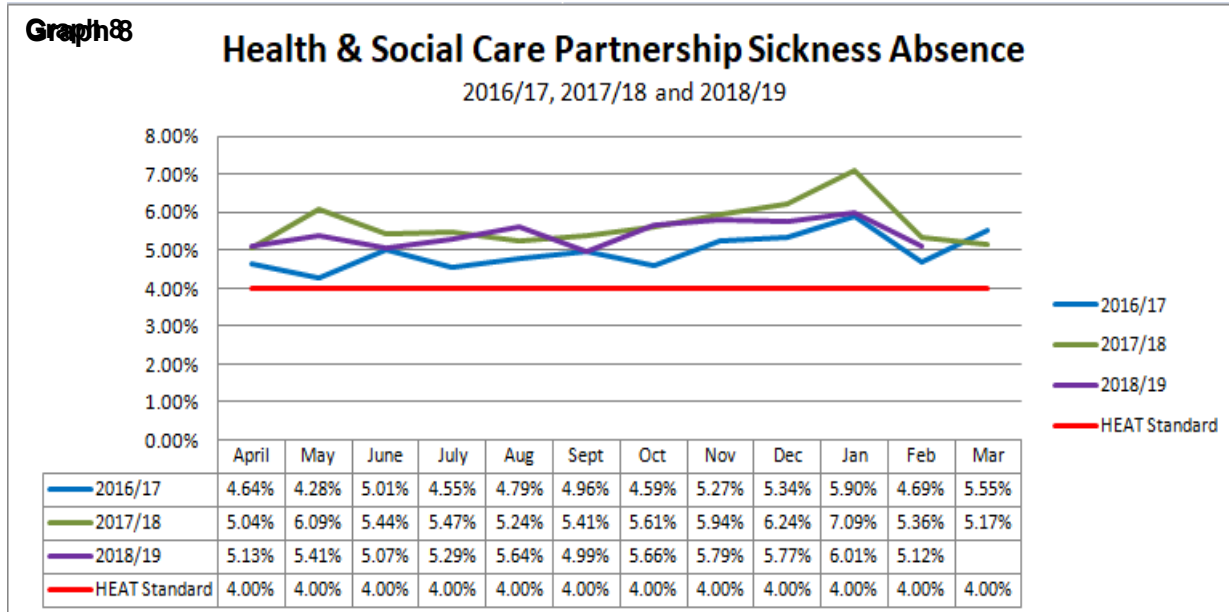
2.3 The highest proportion of hours lost is due to Anxiety / Stress / Depression, as detailed in Graph 6 below, within the Top 5 Reasons for sickness absence within NHS Fife for the rolling 12 month period from January 2018 to December 2018.



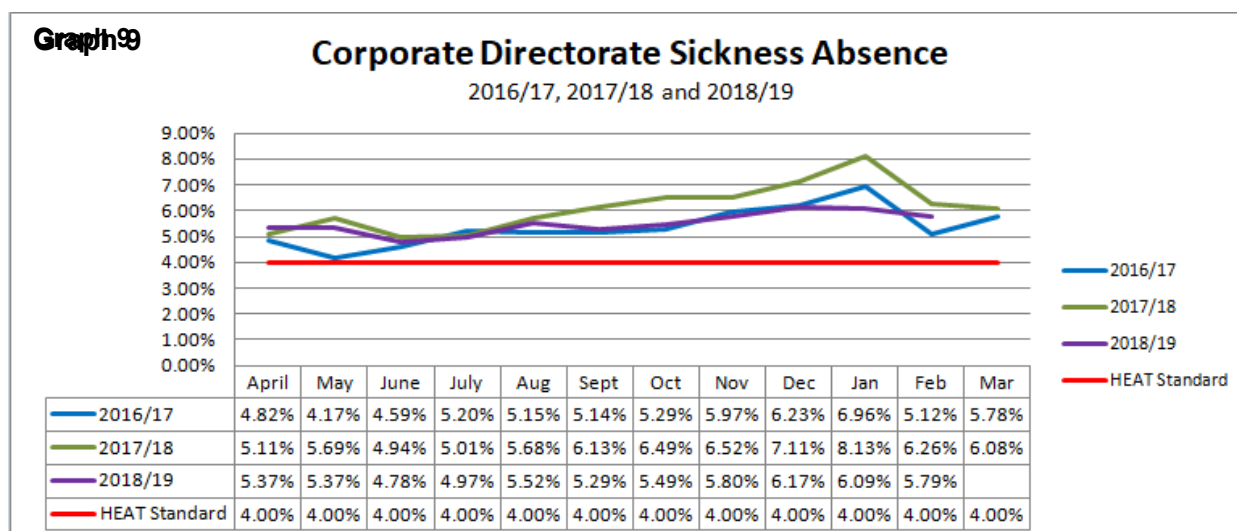
2.4 The sickness absence rates for the Acute Services Division for the 2016/17, 2017/18 and 2018/19 financial years are detailed in Graph 7 below.



- 2.5 The sickness absence rates for the Health and Social Care Partnership for the 2016/17, 2017/18 and 2018/19 financial years are detailed in Graph 8 below.



- 2.6 The sickness absence rates for the Corporate Directorates for the 2016/17, 2017/18 and 2018/19 financial years are detailed in Graph 9 below.



Assessment

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

- In line with the recently issued NHS Circular PCS (AfC) 2019/2 – Promoting Attendance, the following provisions are being implemented by NHS Fife in relation to attendance management, with effect from 1 April 2019:
 - NHS Scotland should work towards reducing sickness absence by 0.5% per annum over the next three years.
 - Common NHS Scotland triggers should be adopted to prompt and inform the first formal discussion. The triggers will be either four separate episodes of absence, or short term absences totalling eight or more working days within a rolling 12 month period.
 - A new paper based appeal for the first formal stage.

- Trajectory setting from April 2019 is currently taking place, for all operational units of the Board to work towards achieving the reductions set out in the above circular.
- Implementation of early referrals to Occupational Health for staff absent due to Mental Health related reasons for absence.
- Review & Improvement Panels have recently taken place within H&SCP West Division and Fife-wide Division, Pharmacy, Planned Care, Emergency Care and Estates and Facilities.
- The format of the existing Review & Improvement Panel has been revised within Women, Children and Clinical Services. If this proves effective, arrangements will be made to implement this within all operational units of the Board.
- A Promoting Attendance Workshop has been arranged for Monday, 29 April 2019 within the Education Centre, Victoria Hospital, Kirkcaldy. Discussions will include using Good Conversations / Personal Outcomes as part of the approach to managing attendance. There will also be an Employee's story, a Manager's story and a Staff Side perspective. In addition, the application of the new circular will be a topic for discussion.

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 eleven months of the 2018/19 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

REPORT TO STAFF GOVERNANCE COMMITTEE



DATE OF MEETING:	Friday 3 May 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

NHS Fife achieved the Gold Healthy Working Lives Award in May 2016. As part of the on-going commitment to staff health and wellbeing and to retain the award, the following activities are currently in place or being planned:

- The Multi-Generational Issues / Working Longer Group met on 8 April 2019, with follow up actions on exit interviews, home working, and 12 hour shift work being taken forward.
- Work is on-going in relation to the Going Beyond Gold Year 2 plan and a further bid for funding for Mindfulness and Good Conversations training has been submitted to the Endowments Committee for consideration in April 2019.
- The updated Health & Wellbeing Strategy will be circulated for review at the Area Partnership Forum due to take place on Wednesday 22 May 2019.
- The Staff Well at Work Handbook has been updated for 2019/2020 and is attached for Staff Governance members' information. This is an integral part of the Well at Work Action Plan.
- A Promoting Attendance Workshop has been arranged for Monday 29 April 2019 within the Education Centre, Victoria Hospital, Kirkcaldy. Discussions will include using Good Conversations / Personal Outcomes as part of the approach to managing attendance. There will also be an Employee's story, a Manager's story and a Staff Side perspective. The new circular will also be a topic for discussion.
- The first "All About You" – Supporting Staff Health and Wellbeing newsletter was launched in March 2019 and is available via the Intranet. The aim of the newsletter is to help improve the wellbeing of healthcare staff working in Fife.
- A staff Lending Library has been introduced within the Library at Victoria Hospital, which will also now include easy reading fiction for staff.
- The Kingdom Fund Staff Lottery are offering staff the chance to win a brand new Kia Stonic in the August 2019 Prize Draw.
- A 'Death Café' will be piloted in the Dining Rooms at Victoria and Queen Margaret Hospitals during 'Dying Matters' week (13 – 19 May 2019). The aim is to encourage families to discuss end of life issues, such as writing a will, power of attorney and funeral wishes.
- 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.

The Gold Healthy Working Lives Award is due for renewal in May 2019, with the groups providing supporting evidence to secure the award for a further year. The activities listed above are key evidence for retention of the Award.

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

well at work

Well at Work

Staff Wellbeing Handbook

2019-20

April 2019

Fife Health & Wellbeing Alliance

NHS Fife Well at Work

The purpose of this directory is to provide staff with a list of useful organisations and resources in relation to wellbeing topics. This guide is a list of potentially useful resources and organisations and is not exhaustive. This directory includes information on organisations and resources on the topics below.



[Alcohol](#)



[Bereavement](#)



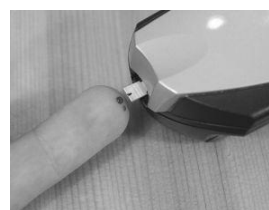
[Bullying](#)



[Cancer](#)



[Dental Health](#)



[Diabetes](#)



[Domestic Violence](#)



[Drugs](#)



[Financial Wellbeing](#)



[Gambling](#)



[Heart Health](#)



[Mental Health & Stress](#)



[Nutrition](#)



[Physical Activity](#)



[Smoking](#)



[Well at Work](#)

NHS Fife website: www.nhsfife.org

To find an **NHS Fife HR Policy** go to the intranet <http://intranet.fife.scot.nhs.uk/> and click on [policies](#) at the top of the page or use the search function to find a particular policy. A list of all the Staff Health and Wellbeing policies can be found using the Well at Work icon under Policies.

NHS Inform website provides quality, assured health information:
<http://www.nhsinform.co.uk/> or call 0800 22 44 88

If you are feeling ill and your GP surgery is closed call NHS 24 on 111.

As with all clients, consultations between staff and NHS services are confidential

Organisation / Resource Description	Contact Details
NHS 24 Advice and information on how to look after yourself and treat common health problems yourself.	Phone: 111
The NHS Fife Staff Self Referral & Advice Service provides a self-instigated pathway for staff to access physiotherapy and counselling service.	Phone: 01592 729870 Ext: 29870
Occupational Health & Wellbeing provides expert independent advice and support across a full range of services including counselling and psychology, health and safety and occupational health and hygiene.	Phone: 01592 729401 Ext: 29401
Trade Union / Professional Organisations: Royal College of Nursing (RCN) Royal College of Midwifery (RCM) British Medical Association (BMA) Chartered Society of Physiotherapists (CSP) Society of Radiographers (SOR) GMB UNISON Scotland UNITE Federation of Clinical Scientists British Orthoptic Society (BOA) British Dietetic Association (BDA) Chartered Society of Podiatrists Royal College of Occupational Therapists Royal College of Speech and Language Therapists British Association of Art Therapy British Association of Music Therapists British Association of Prosthetist / Orthotist	Website: www.rcn.org.uk/ www.rcm.org.uk/ www.bma.org.uk/scotland www.csp.org.uk/ www.sor.org/ www.gmb.org.uk www.unison-scotland.org.uk/ www.unitetheunion.org/ www.acb.co.uk www.boa.ac.uk www.bda.uk.com www.csp.org.uk www.rcot.cot.uk www.rcslt.org www.baaat.org www.bamt.org www.bapo.com



Alcohol

Organisation / Resource Description	Contact Details
Al-Anon provide support to anyone whose life is, or has been, affected by someone else's drinking. This organisation is ideal for anyone who has a member of their family who is an alcoholic as they believe alcoholism affects the whole family, not just the drinker.	Website: www.al-anonuk.org.uk/
Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so they may solve their common problem and help others to recover from alcoholism.	Website: www.alcoholics-anonymous.org.uk/members/Regional-&-Local-Websites/East-Of-Scotland-Region/Fife-Intergroup/Meetings Phone: 0845 769 7555
Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol related problems.	Website: www.alcoholconcern.org.uk/
NHS Fife recognises that alcohol or drug related problems are areas of health and social concern, and want to offer employees with such problems access to help.	Further information available via the Alcohol and Drug Issues in the Workplace policy HR36
DAPL offers one to one counselling, support, information and advice to adults; young people; individuals or families who are affected by substance use, across Fife.	Website: www.dapl.net/home/ Phone: 01333 422277 Email: daplimited@gmail.com
Drink Aware using an app provides facts and advice on whether you need to cut down on your drinking and includes a unit calculator and drinks diary.	Website: www.drinkaware.co.uk/
Drinkline offers confidential information and self-help materials, help to callers worried about their own drinking, support to the family and friends of people who are drinking and advice to callers on where to go for help.	Phone: 0300 123 1110 9am – 8pm weekdays, 11am-4pm weekends

Fife Alcohol Support Service (FASS)
helping people in Fife affected by alcohol
related problems improve their quality of life.

Website:
www.fassaction.org.uk/



Bereavement

Organisation / Resource Description	Contact Details
Compassionate / Bereavement Leave is in place to help NHS Fife employees when they suffer bereavement. This could be death, serious illness or acute need of a family member, dependent, close friend and colleague. As an employer we will endeavour to support our employees at these times.	Further information available via the HR12 - Special Leave Policy For further guidance contact your line manager
Cruse Bereavement Care Scotland supports you after the death of someone close by promoting the well-being of bereaved people.	Website: www.crusescotland.org.uk Phone: 0845 600 2227



Bullying

Organisation / Resource Description	Contact Details
The Anti Bullying Network , established by the Scottish Executive has a web-site which teachers, parents and young people can share ideas about how bullying should be tackled.	Website: www.antibullying.net
Dignity at Work NHS Fife is committed to provide a working environment which is free from harassment, bullying or intimidation of any nature. Every NHS Fife employee has a responsibility to treat colleagues with dignity and respect irrespective of their sex, race, marital or health status, age, disability, sexual orientation, religion, political conviction, membership or nonmembership of a trade union or real or suspected infection with HIV / AIDS. Behaviour involving the bullying and harassment of any member of staff for any reason is unacceptable and NHS Fife will not condone or tolerate bullying or harassment in any form.	Further information available via the HR4 - Dignity At Work Policy For guidance contact your line manager or HR

Violence and Aggression at Work NHS Fife take the health, safety and welfare of all it's staff extremely seriously. It recognises that violence towards staff is unacceptable and that staff have the right to be able to perform their duties without fear of abuse or violent acts. No staff member should consider violence or abuse to be an acceptable part of their employment. The purpose of this policy is to enable NHS Fife to meet its obligation to protect staff as far as is reasonable.

Further information available via the [Violence and Aggression at Work policy GP/V4](#)



Cancer

Organisation / Resource Description	Contact Details
The Beating Bowel Cancer website gives you more specific details on bowel cancer.	Website: www.beatingbowelcancer.org/ Phone: 020 8973 0011
Bowel Cancer UK aims to save lives by raising awareness of bowel cancer, campaigning for best treatment and care. Visit their website for practical support and advice.	Website: www.bowelcanceruk.org.uk/
Breakthrough Breast Cancer is a charity with a very informative website dedicated to providing information about breast cancer.	Website: www.breakthrough.org.uk/scotland
Breast Cancer Care is an informative website for anyone affected by breast cancer.	Website: www.breastcancercare.org.uk/
Breastcancer.org is a non-profit organisation dedicated to providing the most reliable, complete, and up-to-date information about breast cancer.	Website: www.breastcancer.org/
The British Lung Foundation has information on Lung Cancer and also other lung conditions affecting both adults and children.	Website: http://www.blf.org.uk/ Phone: 03000 030 555
Cancer Research UK visit the patient information section to find reliable and easy to understand information about all types of cancer.	Website: www.cancerresearchuk.org

<p>Fife Macmillan Improving the Cancer Journey Cancer Support – if you are living in Fife and have been affected by cancer, our improving the Cancer Journey service is here to help you live as well as possible. To get in touch call us on, 01592 578076 or email Improving.CancerJourney@fife.gov.uk</p>	<p>Website: https://www.fifehealthandsocialcare.org/cancer-care-transforming-care-treatment-tcat/</p>
<p>Macmillan Cancer Support improves the lives of people affected by cancer. They provide practical, medical and financial support and push for better cancer care.</p>	<p>Website: www.macmillan.org.uk/Home.aspx</p>
<p>Maggies Centre Fife - Drop into Maggie's for practical, emotional and social support from our professional staff at any time from 9am to 5pm, Monday to Friday.</p>	<p>Website: https://www.maggiescentres.org/our-centres/maggies-fife/</p>
<p>The National Cancer Institute also provides information on the causes, symptoms and treatment for all types of cancer. This is an American site but it is still informative.</p>	<p>Website: www.cancer.gov/cancertopics</p>
<p>The NHS website has information on cancer and its causes and treatment as well as access to useful links.</p>	<p>Website: www.nhs.uk/conditions/cancer/Pages/Introduction.aspx</p>
<p>Pancreatic Cancer UK is a national charity with a very informative site on this type of cancer.</p>	<p>Website: www.pancreaticcancer.org.uk/ Phone: 0808 801 0707</p>
<p>The Prostate Cancer Charity can help you understand more about the disease, symptoms and treatment options. Prostate cancer is the most common cancer in men.</p>	<p>Website: www.prostatecanceruk.org</p>



Dental Health

Organisation / Resource Description	Contact Details
Getting an NHS Fife Dentist is easy. Call or email and we'll help you find one.	Phone 01592 226555 Email: fife-uhb.dentaladvice@nhs.net



Diabetes

Organisation / Resource Description	Contact Details
The British Heart Foundation has useful information on diabetes.	Website: www.bhf.org.uk/heart-health/conditions/diabetes.aspx
Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.	Website: www.diabetes.org.uk/



Domestic Violence

Organisation / Resource Description	Contact Details
Fife Women's Aid Domestic Violence affects Men and Women. There is support available to you, or someone you know.	Website: www.fifewomensaid.org.uk Email: info@fifewomensaid.org.uk Phone 0808 802 5555
Men's Aid Domestic Violence affects men and women. There is support available for you or someone you know.	Website: www.mensaid.com/ Phone: 0871 223 9986
Support for NHS Fife employees experiencing domestic and/or sexual abuse.	Further information available via the HR22Support for Employees Experiencing Domestic and/or Sexual Abuse Policy - Policies
Support Line offers confidential emotional support for children, young adults and adults for an extensive list of issues including domestic violence.	Website: www.supportline.org.uk/index.p hp Phone: 01708 765200



Drugs

Organisation / Resource Description	Contact Details
NHS Fife Addiction Services provides comprehensive clinical assessment and substitute prescribing for opioid / benzodiazepine dependent individuals.	Visit: www.nhsfife.org for details of drop-in clinics Phone: 01592 716 446
DAPL offers one to one counselling, support, information and advice to individuals and families who are affected by substance use and live within Fife.	Website: www.dapl.net/home/ Phone: 01333 422277
FRANK helps you find out everything you might want to know about drugs. FRANK also provides information on where you can get help or can give advice if you are worried about someone you know. Confidential.	Website: www.talktofrank.com/ Phone: 0300 123 6600
Know the Score website has information on all types of drugs, the law, the risks, what to do in an emergency and where to get help.	Website www.knowthescore.info/ Phone: 0800 587 5879
LOST (Lee O'Brien Solvent Trust) aim to prevent the deaths of more young people by offering education and support services to anyone affected by, or worried about Volatile Solvent Abuse.	Website: www.thelost.org.uk Phone: 01333 424555
NHS Choices provides information on all aspects of drugs including where to get help with drug related issues, facts and effects.	Website: www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx
Support Line is a confidential helpline for an extensive list of issues including drug misuse.	Website: www.supportline.org.uk/index.php Phone: 01708 765200



Financial Wellbeing

Organisation / Resource Description	Contact Details
NHS Fife Credit Union offers financial services to more than 13,500 NHS staff and their families across Scotland.	Website: NHS Credit Union Limited

Financial assistance. Take a Money Matters health check	Website: www.direct.gov.uk/
Parenting across Scotland offers a range of support, including a helpline, welfare benefits advice and information (e.g. rights for grandparents), particularly if you have lost contact with your grandchildren; are raising grandchildren full-time (kinship carer); are providing childcare for your grandchildren; are interested in the educational and welfare needs of your grandchildren.	Website: https://www.parentingacrossscotland.org/info-for-families/resources/grandparents-plus/
Staff discounts retail vouchers, cash back and discounts for local stores.	Website: www.psdiscounts.com/nhsstaff/



[Gambling](#)

Organisation / Resource Description	Contact Details
Gambling Addiction information on the symptoms, causes, myths and treatments for a gambling addiction.	Website: www.gamblingaddiction.org.uk/
Gamblers Anonymous is a fellowship of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers do the same.	Website: www.gascotland.org Phone: 0370 050 8881 (24 hr)



[Heart Health](#)

Organisation / Resource Description	Contact Details
The British Heart Foundation information on how to keep your heart healthy.	Website: www.bhf.org.uk/
BUPA this website provides fact sheets on looking after your heart and information on heart disease and treatments.	Website: www.bupa.co.uk/individuals/health-information/directory/h/looking-after-your-heart
Chest Heart and Stroke Scotland provides information on any medical issue in relation to the chest, heart and a stroke.	Website: www.chss.org.uk/ Phone: 0808 801 0899

NHS Choices information on all aspects of keeping your heart healthy such as 10 healthy heart tips, lowering your cholesterol, blood pressure and travelling with a heart condition.

Website:
www.nhs.uk/Livewell/Healthyhearts/Pages/Healthyheartshome.aspx



Mental Health and Stress

Organisation / Resource Description	Contact Details
Access Therapies Fife provides information to help you to deal with mental health problems and to access a range of local services	Website: https://www.accesstherapiesfife.scot.nhs.uk/
Alzheimer Scotland provides a wide range of specialist services for people with dementia and their carers - personalised support services, community activities, information and advice, at every stage of the dementia journey.	Website: https://www.alzscot.org/ Freephone 24/7: 0808 808 3000
Breathing Space has experienced advisors who will listen and provide information and advice on low mood, depression and anxiety.	Website: www.breathingspacescotland.co.uk Phone: 0800 83 85 87
Fife Adult Protection If someone is hurting you or treating you badly, or if you are worried about someone else.	Phone: 01383 602200
The Glasgow STEPS site has information on stress and also a quick questionnaire to assess your stress levels.	Website: www.glasgowsteps.com/home.php
Mood Café have produced and collated information and practical support resources relevant to various common psychological problems.	Website: www.moodcafe.co.uk/
NHS Choices tips on how to maintain a healthy mind, where to source support, ways to bust stress and men's stress. The site also has links to information about particular mental health illnesses.	Website: www.nhs.uk/livewell/mentalhealth
Relationships Scotland counselling, mediation and family support services.	Website: www.relationships-scotland.org.uk Phone 0845 119 2020

Samaritans – provide help and support if you're having a difficult time; if you're worried about someone else; offer support groups for people bereaved by suicide.	Freephone 116 123 (24/7 confidential support)
See Me Scotland is for adults and young people and is Scotland's national campaign website aimed at reducing the stigma and discrimination of mental ill health. The site contains useful resources and information.	Website: www.seemescotland.org.uk
Visit the Steps for Stress for practical ways to help you deal with stress.	Website: www.stepsforstress.org/



Nutrition

Organisation / Resource Description	Contact Details
BDA The Association of UK Dietitians	Website: www.bda.uk.com
Visit the Foods Standards Scotland to learn more about food safety and standards.	Website: www.foodstandards.gov.scot/
Healthy Start Vitamins to supplement a healthy diet are free in Fife for women trying to get pregnant, with children up to 1 year or who are pregnant and for children from 6 months to 5 years.	Website: www.healthystart.nhs.uk/for-health-professionals/vitamins/vitamins-in-scotland
Hydration at work is important – Remember to stay hydrated at work as part of our Well at Work initiative.	Website: www.nutrition.org.uk/healthyliving/hydration/healthy-hydration-guide.html Website: Well at Work
NHS Fife Intranet has information on healthy eating and easy recipes.	Website: Well at Work
Meal Makers is a local neighbourhood food-sharing project that connects people that love cooking (cooks) and how are happy to share an extra portion of home cooked food, with an older neighbour (diner) who would really appreciate a freshly prepared meal and a friendly chat	Website: www.mealmakers.org.uk/

NHS Choices visit this site to learn more about the ages and stages of nutrition and tips for maintaining a healthy diet.	Website: www.nhs.uk/livewell/goodfood/Pages/Goodfoodhome.aspx
Parent Club making healthier and cheaper meals for your family, improving your cooking skills, getting some top tips for fussy eaters and loads more.	Website: www.parentclub.scot



Physical Activity

Organisation / Resource Description	Contact Details
Active Fife includes sports development genetic, cycling, football, rugby and disabilities. Also the physical activity and sedentary behaviour. email: physicalactivity.enquiries@fife.gov.uk	Website: www.fifedirect.org.uk/activefife
The British Heart Foundation website is loaded with information on physical activity for all ages and the impact of this on your well-being.	Website: www.bhf.org.uk/
Bums off Seats is a walking initiative in Fife helping inactive people lead healthier lives through regular walking in their local area.	Website: www.fifedirect.org.uk/bumsoffseats
Community Sport Hubs are based throughout Fife where Active Fife organise a range of events, programmes and courses for all ages.	Website: www.fifedirect.org.uk
Fife Sports and Leisure Trust offer a range of corporate membership packages. 20% off our memberships available to all NHS employees who live or work in Fife. Don't forget you can grab yourself a FREE month for every friend you refer to us, discounted Personal and Small Group Training Sessions for all members, discounted Winning by Losing Active Class for Diamond and Platinum Members and much more!	Website: www.fifeleisure.org.uk/ or take your ID badge to any Fife leisure centre Email: Leisure.Active@fifeleisure.org.uk
NHS Health Scotland Visit this website to find out more about the Physical Activity programme of work being taken forward by NHS Health Scotland and their partners. This website also has a useful links section for further information.	Website: www.healthscotland.com/physical-activity.aspx

Visit the Royal College of Psychiatrists to learn more about the positive impact physical exercise can have on your mental health	Website: www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/physicalactivity.aspx
Walking.org is a great website full of all the information you need to start using walking as a way to maintain a healthy lifestyle.	Website: www.walking.org/
Walking World has over 5,500 routes. This huge library of carefully prepared guides means you can find a good selection of walks, of varying lengths and grades, pretty well anywhere in the country.	Website: www.walkingworld.com/



Smoking

Organisation / Resource Description	Contact Details
ASH Scotland is a campaigning public health charity that works to eliminate the harm and inequality caused by tobacco. Visit for any evidence based information on tobacco.	Website: www.ashscotland.org.uk/
NHS Choices information on the effects of smoking and tips for quitting.	Website: www.smokefree.nhs.uk/ Phone: 0800 022 4332
Reduce your risk of experiencing a smoke related illness, visit the National Quit Your Way website for information on how, or give them a call.	Website: www.nhs24.scot/our-services/quit-your-way-scotland/ Phone: 0800 84 84 84 Mon-Fri 8am-10pm Sat/Sun 9am-5pm
Quit is the UK charity that helps smokers to stop. The website provides help and advice for smokers, health professionals, employers and teachers.	Website: www.quit.org.uk/
Quit Your Way - Pregnancy involves specialist support from midwives who support you to quit smoking when pregnant.	Phone: 0800 025 3000

NHS Fife's No Smoking Policy For Staff recognises its duty to comply with the Smoking, Health and Social Care (Scotland) Act 2005 which bans smoking in “wholly or substantially enclosed” public places.	Further information available via the Smoking - Policies GPS2
NHS Fife Stop Smoking Services offer individual or group support through a stop smoking specialist, or in your local pharmacy.	Phone: 0800 025 3000

well
at
work

Well At Work

Organisation / Resource Description	Contact Details
Chaplaincy Staff Listening Service –The Department of Spiritual Care offers a confidential person-centred “listening service” that use active listening to help build resilience and enhance wellbeing.	Spiritual Care Team - Listening Service Further information available via NHS Fife's Intranet
Exercise Classes – open to all staff and free of charge. The three levels of fitness classes are held on a Thursday lunchtime at Whyteman's Brae Hospital.	Exercise Classes Further information available via NHS Fife's Intranet
Healthy Harmonies NHS Fife Staff Choir – Our choir is made up of members of staff from across the organisation – new members are always welcome.	Healthy Harmonies Further information available via NHS Fife's Intranet
Knit and Natter – a fun and social way to learn to knit. Members meet on a Wednesday lunchtime at the Victoria Hospital.	Knit Club Further information available via NHS Fife's Intranet
Skin Health Surveillance and Management Skin health checks are required for all staff who have been identified as at risk due to their work activities eg. wet work, working with chemicals, use of gloves etc.	Skin Health Programme Further information available via NHS Fife's Intranet
Walking Routes – a range of short walks available for around the hospital sites to access at lunchtime and for the local area.	Physical Activity Further information available via NHS Fife's Intranet

Well at Work noticeboards are on sites throughout Fife. Make sure you know where your nearest one is for lots of ideas on how to have a healthy work/life balance.	Well at Work Further information available via NHS Fife's Intranet
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If you would like to see a topic added to this directory please contact the HR Directorate on Tel: 01592 648187.

If you would like further information on any of the above topics contact the Health Promotion Information and Resources Centre (IRC) on 01592 226494.

If you require this information in this leaflet in a community language or alternative format e.g. Braille, easy read, audio please contact the Equality and Human Rights Department at:
fife-UHB.EqualityAndHumanRights@nhs.net or phone 01383 565142 (ext. 35142).

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday, 3 May 2019
TITLE OF REPORT:	Staff Governance - HR Metrics
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

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

SBAR REPORT

Situation

The NHS Reform (Scotland) Act 2004 reinforces the NHS Scotland commitment to staff governance. It was supported by the introduction of the revised Staff Governance Standard, which aims to improve how NHS Scotland's workforce is treated.

Staff Governance Committee members will be aware that the Standard requires all NHS Boards to ensure that staff are:

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

These five strands form part of the Board and local Staff Governance Action Plans and are monitored on an annual basis by Scottish Government.

NHS Fife's Integrated Performance Report (IPR) provides assurance to the Board on NHS Fife's performance relating to national standards, local priorities and significant risks. The IPR includes a section on Staff Governance, which currently reports on Sickness Absence, iMatter, TURAS, Redeployment, Supplementary Staffing, Pre-Employment checks and Occupational Health management referral timescales.

Background

It has been previously noted that the current staff governance section of the IPR could be expanded to provide assurance to the Board over the whole range of staff governance issues, as detailed above. The availability of IT systems to produce data has precluded this until now. There is an opportunity to further expand the performance monitoring of Staff Governance, with quarterly and annual reports on a range of HR metrics, a sample of which is included at **Appendix 1**.

Over time, and with the implementation of eESS, Tableau and the new recruitment system, JobTrain, the ability and functionality of reporting will be enhanced. Provision of this data on a regular basis will also allow comparison with other Boards and other public sector organisations providing similar services.

Assessment

It was agreed at the March 2019 Staff Governance Committee, that a range of suggested additions would be provided to the Committee, in order that a decision could be taken in respect of the data the Committee would wish to see contained within the revised Staff Governance section of the IPR.

Suggested metrics are detailed below, with an indication of whether these are currently available and could be easily included, or where they may be phased in at a later date, based upon the availability of relevant IT systems such as eESS.

It should also be noted that when eESS is fully operational and Tableau is extended to line managers, a range of reports and dashboards will be included, which can be considered in relation to any future metrics presented to the Committee.

Once a decision is made in respect of the data which would usefully be represented within the IPR, this would also support a reduction in the number of papers produced for the Committee, with relevant data being contained within the Staff Governance IPR report. This will continue to support the required scrutiny of the Committee in respect of compliance with the Board's Staff Governance requirements and the escalation of any relevant areas of concern to the Board.

The provision of HR metrics will enable HR and other stakeholders to measure and report on key workforce areas, such as HR performance, Staff Wellbeing and Safety, Employee Relations, Recruitment and Turnover. This in turn may enable more effective, evidence based decisions. HR metrics will also enable HR teams to demonstrate the impact that HR policies and processes have on workforce and organisational performance and can be used to demonstrate the value of HR activity.

The data would be presented to the Committee in line with **Appendix 1**, pending further review of the overall Board IPR document.

Strand of Staff Governance / Suggested Metrics	Reported within IPR (frequency)	When Data Available
Well Informed		
APF / LPF Meetings	Annually	Currently
APF / LPF Workshops	Annually	Currently
Formal Communication Method(s)	Annually	Currently
iMatter Board Report	Annually	Board Report available for next cohort (June 2019), predicated on achieving a response rate of 60%
Appropriately trained and developed		
eLearning – Numbers accessing and completing	6 monthly	Frequency could be reviewed pending implementation of eESS and TURAS
PDP completion	6 monthly	Frequency will be reviewed pending implementation of eESS and TURAS
Leadership programme - numbers, attendance, completion	6 monthly	Frequency will be reviewed pending implementation of eESS and TURAS
Learning and Development programmes / modules / other – numbers, attendance, completion	6 monthly	Frequency will be reviewed pending implementation of eESS and TURAS
Statutory / mandatory training	6 monthly	Frequency will be reviewed

compliance		pending implementation of eESS and TURAS
Involved in decisions		
Development / implementation of Clinical and Workforce Strategies	Annually	Currently
Service Redesign / Transformational Change Projects	Ad-hoc via transformational change plans / workforce plans and also annually	Via iMatter – next Board report available June 2019, predicated on achieving a response rate of 60%
iMatter – numbers and feedback	Annually	Via iMatter – next Board report available June 2019, predicated on achieving a response rate of 60%
Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued		
Dignity at Work – Formal	Annually	Frequency will be reviewed pending implementation of eESS
PIN Compliance	Annually	Via Staff Governance Self Assessment
Dignity at Work survey – numbers and feedback	Annually	Via Dignity at Work Survey results, dependent on survey taking place.
Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.		
Staff Wellbeing & Safety	Quarterly – in respect of compliance with KPIs	Currently
Attendance management	Monthly	Currently
Workforce related incidents	Quarterly	Reported via Health & Safety Sub Committee
General Workforce Data		
Trend data including: Headcount and WTE; changes to workforce composition; turnover; reason for leaving; vacancies; supplementary staffing costs;	Quarterly	Currently
Trend data including distribution of staff by job family/banding; work pattern; age profile; gender breakdown; Equality and Diversity	Annually	Currently
Recruitment metrics including number of adverts placed and posts involved; applications received;	Annually	Further refined metrics will be developed following implementation of eESS / JobTrain
Vacancy duration for Consultants, N&M and AHP staff	Quarterly linked to submission dates for ISD	Currently
<u>Recommendation</u> The Staff Governance Committee is asked to discuss the content of this paper; agree the revised IPR content and the future plan towards quarterly and annual reporting.		

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance
HB Strategic Objectives:	Supports all of the Board's strategic objectives. Employer of Choice

Further Information:	
Evidence Base:	ISD, local data sources
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	HR Manager - Workforce Planning, Head of Management Accounting & Performance, Associate Director of Nursing

Impact: (must be completed)	
Financial / Value For Money	Provides evidence on the use of staff resources, employee engagement and other agreed performance indicators.
Risk / Legal:	Provides supporting evidence for the IPR and Staff Governance Committee assurance.
Quality / Patient Care:	Supports the delivery of safe, effective, person centred care.
Workforce:	Staff Governance
Equality:	N/A

Workforce Metrics Dashboard

Metric No.	Metric Description	Month / Week
1	WTE Contracted Hours	December 2018
2	Absence	February 2018
3	Turnover	March 2018
4	Vacancy Rates	December 2018
5	Supplementary Staffing Spend	March 2019
6	Paybill Costs	March 2019
7	Bank / Agency Usage	December 2018
8	Distribution of Staff	December 2018
9	Headcount / WTE	December 2018
10	TURAS Compliance	December 2018
11	Gender	December 2018
12	Age Profile	December 2018

KPI DASHBOARD

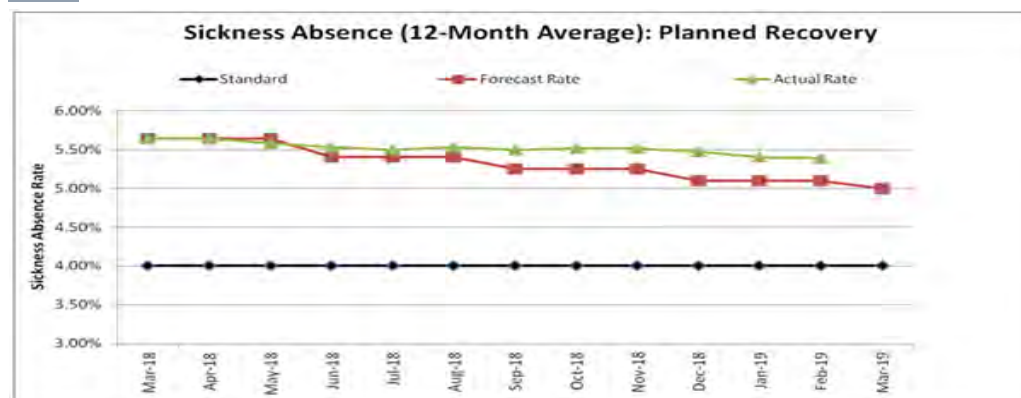
1

WTE Contracted Hours 2017/18

	Month Ending					% Change	
	31-Dec-17	31-Mar-18	30-Jun-18	30-Sep-18	31-Dec-18	Quarter Sep 18 to Dec 18	Annual Dec 17 to Dec 18
Headcount	8,736	8,729	8,697	8,520	8,580	-	-
WTE	7,269.1	7,252.1	7,209.9	7,048.4	7,098.5	0.7%	-2.3%

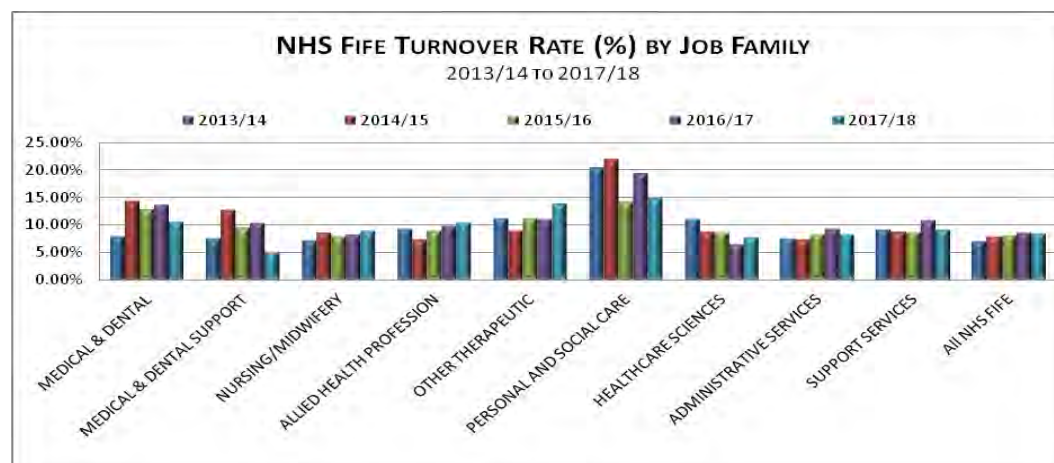
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Absence – February 2019



3

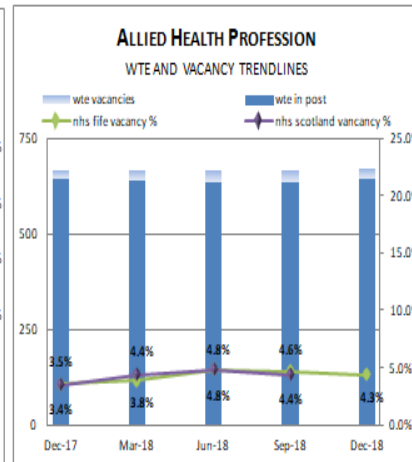
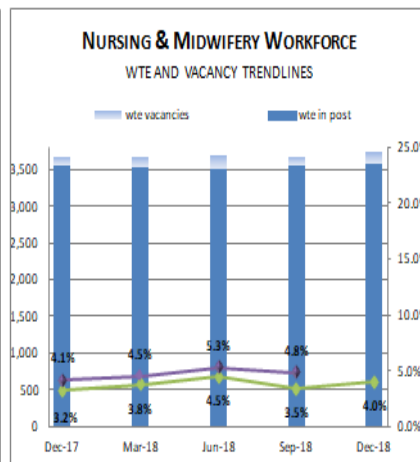
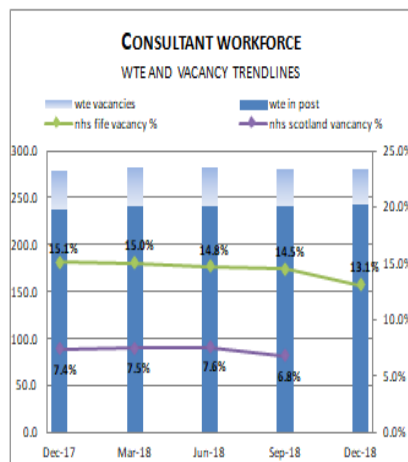
Turnover – March 2018



KPI DASHBOARD

4

Vacancy Rates – December 2018



5

Supplementary Staffing Spend (Agency and Bank)

Bank Staff Costs

FINANCIAL YEAR 2016/17:
£7,130,738

FINANCIAL YEAR 2017/18:
£8,195,722

FINANCIAL YEAR 2018/19:
£9,541,700

Agency Staff Costs

FINANCIAL YEAR 2016/17:
£7,274,736

FINANCIAL YEAR 2017/18:
£8,468,503

FINANCIAL YEAR 2018/19:
£10,399,178

6

Paybill Costs: April 2018 – March 2019 and previous two financial years

FINANCIAL YEAR 2016/17: £320,493,016

FINANCIAL YEAR 2017/18: £329,046,762

FINANCIAL YEAR 2018/19: £341,084,785

7

Bank and Agency Usage – April 2018 – February 2019

Bank Usage: 54,122 shifts filled

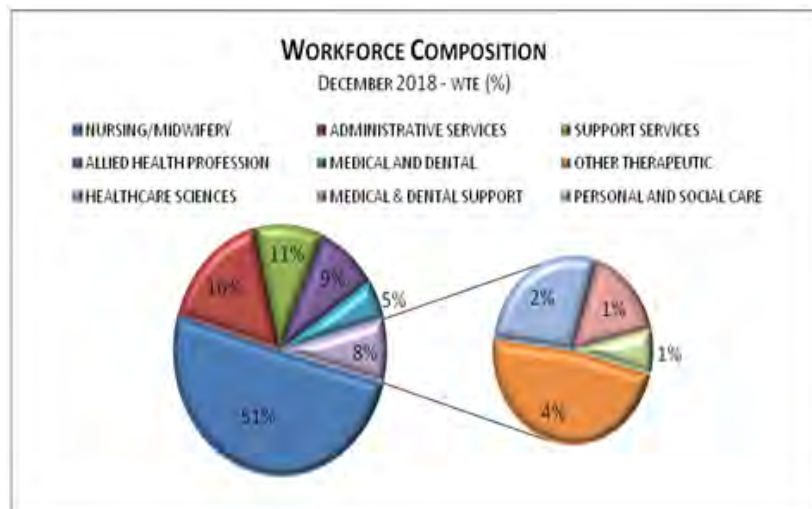
Agency Usage: 5,076 shifts filled (contract & premium)

Total Bank and Agency Usage: 59,198 shifts filled

**September 2018 data under reported due to system change in month –potential variation of 500 shifts based on August & October data.*

8

Workforce Composition – December 2018



9

Headcount / WTE – December 2018

Headcount
8,580

Whole Time Equivalent
7098.5

10

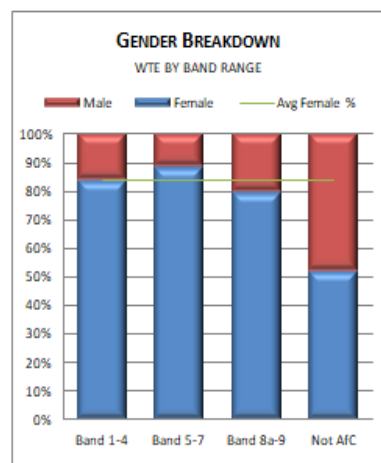
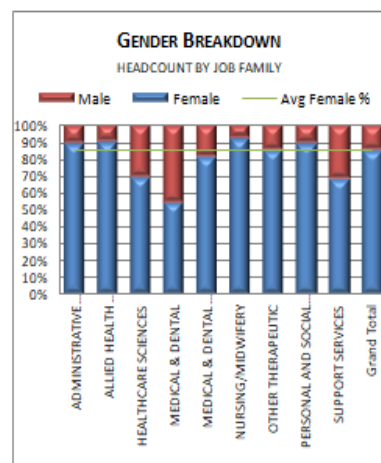
TURAS – December 2018

PDPR Compliance
42%

AfC Bands 1- 9 Eligible Headcount
8,032

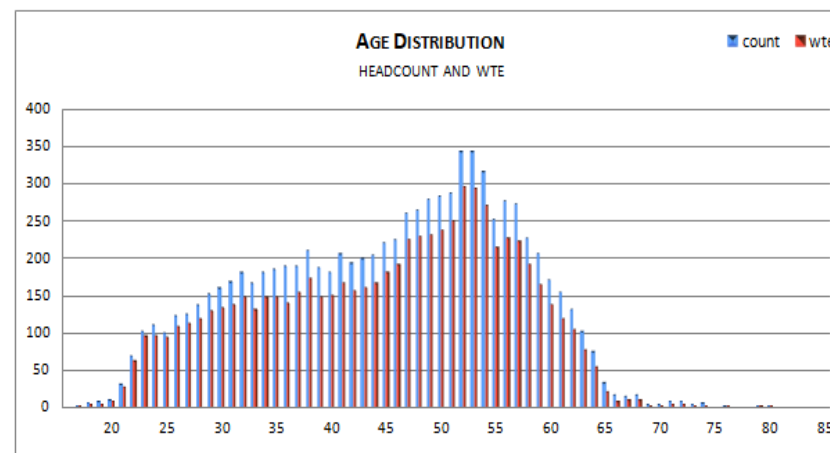
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Gender – December 2018



12

Age Profile – December 2018



Staff Governance Committee



Item 9

DATE OF MEETING:	3 May 2019
TITLE OF REPORT:	Staff Governance Action Plan 2018 – 19 Year End Review and Staff Governance Annual Monitoring Return 2018-19
EXECUTIVE LEAD:	Barbara Anne Nelson, Interim 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 year end Staff Governance Action Plan and the progress made against the key actions established in the plan. It also provides the Committee with the draft Staff Governance Annual Monitoring Return for 2018-19. The change to Committee dates has positioned the Staff Governance Committee date in May before the APF. This has caused difficulty in the authorisation process for the Staff Governance Action plan sign off as the draft plans and Monitoring returns should be presented at APF before the Committee. To address this, the Committee is asked to note for information the attached reports and once they have been to the May APF will be circulated for approval electronically with any changes identified for approval.

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 exemplary employer, evidence has to be made available 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 Attached year end review Appendix 1 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 each of the

priorities identified in the plan.

The draft Annual Monitoring return is attached at Appendix 2. The final date for submission of this return is 31st May 2019. The May Staff Governance Committee is the last scheduled before submission and members are asked to consider and approve the draft. As described above due to scheduling changes relevant to committee meetings the draft document will then be shared with the APF. Members should be assured that if any additional comments or changes are made that the final draft will be circulated to Staff Governance members virtually for final sign off electronically.

- Scottish Government National Annual Monitoring Return 2018-19 Appendix 2

The Annual Monitoring return has been drafted in answer to the questions posed by Scottish Government Directorate for Health Workforce, Workforce Practice Unit. The response contains examples of progress and good practice throughout the previous year.

Recommendation

The Staff Governance Committee is asked to:

- consider the content of the Staff Governance Action Plan 2018 – 19 Year End Review
- consider the content of the Staff Governance Annual Monitoring Return 2018-19
- agree the proposal to approve both the Staff Governance National Annual Monitoring Return 2018-19 and the Staff Governance Action Plan electronically following approval by the Area Partnership Forum

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 2018-19 Year End Review

Item 9 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
<p>Priorities for 2018-19 are all in areas which seek to improve what staff told us in their responses to the 5 least positive responses to the 2017 iMatter Board report.</p> <p>These were:</p> <ul style="list-style-type: none"> • Staff feel the organisation cares about their health and wellbeing (70%) • Staff have confidence and trust in, senior managers responsible for the wider organisation (64%) • Staff are confident performance is managed well within my organisation (64%) • Staff feel senior managers responsible for the wider organisation are sufficiently visible (61%) • Staff are involved in the decisions relating to the organisation (56%) <p>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.</p>	<p>Continue and develop the regular staff briefings, presented by the Chief Executive and Employee Director which are open to all staff.</p> <p>Continue the Local Briefings presented by Directors of Acute Services, Health and Social Care and the Corporate Directors to their staff.</p> <p>Continue the development of regular “pop up” briefings throughout ASD&CD and establish if this approach can be established across the organisation.</p> <p>Reinstate the Executive walk about visits.</p> <p>Ensure the views and ideas of staff are heard through partnership fora, staff feedback,</p>	<p>Review March 2019 Complete and ongoing:</p> <p>The Employee Director and Director of Finance have continued to conduct briefings to discuss with staff the financial challenges being managed by the Board to ensure staff are informed about the issues and have an opportunity to ask questions and suggest potential solutions. The meetings have been well received.</p> <p>Four staff briefings and pop up briefings have been delivered by the Chief Operating Officer in the last six months. They remain well attended and popular with staff.</p>	<p>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.</p> <p>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.</p> <p>Staff have access to information to keep them up to date with news, events and developments through the staff pages on the Intranet.</p>	<p>Directors, APF and LPF co-chairs</p>

	iMatter action plans and develop directorate action plans ensuring actions are followed through and communicated to staff			
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 partnership through agreement at the LPF have reframed the well informed section of the LPF Action Plan. In addition the Joining Up care service redesign has embedded the well informed principles in their staff communications ensuring improved staff information and engagement in the change process for Community redesign.	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 2018-19	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.	Regular postings for staff on Dispatches have taken place. There is also a staff newsletter. Workshops have taken place in Partnership with the APF to continue to address the financial challenges facing the Board and seek solutions to meet those challenges. The workshops remain valued by all involved in ensuring full discussion and involvement in partnership with these important matters.	Staff have regular updates on the progress being made to address the financial challenges.	Directors, APF and LPF co-chairs

		The H&SCP LPF has held additional meetings with the LPF to focus specifically on the financial challenges in the partnership. This approach has been welcomed by the staff side.		
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Draft

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 training over 2018/19.	<ul style="list-style-type: none"> • 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. 	<p>Review March 2019</p> <p>In the operational year 1st March 2018 – 28th February 2019 there were 27543 episodes of core compliance training undertaken across the 9 core skills areas which equates to 64% of the annual training target required to maintain / achieve compliance. E-learning continues to be the most accessed and cost effective learning medium with 62,614 modules completed at a unit cost of 0.15p per module.</p> <p>NHS Fife compliance across all 9 subject areas in the rolling year ending</p>	All staff remain up to date with core training.	Directors, APF and LPF co-chairs

		28 th February 2019 is 64% . This is a slight decrease of 2% compared to the rolling year period ending 31 th December 2018.		
<p>Ensure the TURAS system is available to all managers and staff and the training is rolled out across the Board</p> <p>Ensure all staff have meaningful conversation/discussion regarding performance and personal development.</p> <p>The implementation of the Learning and Development Framework strand of the Workforce Strategy supporting the Clinical Strategy and Strategic Framework.</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • Ensure all staff have access to TURAS • 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, LPF's and Staff Governance Committee progress being made. • Ensure the Directorate Workforce plans include a learning and development strategy. <p>Continue to work with the regional Learning and Development community to develop consistent learning packages and opportunities to share learning and resources.</p>	<p>Review March 2019</p> <p>PDP performance is regularly reported to EDG, APF and Staff Governance Committee. The NHS Fife performance as at 28th February 2019. It indicates that 32% of staff have a PDP agreed within the previous 12 month period. This is an improvement on the figure in January 2019 of 25% but still significantly below the 80% target. A recovery plan has been agreed with EDG for each Directorate to be above 80% compliance by the end of October 2019. The uptake of staff activating their Turas account has been excellent and now 88% of staff have an active Turas account.</p>	<p>All staff have the opportunity at least once per year to discuss their performance and personal development with their line manager.</p>	<p>Directors, APF and LPF co-chairs</p>

C. INVOLVED IN DECISIONS

- 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.	<p>Continue the implementation of iMatter across the organisation. Ensure the anniversary Cycle for the single system run in 2018 is effective.</p> <p>Ensure all Directorates have oversight of iMatter performance and focus on increased Action planning activity and the promotion of successful iMatter initiatives from teams.</p> <p>Report Directorate performance on Action planning and no reports to the APF, LPF's and Staff Governance Committee.</p>	<p>Review March 2019</p> <p>Complete and ongoing:</p> <p>The iMatter implementation programme has completed, providing all staff with the opportunity to participate in the staff engagement monitoring process. All members of NHS Fife staff and the Fife Council Staff working in the Health and Social Care Partnership have now commenced iMatter. There are currently 798 teams established within the iMatter system representing 10,676 staff. The Board achieved a 53% response rate so no Board report has been generated for this year. The yearly</p>	<p>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.</p> <p>All teams identified within iMatter have their annual action plans developed and progressed within the 12 month continuous improvement cycle.</p> <p>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.</p>	Director of Workforce

<p>Work in close partnership with staff groups, trades unions and other professional organisations to meet the financial challenges in 2018-19.</p>	<p>Continue with the success of partnership finance workshops to support process</p> <p>Fully engage staff side representatives in the development of efficiency savings plans.</p> <p>Provide opportunities for staff representatives to input to efficiency savings initiatives on an ongoing basis within local and area forums.</p>	<p>components report has been shared with SG Committee and APF. In every response to the questions to staff the response was the same or better than 2017.</p> <p>The focus of attention is on the completion of action plans during the 12 week period since the reports were published in August. Work will need to be done to ensure that more action plans are agreed by teams who have received a report, with those who have not received a report also being supported to have an action plan process. The number of teams that did not generate a report has increased in 2018 to 42%.</p> <p>Action plans completed to date are 44% for the Board.</p>	<p>Directors, APF and LPF co-chairs</p>
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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,	Review March 2019 The NHS Fife sickness absence rate for February 2019 was 5.38%, a decrease 1.05% from the January 2019 absence rate of 6.43%. The NHS Fife average rate was 0.15% above the NHS Scotland average rate for the month 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

	<p>including Good Conversations Training Courses and Mindfulness Training Courses.</p> <p>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.</p>	<p>February 2019.</p> <p>The average sickness absence rate for NHS Fife for the eleven months of the 2018/19 financial year to date was 5.39%, a decrease of 0.27% when compared with the equivalent eleven months of the 2017/18 financial year.</p> <p>The NHS Fife sickness absence rate for February 2019 was 5.38%, a decrease of 1.05% from the January 2019 absence rate of 6.43%. This was as a result of decreases in the absence rates within all operational units of the Board.</p> <p>The Board's recovery plans continue to build on the following points:</p> <p>Review & Improvement Panel meetings continue to take place to review short and long term absence cases. Recent panels have been held within Health & Social Care, West and Fife Divisions, Women, Children and Clinical Services Directorate, and Estates, Facilities and Capital Services.</p> <p>Identification and analysis of the</p>		
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		core reasons for sickness absence within Divisions and Directorates, along with themes and trends and what supportive steps can be implemented to minimise absences occurring in future.		
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.	<p>Continue the success of the Recruitment campaigns to recruit student nurses from University in the run up to qualification and registration.</p> <p>Report recruitment activity of key services to Staff Governance Committee in line with work plan.</p>	<p>Review March 2019</p> <p>The initiatives to recruit nurses from this year's graduates has proved very successful with 147 appointments made for September and October. This was an increase of 20 newly qualified nurses recruited compared to September 2017.</p> <p>Initiatives to encourage the retention of nurses include Increased student awareness of opportunities available within NHS Fife.</p> <p>Positive feedback from students and lecturers. Students welcomed the opportunity to meet DoN and senior nurses and go through an 'informal' interview</p> <p>Students, who had not had mental health placements in Fife, arranged visits to Stratheden and accepted posts.</p>	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 2018. Build on the success of the Flu Fighters campaign and seek to improve immunisation uptake further.	Event held by December 2018 Complete and Ongoing: There have been a number of events in the review period including an APF workshop on attendance and staff well being which was well attended and the input provided is being collated to further develop Well Being initiatives. The Well at Work intranet pages have been refreshed and the blog restarted giving staff advice on healthy living and signposting to a variety of resources to improve health and well	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

		<p>being.</p> <p>As a consequence of the very successful Flu Fighters campaign last year the new campaign for this year is up and running with forecasted uptake higher than last year.</p>		
<p>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.</p>	<p>Further develop a culture which encourages staff to complete Datix reports following incidents.</p> <p>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</p> <p>Report to Violence and Aggression forum and Partnership fora.</p>	<p>Complete and ongoing:</p> <p>Overall there is a reduction in recorded violence, aggression and unwanted behaviour within NHS Fife by 6% from 2017/18 to 2018/19.</p>	<p>Continue to monitor violence and aggression incidents against staff which are recorded in Datix and review data at the Violence and Aggression group.</p> <p>Review with an expectation that a reduction in the number of Datix incidents indicates staff feel safer and are better protected at work.</p>	<p>Directors, APF and LPF co-chairs, Safety Advisors</p>

**STAFF GOVERNANCE STANDARD
SCOTTISH GOVERNMENT NATIONAL ANNUAL MONITORING RETURN
2018-19**

NHS Fife

Following the internal review of performance and progress towards the Staff Governance Standard, and completion of the Local Monitoring Template and Assessment Tool, all Boards are required to complete the following National Annual Monitoring Return and send to the Scottish Government at the address given at the end of this document. All Returns should reach the Scottish Government by **31st May 2019**

Please confirm that your Board has completed a full review of progress towards the Staff Governance Standard, using the Staff Governance Standard Monitoring Template. (Confirm by ticking the box)



Taking account of the information gathered locally and recorded on the Staff Governance Standard Monitoring Template please provide the information requested below.

Staff Experience/Staff Engagement

1. iMatter – 2017 Key Performance Indicators



2018 Key Performance Indicators



	NHS Fife			NHSScotland	
	2017	2018	Improvement	2017	2018
Response Rate	62%	53%	↓	63%	59%
EEI	75	No Report		75	No Report
Action Planning	40%	42%	↑	43%	55%
No Reports	35%	47%	↓	33%	38%

In 2018 NHS Fife's implementation of iMatter has resulted in the Board failing to publish an iMatter Board Report. Areas of concern are within the Acute Services and the Estates & Facilities Directorates therefore what evidence does the Board have that the manager training sessions highlighted previously, within the Acute Division, will support more staff participating in iMatter and enable staff improving, both in the completion of the questionnaire and following that through with action planning and evidencing continuous improvement?. Also what specific plans have been put in place to support and encourage the Estates & Facilities staff's participation in iMatter?

The results from last year have been considered by the Staff Governance Committee and the Executive Directors Group and the expectation for managers to increase both response rates and action planning is being monitored by each executive director closely. A bespoke iMatter communication strategy has been developed in consultation with our communications team and will encourage staff to take a short break for a tea or coffee and the chance to complete their iMatter questionnaire in their ward or department. Refreshment trolleys have been scheduled to visit wards and departments throughout the questionnaire go-live period with laptops and ipads available to staff to participate in the engagement experience. The expectation is that 70%+ of teams produce an action plan in 2019.

As you will be aware from the statement below it is the intention to monitor the submission of team stories on an on-going basis. What evidence does the Board have, that moving forward, there are future plans to build on this area which will demonstrate that the ongoing development of team stories will produce outcomes to support shared learning locally

The success of the team story produced by our Children's Occupational Therapy Team has been highlighted around the Board and their participation in the upcoming NHS Scotland event plenary session has prompted interest from other teams to showcase their success with staff engagement. We are anticipating a significant increase in team stories this year.

NB: A major focus will be placed on all directorates within each Board submitting team stories on a regular basis throughout the year on to the iMatter Website. This will be monitored throughout the year by Scottish Government and followed up with the Boards where necessary.

Culture & Values

The Scottish Government's 2020 Workforce Vision, Everyone Matters, sets out the core values for NHSScotland staff. They are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork

Please provide a summary of the progress made against the specific actions outlined in the 2018/19 Vision

NHS Fife core values encompass the 2020 Workforce Vision core values and are promoted throughout the organisation from new staff being inducted into the organisation to the standing committees of the Board which ensures the governance of the organisation upholds and maintains our core values.

Staff Governance Standard: Individual Strands

2. Well Informed

In terms of continuous improvement has the “Flu Fighters” campaign that saw an increase in the number of staff taking advantage of the flu vaccine in 2017/18 to 50%, which as you highlighted, is a significant improvement on 28% for the previous year. Has the Board seen further improvement in the take up of the flu vaccine during 2018/19

The Flu Fighters 2 campaign was re-launched in 2018 with a Queen based theme and achieved a take up of 54%. We are very grateful to our team of immunisers who were so flexible in providing opportunities for staff to be immunised in or as near their workplace as possible during the campaign. We are also very appreciative of the fantastic work our communications staff did in reimagining the campaign in year two and publicising it so well.

3. Appropriately Trained & Developed

Turas Appraisal asks staff and reviewers to confirm that a discussion has taken place as part of the appraisal sign off. What percentage of staff within your Board has a signed off appraisal discussion on Turas Appraisal as of 31st March 2019.

The Board is promoting the importance of appraisal for all staff and monitoring the transition to Turas from eksf. Staff who have successfully registered on the Turas system now sits at 86%. There is recognition that the migration to Turas has delayed the completion of appraisals and Executive Directors Group has established a recovery target of 80% minimum compliance by October 2019. The current rate for the Board is 41%.

Excluding Apprenticeship Programmes, please describe any other youth employment initiatives that are used within the board to

increase the recruitment and retention of young people (can you describe the purpose of the programme/initiative, its structure, which job roles/families are involved, how successful the programme has been, whether it has been evaluated etc. Please do not include the Prince's Trust, Get into Healthcare)

We have a programme of career events delivered in Fife schools by Allied Health professionals these occur throughout the year. Three sessions were delivered to 200+ S2 pupils. The session commences with each allied profession having 3 minutes to promote their stand to the pupils like a “speed dating” event. The pupils then choose the 3 areas of greatest interest to them and they spend 20 minutes with each of their selected professionals in an interactive group session.



The feedback has been extremely positive from pupils, teachers and the staff who participated in the event.

Youth Employment – Apprenticeships					
MA's Recruited (1/4/17-31/3/18)	Total Number of MA's (Headcount at 31/3/18)	Foundation Apprentices Recruited (1/4/17-31/3/18)	Total Number of FAs (Headcount at 31/3/18)	Graduate Apprentices Recruited (1/4/17-31/3/18)	Total Number of GA's (Headcount at 31/3/18)
2	4	0	0	0	0
MA's Recruited (1/4/18 – 31/3/19)	Total Number of MA's (Headcount at 31/3/19)	Foundation Apprentices Recruited (1/4/18-31/3/19)	Total Number of FAs (Headcount at 31/3/19)	Graduate Apprentices Recruited (1/4/18-31/3/19)	Total Number of GA's (Headcount at 31/3/19)
4	6	0	0	1	1

In addition the Board participated in a pilot project with St Andrews High school, supported by Fife DYW Board which provided 160 S4 pupils receiving training in preparing for; applying for; and attending interviews over 6 x 45 minutes classroom sessions. The pupil workbooks and lesson plans will be rolled out to the other 17 High Schools in Fife and supported by a range of Fife Businesses together with NHS Fife and Fife Council. The aim is to ensure all S4 pupils have targeted training in preparing for employment, applying for vacancies and presenting themselves well at interview.

Do you have plans to run a Prince's Trust "Get into Healthcare" cohort over the next 12 months?

The Board have a number of initiatives to promote Youth Employment during 2019 and we are discussing how Princes Trust can support in those initiatives. There have been successful collaborations with DYW team and local high schools in developing and delivering youth employment events and the Board has provided over 160 work placements to Fife school pupils in the past year in a range of occupations throughout the organisation.

4. Involved in Decisions

How will your Board continue to promote and embed strong partnership working over the coming year?

The work the Area Partnership Forum and Local Partnership Fora have undertaken to engage fully in the key strategic programmes of Clinical Strategies, Workforce Strategies and service changes throughout the divisions and directorates in the Board continues to be fundamental. The embedded model of Partnership workshops in matters of finance, service provision, attendance management and the redesign of services both in Acute and H&SCP ensure collaborative working in partnership.

Please provide one practical example of good practice of integrated working within Health and Social Care Partnerships (HSCPs), and what steps are being taken to embed integrated working more widely. (n.b. this question applies to territorial Boards only)

The Joining Up Care consultation exercise has been an excellent example of integrated working in redesigning Community Hospital and Intermediate Care Bed redesign. In addition to the Public consultation exercise a significant partnership led staff consultation exercise has taken place. Staff were invited to attend a number of consultation events and 282 staff from a range of professions attended. The events were supported by staff side representatives from across Trade Union and Professional bodies. The feedback from staff in NHS Fife and Fife Council together with input from the voluntary and third sector has been invaluable in working up the change proposals for future.

5. Treated Fairly and consistently, with dignity and respect, in an environment where diversity is valued

How many formal complaints have been raised under the Bullying & Harassment/Dignity At Work Policies within your Board during 2018/19

There have been 16 Dignity at Work cases in the past year.

Building on the previous information provided, in terms of continuous improvement, what further steps have you taken locally, during the past year, to increase staff confidence to report bullying, discrimination and harassment?

Dignity at work is highlighted to staff through the Dispatches intranet site. The Well at Work team has included support materials for staff in relation to Dignity at Work. Additional Dignity at Work confidential contacts are being appointed to provide staff with support.

What initiatives is your board undertaking to improve existing equalities data monitoring? (Including, how do you proactively communicate to staff about the importance of equalities data monitoring, what messages do you use and what communications channels do you use. Is this issue being championed at an senior/executive level?)

This information is being advanced through the implementation of e:ESS and should see greater compliance by staff through self service functions.

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

Please confirm the number and nature of formal whistleblowing cases raised during 2018/19 (including anonymous complaints which have been investigated). Please also give details of the status of these cases (i.e. investigation on-going or concluded) and whether feedback has been provided to the individual who raised the concern.

There has been one formal whistle blowing case reported during 2018-19.

Has specific whistleblowing training been provided to all key staff within your Board?

Yes training has been provided to the Whistle blowing champion and plans are in place to provide additional training for executive level officers.

What mechanisms does your Board have in place to support staff in raising concerns?

Our policies and procedures in relation to Dignity at Work and Whistle blowing are regularly highlighted on our staff intranet pages. In addition we are revitalising our Confidential contacts network and have a dozen or so new prospective contacts who will be undertaking training in May.

Of the formal whistleblowing cases raised how many had a bullying and harassment element attached?

One

Promoting Attendance

	NHS Fife			NHSScotland	
	2016/17	2017/18	Improvement	2016/17	2017/18
Absence Rate	5.11%	5.76%	↓	5.20%	5.20%

What are you doing to tackle stress-related absence?

The Live Positive Toolkit has been updated and reissued in 2018 in response to staff suggestions that having their own printed copy was more beneficial than the online resource. This has been funded and produced as a hard copy available to staff. Feedback has been very positive to the release and the updates made.

[http://intranet.fife.scot.nhs.uk/uploadfiles/publications/2017-05-04%20Live%20Positive%20\(2nd%20edit\).pdf](http://intranet.fife.scot.nhs.uk/uploadfiles/publications/2017-05-04%20Live%20Positive%20(2nd%20edit).pdf)

A new staff newsletter has been launched to help improve the wellbeing of our staff. 'All About You' will look to highlight the wide range of support available to assist staff to remain fit healthy, and to reduce sickness absence. The link is here

<https://spark.adobe.com/page/meuWE10ADBJI4/?ref=https%3A%2F%2Fspark.adobe.com%2Fpage%2FmeuWE10ADBJI4%2Fembed.html&e>

Health, Wellbeing & Resilience

In line with Healthy Working Lives (HWL) CEL 01 (2012), NHS Fife were congratulated on achieving Gold Standard Award and in the 2107/18 Staff Governance Monitoring return you indicated that you are working towards 'Beyond Gold' by developing further initiatives to support staff health and well-being. Please give an update on any progress made.

Work is on-going in relation to the Going Beyond Gold Year 2 plan and a further bid for funding for Mindfulness and Good Conversations training has been submitted to the Endowments Committee for consideration in April 2019 following the success of the initiative in 2018.

The NHS Fife Well at Work Staff Wellbeing Handbook has been produced for 2019-20. This directory is to provide staff with a list of useful organisations and resources in relation to wellbeing topics. The directory includes information on organisations and resources on the topics below.



[Alcohol](#)



[Bereavement](#)



[Bullying](#)



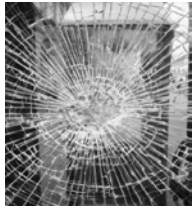
[Cancer](#)



[Dental Health](#)



[Diabetes](#)



[Domestic Violence](#)



[Drugs](#)



[Financial Wellbeing](#)



[Gambling](#)



[Heart Health](#)



[Mental Health & Stress](#)



[Nutrition](#)



[Physical Activity](#)



[Smoking](#)



[Well at Work](#)

Sign-off

We confirm that this Staff Governance Standard National Annual Monitoring Return has been prepared in partnership, as set out in the guidance.

Signed:

_____ (Chair, Staff Governance Committee)

_____ (Employee Director)

_____ (Chief Executive)

Date:

Please send completed return to:

**Susan B Russell
Staff Governance Associate
Health Workforce, Leadership and Service Transformation Directorate
The Scottish Government
Ground Floor Rear, St Andrew's House, Regent Road, Edinburgh, EH1 3DG**

E-mail: Susan.Russell@scotland.gsi.gov.uk

NHS FIFE STAFF GOVERNANCE ACTION PLAN 2019-20

Item 9b

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
<p>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.</p> <p>These were:</p> <ul style="list-style-type: none"> • 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%) <p>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.</p>	<p>Continue the Local Briefings presented by Directors of Acute Services, Health and Social Care and the Corporate Directors to their staff.</p> <p>Enhance the Executive walk about visits.</p> <p>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</p>	<p>Review September 2019</p>	<p>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.</p> <p>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.</p> <p>Staff have access to information to keep them up to date with news, events and developments through the staff pages on the Intranet.</p>	<p>Directors, APF and LPF co-chairs</p>

<p>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.</p> <p>Continue to engage with staff in addressing the financial challenges facing the Board in 2019-20</p>	<p>Continue to develop the Local Partnership Forum established with H&SCP.</p> <p>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.</p> <p>Develop greater detail around savings proposals.</p>		<p>Continue to develop the H&SCP staff website developed in partnership.</p> <p>Staff have regular updates on the progress being made to address the financial challenges.</p>	<p>Director of Health and Social Care</p> <p>Directors, APF and LPF co-chairs</p>
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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.	<ul style="list-style-type: none"> • 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	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.	<ul style="list-style-type: none"> • 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, LPF's and Staff Governance Committee progress being made. 	Review September 2019	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	<ul style="list-style-type: none"> • Ensure the Directorate Workforce plans include a 			

Draft Staff Governance Action Plan 2019 – 2020

<p>Clinical Strategy and Strategic Framework.</p> <p>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.</p> <p>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.</p>	<p>learning and development strategy.</p> <p>Continue to work with the regional Learning and Development community to develop consistent learning packages and opportunities to share learning and resources.</p>			
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C. INVOLVED IN DECISIONS

Draft Staff Governance Action Plan 2019 – 2020

- 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
<p>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.</p> <p>Work in close partnership with staff groups, trades unions and other</p>	<p>Continue the implementation of iMatter across the organisation. Ensure the anniversary Cycle for the single system run in 2019 is effective.</p> <p>Ensure all Directorates have oversight of iMatter performance and focus on increased Action planning activity and the promotion of successful iMatter initiatives from teams.</p> <p>Report Directorate performance on Action planning and no reports to the APF, LPF's and Staff Governance Committee.</p> <p>Continue with the success of partnership</p>	<p>Review September 2019</p>	<p>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.</p> <p>All teams identified within iMatter have their annual action plans developed and progressed within the 12 month continuous improvement cycle.</p> <p>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.</p>	<p>Director of Workforce</p> <p>Directors, APF and LPF co-</p>

Draft Staff Governance Action Plan 2019 – 2020

professional organisations to meet the financial challenges in 2019-20.	<p>finance workshops to support process</p> <p>Fully engage staff side representatives in the development of efficiency savings plans.</p> <p>Provide opportunities for staff representatives to input to efficiency savings initiatives on an ongoing basis within local and area forums.</p>			chairs
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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.	<p>Continue the scrutiny established by the Review & Improvement Panel meetings to examine absences across the organisation to ensure staff are treated consistently and fairly.</p> <p>Roll out the “Going Beyond Gold” initiative. Including the actions in line with specification, including Good Conversations Training Courses and</p>	Review September 2019	<p>Make improvements towards the Heat Standard for attendance.</p> <p>Improve the wellbeing of staff and ensure easy access to support for staff experiencing health and wellbeing issues.</p>	Directors, APF and LPF co-chairs

	<p>Mindfulness Training Courses.</p> <p>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.</p>			
<p>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.</p>	<p>Continue the success of the Recruitment campaigns to recruit student nurses from University in the run up to qualification and registration.</p> <p>Report recruitment activity of key services to Staff Governance Committee in line with work plan.</p>	<p>Review September 2019</p>	<p>Continue to Monitor staffing levels and seek to attract and retain staff in line with minimum staffing establishment levels.</p>	<p>Directors, APF and LPF co- chairs</p>

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	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
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	Further develop a culture which encourages staff to complete Datix reports following incidents.	Review September 2019	Continue to monitor violence and aggression incidents against staff which are recorded in Datix and	Directors, APF and LPF co-chairs, Safety Advisors

Draft Staff Governance Action Plan 2019 – 2020

working environment but increased absence rates following these actions.	<p>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</p> <p>Report to Violence and Aggression forum and Partnership fora.</p>		<p>review data at the Violence and Aggression group.</p> <p>Review with an expectation that a reduction in the number of Datix incidents indicates staff feel safer and are better protected at work.</p>	
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Draft

STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	3 May 2019
TITLE OF REPORT:	Health and Social Care Staff Experience Report 2018
EXECUTIVE LEAD:	Barbara Anne Nelson, Interim Director of Workforce
REPORTING OFFICER:	Bruce Anderson, Head of Staff Governance

Purpose of the Report (delete as appropriate)

For Information

SBAR REPORT

Situation

The National Health and Social Care Staff Experience report was published on 1st February 2019. The report provides highlighted comparisons between Boards and the NHS Scotland average performance and this report has been referred to previously when discussing iMatter and employee engagement generally.

This report will provide members with a broader high level overview of the Board's position on this issue to consider within the context of performance following the current cycle of iMatter.

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 report provides an overview of the iMatter implementation programme nationally over the last year with comparison to 2017 results. The report is attached as Appendix 1.

The highlights from an assessment of the full report are as follows:

iMatter Response Rates, EEI & Action Plans 2018 per Organisation

This report contains the percentages for Response Rate, Employee Engagement Index score and Action plans recorded within 12 weeks for each Organisation.

Organisation	Response rate	EEI	Action plans agreed
	2018	2018	2017
NHS Fife	53%	No report	56%
National Average	59%	No report	42%

iMatter Results Comparison per Organisation

The response rates achieved by the organisations within the report varied from 51% to 91%.

The share of action plans completed within a 12 week period range from 14% to 90% between the organisations. There are big differences between the organisations in terms of share of action plans completed within a 12 week period. NHS Fife response rates were significantly lower in large part to only 18% of paper questionnaires being completed. Electronic responses achieved a return of 60%.

NHS Fife was highlighted as a Board with one of the lowest response rates and the largest reduction from 2017 with -9% in 2018. In addition NHS Fife was highlighted as a Board with one of the highest share of no reports produced. This outcome has been the subject of iMatter performance within previous reports submitted to the Committee. Consideration of this has also been built into the support and approach to be taken with regard to the forthcoming cycle of iMatter.

OVERALL ASSESSMENT FOR NHS FIFE

As discussed previously work is required on this position to ensure that more action plans are agreed by teams with specific focus on teams those teams who did not generate a report.

Actions include:

- Implement the iMatter communications strategy
- Working with partnership staff side representatives to encourage participation
- Visiting wards and departments who have previously found it difficult to achieve 60% response rates and encouraging questionnaire completion
- Providing support to management teams to identify teams who are not producing action plans
- Providing direct support to managers of teams who have no action plans
- Provide progress reports to management teams during the action planning period
- Encourage team stories to be published

iMatter Report of EEI scores for teams per Organisation

OVERALL ASSESSMENT FOR NHS FIFE

It is not possible to make a comparison with 2017 or with NHS Scotland in 2018 as the Board did not achieve 60% response rate and therefore no Board report was produced. In terms of the answers to the questions in the Yearly Components report NHS Fife had the same or an improved experience output from the 53% of staff who did respond.

iMatter Team Stories – Presentation at NHS Scotland Event

The Children and Young Peoples Occupational Therapy Team presented a story of their

iMatter journey which was featured in the National report and which has now been selected to be presented at the NHS Scotland event in May as part of an engagement plenary session.

Extract from the National Report

“While many Stories talk about the value of face to face meetings, **Fife H & SCP Children and Young People’s Occupational Therapy Service** had to find an alternative solution as they were an integrated team spread across 4 geographical locations. This team has therefore embraced technology and fully utilised online meetings software to enable virtual sessions. Through video technology and screen/document sharing facilities, the team are able to recreate the face to face meeting environment. This approach has the added benefit of increased efficiency through reduced travel time.”



It is important that if we increase the number of teams engaged in iMatter and capture their stories this in turn means that they can be role models to other teams who may be less engaged in iMatter.

The Committee can be assured that the feedback will be used to develop appropriate action plans or organisational interventions to seek improvement in the areas identified.

Recommendation

The Staff Governance Committee is asked to **note** the contents of this report.

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 roll out by 2017 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:	Report will go to Area Partnership Forum after Staff Governance Committee due to timing of meetings.

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.



Health & Social Care Staff Experience Report 2018



‘Positive Staff Experience Supports Improved Care’

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Ministerial foreword for Staff Experience Report

Our focus in NHS Scotland is the provision of safe, effective and person-centred care. Improved staff experience supports improved care, so it is right that we are continually working to find better ways of improving staff experience.

The Scottish Government has therefore commissioned Webropol Ltd, an independent company to undertake the work to measure and report staff experience in Health and Social Care. Their report provides detailed information and analysis of staff experience gleaned from our iMatter Continuous Improvement Model in 2018.

iMatter was designed for staff by staff as a more effective way to measure and take action on staff experience. The questionnaire focuses on behaviours at the heart of organisational culture including those at the root of bullying, harassment and discrimination. Rather than adopting a top-down approach, teams collectively share responsibility for developing an action plan in response to their questionnaire results and review progress. This enables individual teams, direct line managers, Directors and Boards the facility to measure, understand and improve staff experience.

[The Scottish Parliament Health and Sport Committee's](#) inquiry into NHS Governance explored the culture of the NHS in Scotland and the way this impacts on patients. This included consideration of the [Staff Governance Standard](#) that looks at whether staff are managed in a fair and effective way. I am delighted that the Committee are supportive of iMatter and recognise the Health and Social Care Staff Experience Report as a useful tool for measuring progress in achieving the Staff Governance Standard and delivering improvements in the workplace.

All 22 Health Boards in NHSScotland have implemented iMatter and 24 Health and Social Care Partnerships (H & SCPs) have also chosen to participate. I expect all managers and leaders working within our NHSScotland Boards and H & SCPs to give full consideration to this report to inform the work to celebrate and improve staff experience.

It is worth reflecting on the fact that iMatter is both a collective endeavour and a continuous improvement journey. The 2019 roll-out of iMatter questionnaires will commence this February. I strongly encourage everyone to have their say by completing a questionnaire. More importantly however, I would encourage you to actively participate in the development of your team Action Plans for the forthcoming year.

Finally, let me personally thank everyone who has participated in iMatter. Your experience and your views matter and I am grateful to you for your involvement.

Jeane Freeman OBE, Cabinet Secretary for Health and Sport



Introduction

Employers in Health and Social Care are committed to improving patient and public services through enhancing staff experience.

Our 2020 Vision for Health and Social Care makes a commitment to valuing and empowering everyone who works in NHSScotland and supporting them to work to the best of their ability. We recognise that improved staff experience is critical for delivery of the Scottish Government's Health and Social Care Delivery Plan, to provide better care, better health and better value.

It is therefore essential that staff at all levels in NHSScotland, including those working within Health & Social Care Partnerships (H & SCPs) are empowered and enabled to have their voices heard, that they are valued within their immediate team and wider organisation, and that their views, opinions and actions contribute to continuous improvement.

The work to measure and report staff experience in Health and Social Care in 2018 was commissioned by the Scottish Government and carried out by Webropol Ltd, an independent company.

The iMatter Continuous Improvement Model

The iMatter Continuous Improvement Model was developed by NHSScotland staff and aims to engage staff in a way that feels right for people at every level. As a team-based tool, iMatter offers individual teams, managers and organisations the facility to measure, understand, improve and evidence staff experience. The iMatter team stories included in this report illustrate the continued dedication of staff to improving not only their staff experience but in turn improving the care and services they deliver.

Arrangements for the delivery of the iMatter model were developed in full partnership and have been endorsed by the Scottish Workforce and Staff Governance Committee ([SWAG](#)) and approved by the Cabinet Secretary for Health and Sport. iMatter was initially rolled out over a three year period from 2015 to 2017 to all staff across NHSScotland and 24 Health & Social H & SCPs that chose to participate. The 2018 programme has repeated that process.

The implementation of iMatter has enabled us to obtain a comprehensive picture of staff experience. Indicating areas of success and those which require improvement both nationally and locally, helps inform progress in delivering the commitments of our Staff Governance Standard. Our commitment to promoting effective staff governance was reinforced with the NHS Scotland (Reform) Act 2004 and the Staff Governance Standard underpins that commitment.

iMatter Process

The iMatter questionnaire enables staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at team, directorate and organisation levels and once team results are delivered two weeks after questionnaires closing, teams are invited to collectively share responsibility for developing an action plan within a 12 week period and to review actions and progress made throughout the year. As an integral part of the iMatter process teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. This process is illustrated through the sharing of Team Stories. This report includes a summary of the main themes emerging and includes hyperlinks to all of the Team Stories submitted

iMatter Report 2018

The first national Health & Social Care Staff Experience report on iMatter also included a report on the 2017 Dignity at Work Survey, it was published on 2 March 2018. The Cabinet Secretary for Health and Sport has endorsed the recommendation from the Scottish Workforce and Staff Governance Committee (SWAG) that for 2018, staff experience would be measured using iMatter only. In doing so a full independent evaluation of the staff experience approach is also being undertaken to inform the future approach. This work is now underway and the report is expected to inform actions to ensure that we have a modern and meaningful approach for effective staff engagement. At the core of this is a commitment to continuous improvement ensuring that we maximise improvements in staff experience and the cost-effectiveness of measuring employee engagement.

This report provides detailed information and analysis of the iMatter responses for 2018. It also contains comparisons to previous years where appropriate.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Partnership Forum (SPF) and the Scottish Workforce and Staff Governance Committee (SWAG)

Data Collection

The iMatter questionnaire used Webropol to distribute electronic and paper questionnaires to NHSScotland employees, as well as those employed by the local authority who work in a Health & Social Care Partnership (H & SCPs) who chose to participate. In 2018, 22 Health Boards and 24 H & SCPs took part.

For 2018 all fieldwork was carried out between 5 February and 17 September. Paper responses were accepted through until 24 September to allow for post processing. The 2018 programme used the same questionnaire and method as 2017 and therefore this report contains comparative data for the first time.

The process for distributing the iMatter questionnaire begins with a team confirmation period. Managers (at individual team level) were required to confirm their teams to ensure accuracy and that respondent information is updated. This was conducted for a period of 4 weeks where managers are required to remove any staff who have left the team, exclude staff who will not be available during the questionnaire stage and add any new staff that have joined the team. Once this process was completed, the electronic questionnaire was issued to all respondents with an email entered on the system and remained open for a period of 3 weeks. The paper version was also available to be printed and distributed on the same day, with the deadline to receive paper copies set for 1 week after the questionnaire closing date. All paper responses received within the deadline were also input within 1 week of the receipt deadline. Reminders were issued each week over the 3 week period.

Week Number	Action
1	Managers confirm team details to ensure accurate respondent information: - remove staff who have left - exclude staff who will not be available during fieldwork Add new staff
2	
3	
4	
5	Fieldwork window: - email electronic questionnaire/print & distribute paper version Reminders issued each week to non-responders
6	
7	
8	Additional week for Webropol to receive paper responses
9	All response data input to system

The iMatter questionnaire and data collection process was undertaken by Webropol, an independent company, to ensure full anonymity for the respondents. All processes have been fully assessed to ensure compliance with General Data Protection Regulation (GDPR) Principles. In order to keep the reports within small teams of 4 or less anonymous, the response rate for team reports to be published must be 100%. The reports are published at team level and available to that team only. The response data contained in team reports informs reports at both Directorate and Organisational level.

Key Performance Indicators

Throughout the analysis of iMatter there is focus on 4 KPIs:

Response Rates

The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time. This logic is applied whether looking at all health and social care participants or an individual team or Board.

In total 177,619 questionnaires were issued. 23,441 (13%) of these were to social care staff within participating H & SCPs and 154,178 were NHSScotland staff. A total of 104,254 usable responses were received. This equates to an overall response rate of 59%. Whilst this overall response rate is below the agreed threshold of 60% that is required to produce the national iMatter Report, the national iMatter Components Report is available (see Appendix 1).

Overall Response Rate

59%

Questionnaires issued: 177,619

Responses received: 104,254

No Report

The level of No Report is tracked at a Team; Directorate; and Board level. This shows the proportion within each group who have not achieved the response rate threshold of 60%. Overall 9 out of 22 Boards and 38% of Teams did not receive an iMatter report.

Employee Engagement Index Score (EEI)

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement (see Appendix 1).

EEI scores are provided only for Teams; Directorates; and Boards that have reached the response rate threshold. Because the response rate threshold was not achieved overall, no EEI score has been calculated for Health and Social Care.

Action Plans Agreed

Each team is invited to complete a continuous improvement action plan. This report shows the percentage of teams who have an agreed Action Plan in place within 12 weeks of receiving iMatter results.

Summary of Key Performance Indicators (KPIs) by Board

The table below shows the KPIs for each of the Health and Social Care Boards including H & SCPs

Board	Response Rate	EEL Score	No Report*	Action Plans
Health and Social Care	59%	No report	38%	56%
Golden Jubilee Foundation	63%	78	31%	71%
Healthcare Improvement Scotland	86%	80	15%	89%
NHS 24	70%	77	34%	66%
NHS Ayrshire & Arran	59%	No report	33%	61%
NHS Borders	53%	No report	44%	75%
NHS Dumfries & Galloway	59%	No report	39%	46%
NHS Education for Scotland	84%	81	15%	82%
NHS Fife	53%	No Report	47%	42%
NHS Forth Valley	62%	75	35%	80%
NHS Grampian	60%	77	37%	49%
NHS Greater Glasgow & Clyde	54%	No Report	41%	50%
NHS Health Scotland	91%	81	0%	90%
NHS Highland	51%	No report	51%	48%
NHS Lanarkshire	62%	78	35%	67%
NHS Lothian	63%	77	34%	60%
NHS National Services Scotland	77%	76	16%	76%
NHS Orkney	83%	76	11%	81%
NHS Shetland	56%	No report	44%	45%
NHS Tayside	58%	No report	44%	41%
NHS Western Isles	52%	No report	50%	14%
Scottish Ambulance Service	64%	67	33%	86%
The State Hospital	77%	77	23%	55%

Shaded boards did not get 2018 iMatter EEL report

* Teams with No Report are teams of more than 4 people who did not achieve a 60% response rate and teams of 4 or less people that did not achieve 100% response rate

Part 1: Response Rate Analysis

All questions on the iMatter questionnaire are mandatory to eliminate partial loss of data. Only those questionnaires that have every question answered can be included within the analysis. The Response Rate shows the number of staff issued with the questionnaire (Recipients) and the number of staff who responded (Respondents) as an overall percentage. A response rate of 60% is required for teams of 5 or more and 100% for teams of 4 or less to generate a report. This is to ensure anonymity and the higher the response rate, the more realistic the feedback of how staff feel about working in their team. In total 177,619 questionnaires were issued and 104,254 usable responses were received. This equates to an overall response rate of 59%.

Comparing 2017 to 2018 Response Rates

Response rates at individual Board level vary considerably from 51% in NHS Highland and NHS Western Isles to 91% in NHS Health Scotland. All Boards with a response rate of 60% or over have received a report.

Organisation	Response rate 2017	Response Rate 2018	Response Rate Movement (pp)
Health and Social Care	63%	59%	-4
Golden Jubilee Foundation	68%	63%	-5
Healthcare Improvement Scotland	80%	86%	+6
NHS 24	67%	70%	+3
NHS Ayrshire & Arran	63%	59%	-4
NHS Borders	61%	53%	-8
NHS Dumfries & Galloway	63%	59%	-4
NHS Education for Scotland	81%	84%	+3
NHS Fife	62%	53%	-9
NHS Forth Valley	65%	62%	-3
NHS Grampian	64%	60%	-4
NHS Greater Glasgow & Clyde	58%	54%	-4
NHS Health Scotland	85%	91%	+6
NHS Highland	58%	51%	-7
NHS Lanarkshire	65%	62%	-3
NHS Lothian	65%	63%	-2
NHS National Services Scotland	76%	77%	+1
NHS Orkney	73%	83%	+10
NHS Shetland	61%	56%	-5
NHS Tayside	65%	58%	-7
NHS Western Isles	52%	52%	0
Scottish Ambulance Service	64%	64%	0
The State Hospital	78%	77%	-1

Whilst the overall response rate dropped 4 percentage points (pp), there is considerable variation at individual Board level. NHS Orkney achieved a 10 percentage point increase in response rate from an already strong 73% to one of the highest at 83%.

NHS Fife saw the biggest drop in response rate from 62% to 53%. As the 2018 response rate was less than 60% NHS Fife did not receive a report for 2018. Other Boards with large drops in response rates were:

- NHS Borders -8 pp
- NHS Highland -7 pp
- NHS Tayside -7 pp
- NHS Shetland -5 pp

There are 3 Boards that did not receive a report in either 2017 or 2018. They are:

- NHS Greater Glasgow & Clyde
- NHS Highland
- NHS Western Isles

As would be expected from the overall response rate data, it is generally the Boards with a higher share of paper questionnaires that are less likely to get a report.

Three Boards did not achieve the 60% response rate threshold for online or for paper questionnaires:

- NHS Shetland
- NHS Highland
- NHS Western Isles

The difference between online and paper response rates

Overall 84% of the questionnaires were issued via email and 16% were on paper. The response rates differ greatly between the two methods, with online generating a far higher response rate than paper questionnaires.

Health and Social Care 2018	Volume issued	Usable Response Volume	% Response Rate
Email	149,557	95,693	64%
Paper	28,062	8,561	31%
Total	177,619	104,254	59%

This difference in response rate by method resulted in 92% of the total usable responses coming from online completions, and only 8% from paper questionnaires.

The variability in response rates across Boards is evident in both online and paper methods: The online response rate ranges from 91% for Health Scotland to 55% for NHS Shetland. The paper response rate ranges from 54% for Golden Jubilee Foundation to 6% for NHS Borders.

Health and Social Care 2018	Volume issued	% of Volume issued	Volume returned	% of Volume issued
Email	149,557	84%	95,693	92%
Paper	28,062	16%	8,561	8%
Total	177,254		104,254	

Response Rates by Board

Note: 4 Boards (Health Improvement Scotland, NHS 24, NHS Education for Scotland, NHS Health Scotland) distributed all questionnaires electronically

	Response rates		
	Email	Paper	Total
Health and Social Care	64%	31%	59%
Golden Jubilee Foundation	64%	54%	63%
Healthcare Improvement Scotland	86%	N/A	86%
NHS 24	70%	N/A	70%
NHS Ayrshire & Arran	64%	40%	59%
NHS Borders	62%	6%	53%
NHS Dumfries & Galloway	62%	32%	59%
NHS Education for Scotland	84%	N/A	84%
NHS Fife	60%	18%	53%
NHS Forth Valley	65%	24%	62%
NHS Grampian	66%	38%	60%
NHS Greater Glasgow & Clyde	62%	22%	54%
NHS Health Scotland	91%	N/A	91%
NHS Highland	57%	27%	51%
NHS Lanarkshire	66%	41%	62%
NHS Lothian	67%	43%	63%
NHS National Services Scotland	77%	15%	77%
NHS Orkney	83%	14%	83%
NHS Shetland	56%	33%	56%
NHS Tayside	62%	25%	58%
NHS Western Isles	59%	16%	52%
Scottish Ambulance Service	64%	31%	64%
The State Hospital	79%	45%	77%

Shaded boards did not get 2018 iMatter EEI report

The table above shows the response rate for questionnaires returned by email and by post for each Board. It illustrates that the postal response rate is always lower than the email response rate. However, it also shows that there is no clear relationship between the response rates for the two methods within each Board. Nor did we see any relationship between size of Board and response rates.

Geographic and National Boards

However, differences can be seen between the National and Geographic Boards (see below for lists of each type of Board) Response rates are higher among the National Boards, both for email and paper. Only 1% of paper questionnaires distributed were to staff in National Boards. Given higher response rates for online questionnaires generally, this increases still further the overall response rates for the National compared with Geographic Boards.

Response Rates and Volumes	Email	Paper	Total
Geographic Boards			
Issued questionnaires	136,376	27,651	164,027
Responses	86,238	8,372	94,610
Response Rate	63%	30%	58%
National Boards			
Issued questionnaires	13,181	411	13,592
Responses	9,455	189	9,644
Response Rate	72%	46%	71%
Share of questionnaires issued			
Geographic Boards	91%	99%	92%
National Boards	9%	1%	8%
Share of responses			
Geographic Boards	90%	98%	91%
National Boards	10%	2%	9%

Geographic Boards	National Boards
NHS Ayrshire & Arran	Golden Jubilee Foundation
NHS Borders	Healthcare Improvement Scotland
NHS Dumfries & Galloway	NHS 24
NHS Fife	NHS Education for Scotland
NHS Forth Valley	NHS Health Scotland
NHS Grampian	NHS National Services Scotland
NHS Greater Glasgow & Clyde	Scottish Ambulance Service
NHS Highland	The State Hospital
NHS Lanarkshire	
NHS Lothian	
NHS Orkney	
NHS Shetland	
NHS Tayside	
NHS Western Isles	

Response rate comparison 2017 to 2018

The overall response rate has dropped by 4 percentage points (pp) from 63% in 2017 to 59% in 2018. Within this the online response rate has dropped 4 pp, but the paper response rate has dropped by 7 pp.

Health and Social Care 2017	2017 Volume issued	Usable Response Volume 2017	% Response Rate 2017	% Response Rate 2018	Change in Response Rate (pp) 2017-18
Email	141,990	96,631	68%	64%	-4
Paper	30,597	11,599	38%	31%	-7
Total	172,587	108,230	63%	59%	-4

Compared to last year, the share of online questionnaires issued has increased marginally from 82% (to 84%) and the proportion of questionnaires completed online in 2017 was also lower at 89% compared to 92% in 2018.

Unusable responses

There were 8,625 recipients of the online questionnaire who clicked on the link but failed to finish the questionnaire.

A prerequisite of iMatter is that every question on the questionnaire is answered. If there are any errors on the questionnaire then it is not processed. For the online questionnaire this is monitored within the script and so non-completion is not an issue.

On the paper questionnaire it is not possible to monitor in this way and so it is only when returned questionnaires are processed that incomplete or incorrectly completed responses are identified.

The table below shows details of the reasons for paper responses being rejected and the incidence of each type.

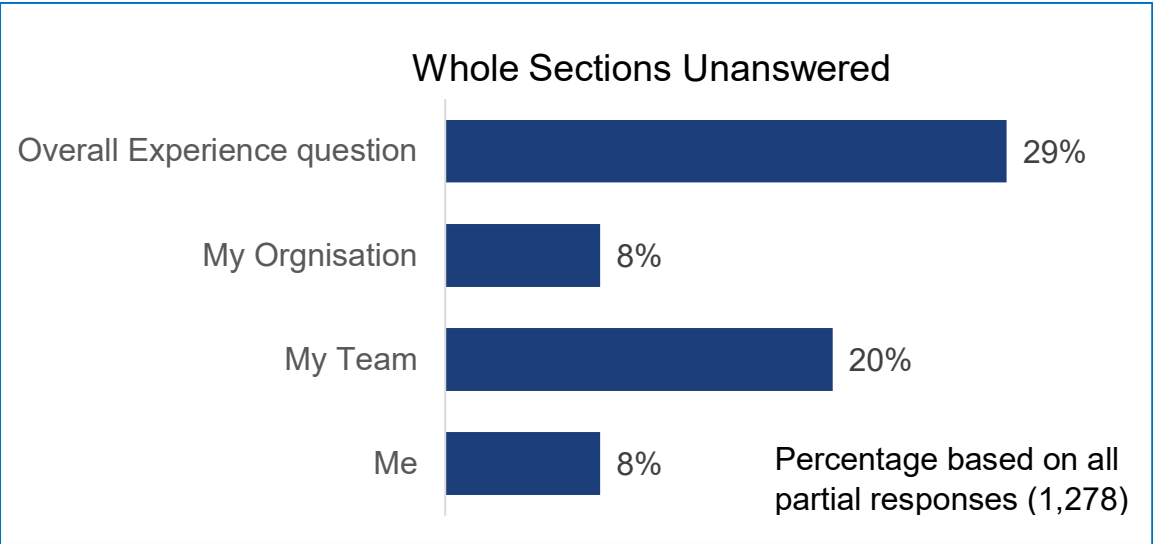
Paper Questionnaires	Number	Percentage of Questionnaires Issued	Percentage of Questionnaires Returned
Questionnaires Issued	28,062		
No Response	16,856	60%	
Valid Response	8,561	31%	76%
Rejected Questionnaire	2,645	9%	24%
Partial Response	1,278	5%	11%
Completion Errors	670	2%	6%
Duplicate	245	1%	2%
Past Deadline	452	2%	4%

In order to achieve the required 60% response rate, only 1429 additional completed questionnaires would have been needed. Given 2645 paper responses were rejected, the 60% response rate target could conceivably have been met.

Partial Response Analysis

As shown above 1,278 returned paper questionnaires were only partial responses, and so have not been included in the results. This comprises 5% of all paper questionnaires issued, and 11% of those questionnaires returned. Further analysis shows that the level of missing questions is very low.

29% do not answer the thermometer question (overall experience). Of the Staff Governance Standards the **My Team** section is the most likely to be left completely blank.



The individual questions most likely to be left unanswered are as shown below. Many of these questions are ones that the respondent may feel unable to answer.

For example, some staff may feel that particular elements do not apply or are not relevant to them (e.g. relating to career progression, training etc.). Others are statements that the respondent may feel unable to answer because they do not have enough knowledge or perhaps do not fully understand the question.

Statement
I am given the time and resources to support my learning and growth
I am confident my ideas and suggestions are listened to
I am confident performance is well managed in my team
I get the information I need to do my job well
I feel senior managers responsible for the wider organisation are sufficiently visible
I am treated with dignity and respect as an individual
I have confidence and trust in senior managers responsible for the wider organisation
I feel involved in decisions relating to my job
I am confident performance is managed well within my organisation
I get the help and support I need from other teams and services within the organisation to do my job
I have sufficient support to do my job well
I am confident my ideas and suggestions are acted upon

Summary

Overall the response rate fell just short of the required 60% for a National Report to be issued, a drop of 4 percentage points from last year. Nine Boards also failed to reach the threshold, an increase from the three without reports last year.

Response rates vary considerably across the Boards, with the National Boards typically achieving higher response rates than Geographic Boards.

There is considerable difference in the response rates between the two methodologies. Online, which accounts for 84% of the volume of questionnaires issued, achieves a 64% response rate. Paper questionnaires, whilst only a small proportion of the questionnaires, only achieved a 31% response rate this year, down 7 percentage points from last year. The requirement for 100% completion of the questionnaire leads to a notable volume of returned questionnaires being rejected. This report recommends further investigation into the paper questionnaire, both in terms of how it is distributed and how it is processed, in order to improve the response rate.

Whilst this report explores where the response rate has moved it cannot assess the reasons for that movement. However, given the variations at Board level both in absolute response rates and movement from last year, further work with staff is recommended, in order to understand why staff have chosen not to participate, or otherwise feel unable to do so. In particular, this might explore further why a small proportion of staff do not feel able to fully complete the questionnaire. It should be

recalled that a fully-independent academic evaluation of the model has been commissioned, this will report in 2019 and may present findings in respect of these issues.

Part 2: No Report

Gap to Reaching the Threshold Response Rate

Of the Boards that had no report because the response rate threshold of 60% was not reached, several were very close to required number of completed questionnaires. In particular, NHS Dumfries and Galloway needed just 1 more response and NHS Ayrshire and Arran an additional 103.

The table below shows the volume of questionnaires issued and returned along with the response rate achieved and the number of completed questionnaires that would be needed to have reached the response rate threshold.

	Questionnaires issued	Responses	Response Rate	Volume needed to achieve 60%	Gap needed to achieve report
Health and Social Care	177,619	104,254	59%	105,683	1,429
NHS Ayrshire & Arran	14,373	8,449	59%	8,552	103
NHS Borders	3,408	1,809	53%	2,028	219
NHS Dumfries & Galloway	4,355	2,590	59%	2,591	1
NHS Fife	10,841	5,778	53%	6,450	672
NHS Greater Glasgow & Clyde	43,420	23,356	54%	25,835	2,479
NHS Highland	10,296	5,276	51%	6,126	850
NHS Shetland	1,552	863	56%	923	60
NHS Tayside	14,014	8,147	58%	8,338	191
NHS Western Isles	996	516	51%	593	77

Teams with No Report

Overall the proportion of teams with No Report has risen from 33% in 2017 to 38% in 2018

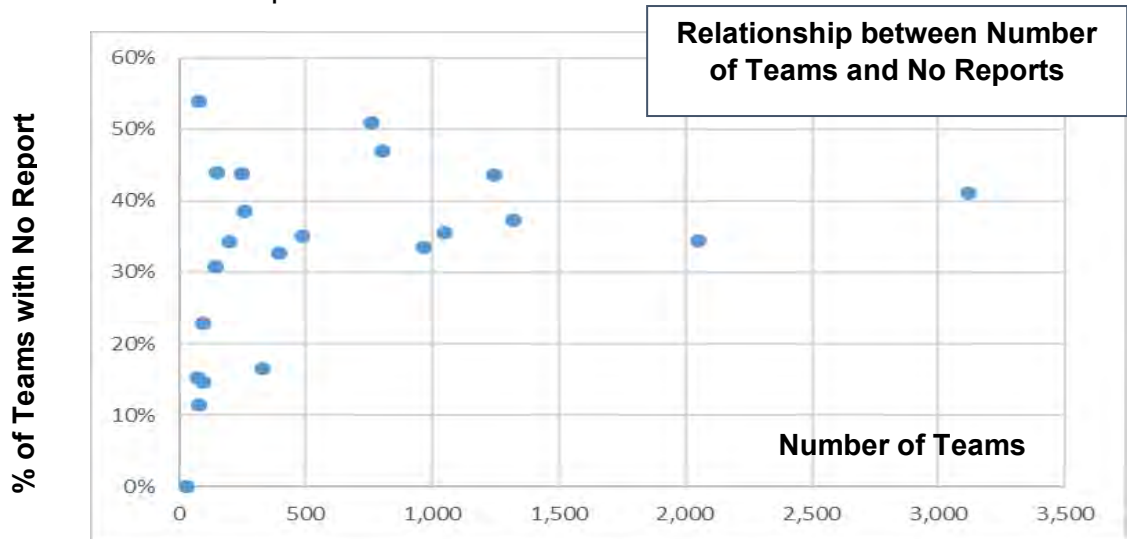
	2017	2018
Total Number of Teams	13,737	13,943
Total Number of Teams with No Report	4,537	5,300
% Teams with No Report	33%	38%

Teams with No Report are teams of more than 4 people who did not achieve a 60% response rate and Teams of 4 or less people that did not achieve 100% response rate. The level of no report by Board is as shown below. As might be expected, the Boards with no overall report have a higher incidence of team reports not being issued. Among Boards with no report the average level of teams with no reports was 42%, dropping to 33% among Boards with overall reports.

Board	No report	Total Teams	Percentage
Health and Social Care	5,300	13,943	38%
Golden Jubilee Foundation	44	143	31%
Healthcare Improvement Scotland	11	72	15%
NHS 24	67	196	34%
NHS Ayrshire & Arran	322	964	33%
NHS Borders	108	246	44%
NHS Dumfries & Galloway	100	259	39%
NHS Education for Scotland	14	96	15%
NHS Fife	376	799	47%
NHS Forth Valley	170	486	35%
NHS Grampian	491	1,318	37%
NHS Greater Glasgow & Clyde	1,278	3,117	41%
NHS Health Scotland	0	30	0%
NHS Highland	385	758	51%
NHS Lanarkshire	372	1,049	35%
NHS Lothian	706	2,052	34%
NHS National Services Scotland	54	328	16%
NHS Orkney	9	79	11%
NHS Shetland	66	150	44%
NHS Tayside	543	1,246	44%
NHS Western Isles	34	68	50%
Scottish Ambulance Service	129	395	33%
The State Hospital	21	92	23%

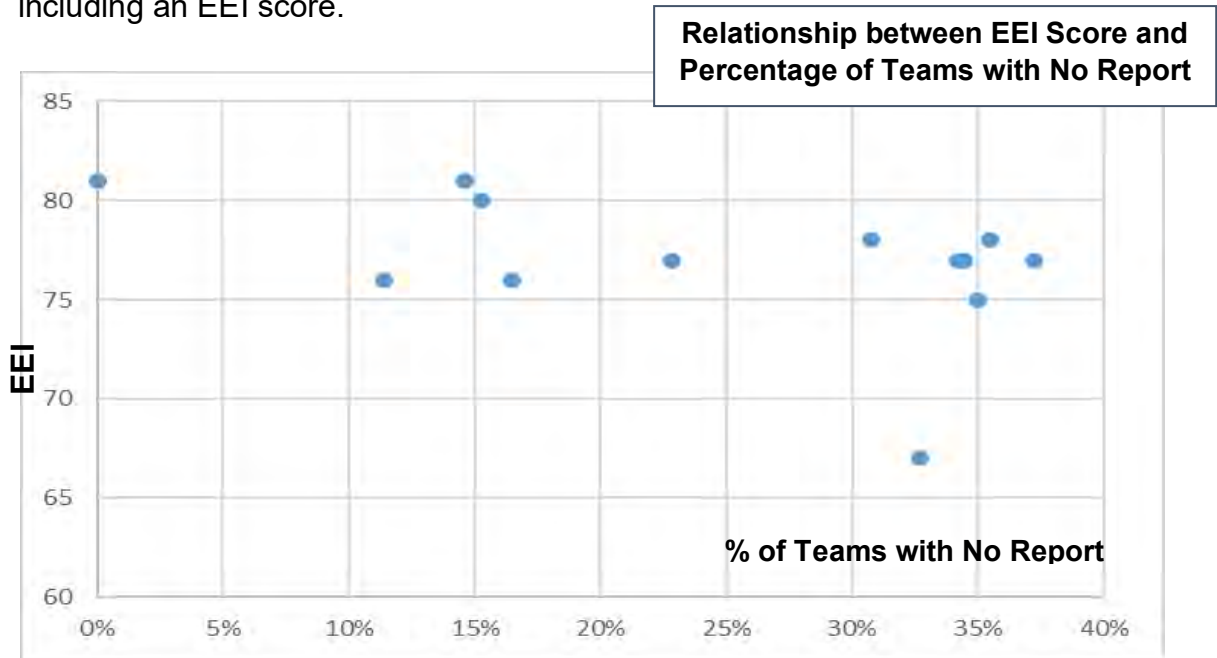
Two Boards (Western Isles and Highland) have 50% or more of their teams with no report and a further 5 Boards have over 40% of teams with no report (Borders, Fife, Greater Glasgow & Clyde, Shetland and Tayside)

There is no clear relationship between the size of the Board, its number of teams and the level of No Report.



Each data point is an individual Board

Nor is there any obvious correlation between the EEI Score and percentage of No Report, though this is based only on those Boards that had a board level report including an EEI score.



Each data point is an individual Board

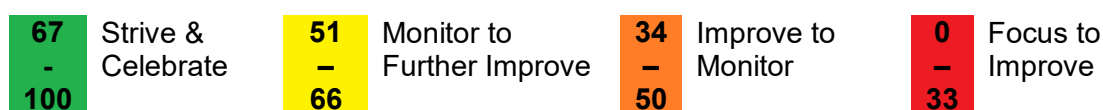
Summary

As a direct result of the drop in response rate, there is an increase in the number of Boards and Teams not receiving a report. This will potentially impact future engagement with iMatter, hence the recommendation to investigate the non-responses as noted previously.

Part 3: iMatter EEI per organisation

Of the 13 Boards that were issued with reports in both 2017 and 2018, 7 have an EEI score in 2018 which is higher than in 2017; 5 have the same EEI score; and one has a lower EEI score in 2018 than in 2017. See Appendix 1.

Organisation	EEI	
	2017	2018
Health and Social Care	75	No report
Golden Jubilee Foundation	78	78
Healthcare Improvement Scotland	80	80
NHS 24	75	77
NHS Ayrshire & Arran	76	No report
NHS Borders	74	No report
NHS Dumfries & Galloway	75	No report
NHS Education for Scotland	80	81
NHS Fife	75	No report
NHS Forth Valley	75	75
NHS Grampian	76	77
NHS Greater Glasgow & Clyde	No report	No report
NHS Health Scotland	81	81
NHS Highland	No report	No report
NHS Lanarkshire	77	78
NHS Lothian	76	77
NHS National Services Scotland	77	76
NHS Orkney	75	76
NHS Shetland	78	No report
NHS Tayside	74	No report
NHS Western Isles	No report	No report
Scottish Ambulance Service	67	67
The State Hospital	76	77



iMatter Report of EEI scores for Teams per Organisation

The table below shows the report percentage of EEI scores and the distribution of teams per Organisation.

It highlights differing levels of consistency across teams within individual Boards. NHS Health Scotland is the only Board with all Teams at **Strive & Celebrate** level. In contrast the Scottish Ambulance Service has 20% of teams in **Monitor to Further Improve** and 2% in **Improve to Monitor**.

Board	Teams	Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33	No report	Total Teams
Health and Social Care - (all Boards with 2018 Reports)	Number	3,846	381	20	1	2,088	6,336
	Percentage	61%	6%	0%	0%	33%	
Golden Jubilee Foundation	Number	92	6	1	0	44	143
	Percentage	64%	4%	1%	0%	31%	
Healthcare Improvement Scotland	Number	57	4	0	0	11	72
	Percentage	79%	6%	0%	0%	15%	
NHS 24	Number	115	14	0	0	67	196
	Percentage	59%	7%	0%	0%	34%	
NHS Education for Scotland	Number	77	5	0	0	14	96
	Percentage	80%	5%	0%	0%	15%	
NHS Forth Valley	Number	276	38	2	0	170	486
	Percentage	57%	8%	0%	0%	35%	
NHS Grampian	Number	766	57	3	1	491	1,318
	Percentage	58%	4%	0%	0%	37%	
NHS Health Scotland	Number	30	0	0	0	0	30
	Percentage	100%	0%	0%	0%	0%	
NHS Lanarkshire	Number	642	33	2	0	372	1,049
	Percentage	61%	3%	0%	0%	35%	
NHS Lothian	Number	1,230	112	4	0	706	2,052
	Percentage	60%	6%	0%	0%	34%	
NHS National Services Scotland	Number	248	25	1	0	54	328
	Percentage	76%	8%	0%	0%	16%	
NHS Orkney	Number	67	3	0	0	9	79
	Percentage	85%	4%	0%	0%	11%	
Scottish Ambulance Service	Number	182	78	6	0	129	395
	Percentage	46%	20%	2%	0%	33%	
The State Hospital	Number	64	6	1	0	21	92
	Percentage	70%	7%	1%	0%	23%	

EEL scores for Teams per Organisation comparing 2017 to 2018

The table below shows the report percentage of EEL scores and the distribution of teams per Organisation comparing 2017 and 2018.

Comparing 2018 to 2017		Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33	No Report
Golden Jubilee Foundation	2017	75%	3%	1%	0%	21%
	2018	64%	4%	1%	0%	31%
Healthcare Improvement Scotland	2017	79%	9%	0%	0%	12%
	2018	79%	6%	0%	0%	15%
NHS 24	2017	52%	8%	0%	0%	40%
	2018	59%	7%	0%	0%	34%
NHS Education for Scotland	2017	79%	5%	1%	0%	15%
	2018	80%	5%	0%	0%	15%
NHS Forth Valley	2017	62%	7%	0%	0%	31%
	2018	57%	8%	0%	0%	35%
NHS Grampian	2017	64%	5%	0%	0%	30%
	2018	58%	4%	0%	0%	37%
NHS Health Scotland	2017	91%	0%	0%	0%	9%
	2018	100%	0%	0%	0%	0%
NHS Lanarkshire	2017	65%	5%	0%	0%	30%
	2018	61%	3%	0%	0%	35%
NHS Lothian	2017	60%	7%	1%	0%	33%
	2018	60%	6%	0%	0%	34%
NHS National Services Scotland	2017	79%	6%	0%	0%	15%
	2018	76%	8%	0%	0%	16%
NHS Orkney	2017	74%	10%	1%	0%	15%
	2018	85%	4%	0%	0%	11%
Scottish Ambulance Service	2017	36%	25%	2%	0%	37%
	2018	46%	20%	2%	0%	33%
The State Hospital	2017	73%	10%	1%	0%	16%
	2018	70%	7%	1%	0%	23%

Summary

Of the 13 Boards included in this analysis 4 Boards have increased the percentage of their teams with a 'Strive and Celebrate' score. This figure is influenced by the increase in teams with no reports across 9 of the Boards.

Part 4: iMatter Results 2018

Staff Governance Standard – Scores

The strands of the Staff Governance Standard were mapped against the 20 components forming part of the Staff Experience Framework (see Appendix 2). The 28 questions were then mapped to the 20 components and Staff Governance Standards to provide a measure of Employee Engagement (see Appendix 3).

Mapping responses to the Staff Governance Standard strands indicate that in 2018 respondents felt that they were: well informed (80%); and treated fairly & consistently with dignity and respect in an environment where diversity is valued (77%).

Responses also indicate that respondents felt they were provided with a continuously improving and safe working environment that promotes the health and wellbeing of staff, patients and the wider community (77%). Results relating to appropriate training and development (74%) and feeling involved in decisions (71%) were lower.

Staff Governance Standards – Scores	Weighted Index Value	
	2017	2018
Well informed	80	80
Appropriately trained and developed	73	74
Involved in decisions	71	71
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	77	77
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	76	77

Staff Governance Standard - Experience as an individual

Results are aggregated for each question presented under the heading 'As an Individual'.

Experience as an Individual	Weighted Index Value	
	2017	2018
I am clear about my duties and responsibilities	88	88
I get the information I need to do my job well	81	81
I am given the time and resources to support my learning growth	71	72
I have sufficient support to do my job well	77	78
I am confident my ideas and suggestions are listened to	75	75
I am confident my ideas and suggestions are acted upon	70	71
I feel involved in decisions relating to my job	71	71
I am treated with dignity and respect as an individual	82	83
I am treated fairly and consistently	81	81
I get enough helpful feedback on how well I do my work	73	73
I feel appreciated for the work I do	73	74
My work gives me a sense of achievement	81	81

Responses to all individual statements achieve scores that fit into the 'Strive and Celebrate' category. The statement with the highest score was: "I am clear about my duties and responsibilities" with an aggregated score of 88. Also scoring highly was the statement: "I am treated with dignity and respect as an individual". Responses to statements that scored less highly are those that relate to development and change:

- I am confident my ideas and suggestions will be acted on (71)
- I feel involved in decisions relating to my job (71)
- I am given time and resources to support my learning growth (72)
- I get enough helpful feedback on how well I do my work (73)

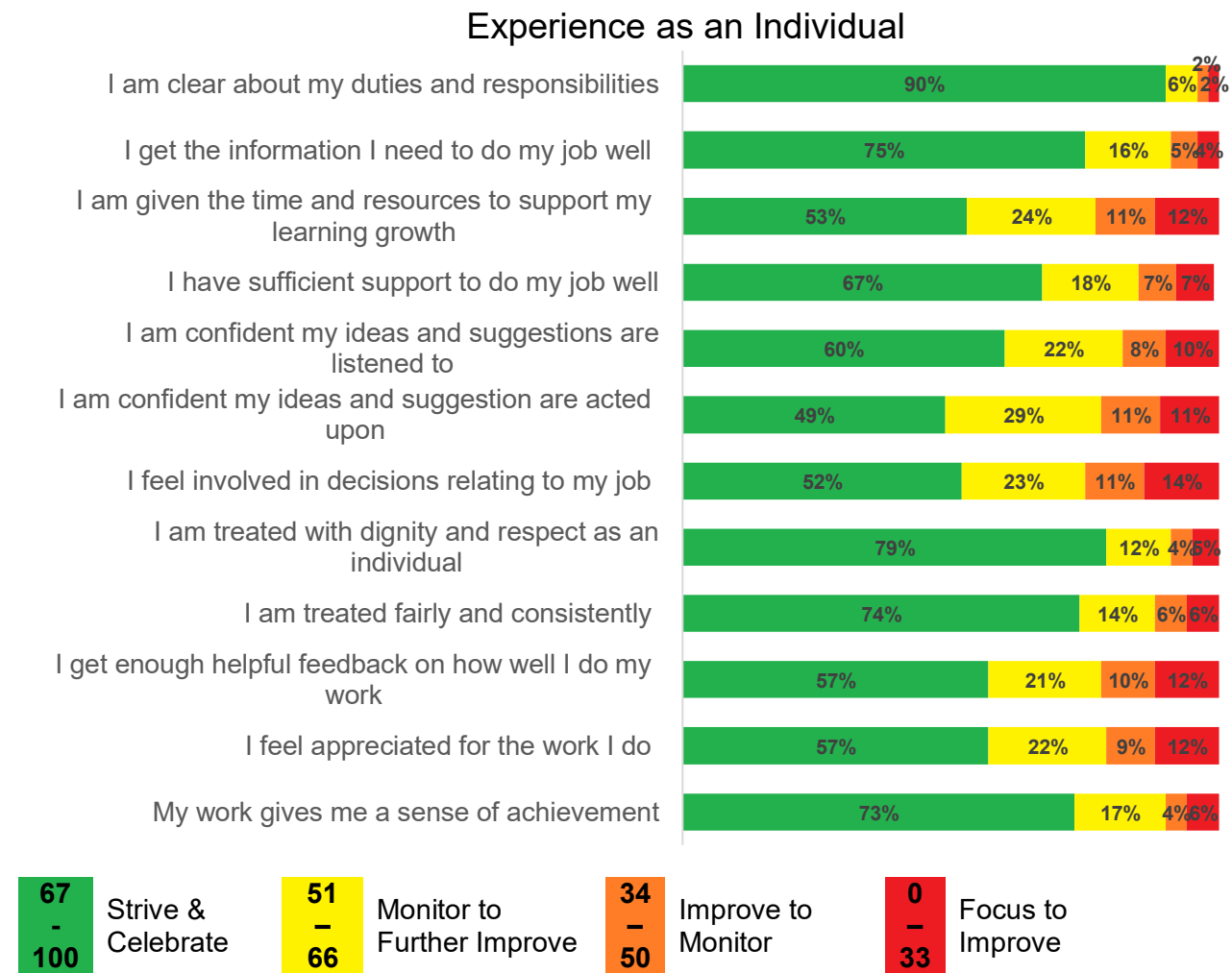
Experience as an Individual - Distribution of responses

The chart below shows the distribution of responses to the questions relating to the ‘Experience as an Individual’ Staff Governance Standard. This highlights the variation in answers given by staff. For example, 90% of respondents either strongly agreed or agreed with the statement: “I am clear about my duties and responsibilities”. This contrasts to only 49% of respondents who either strongly agreed or agreed with the statement: “I am confident my ideas and suggestions are acted upon”.

The percentage of strongly agree or agree responses to the statement: “I feel involved in decisions relating to my job” was only 14% indicating this is an area to Focus to Improve. The following statements are also identified as areas to Focus to Improve as they achieved only 12% which was the lowest number of strongly agree or agree responses:

- I am confident my ideas and suggestions will be acted on
- I am given time and resources to support my learning growth
- I get enough helpful feedback on how well I do my work
- I feel appreciated for the work I do

Number of respondents 104,254



Staff Governance Standard - My Team / My Direct Line Manager

Results are aggregated for each question presented under the heading 'My Team / My Direct Line Manager'.

All scores of My Team/Direct Line Manager shown below achieved the Strive and Celebrate threshold. The highest scores were for statements relating specifically to the line manager:

- My direct line manager is sufficiently approachable (87)
- I feel my direct line manager cares about my health and wellbeing (84)
- I have confidence and trust in my direct line manager (84)

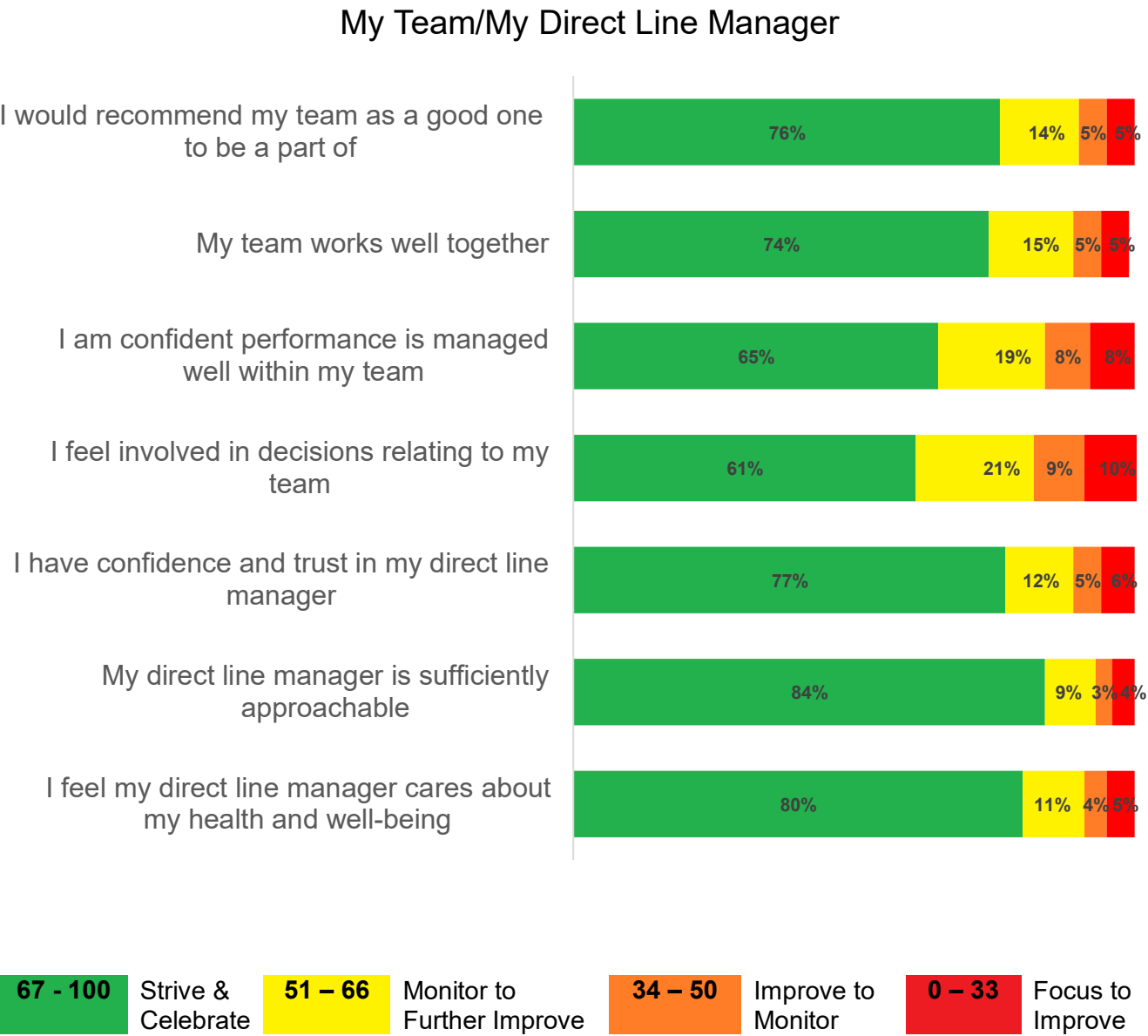
The lowest score achieved was for "involvement in decisions relating to my team", which reflect also the lower score for the equivalent statement relating to the individual member of staff (I feel involved in decisions relating to my job).

My Team/My Direct Line Manager	Weighted Index Value	
	2017	2018
I feel my direct line manager cares about my health and wellbeing	84	84
My direct line manager is sufficiently approachable	86	87
I have confidence and trust in my direct line manager	83	84
I feel involved in decisions relating to my team	75	76
I am confident performance is managed well within my team	77	77
My team works well together	81	82
I would recommend my team as a good one to be a part of	82	83

My Team / My Direct Line Manager - Distribution of Responses

The distribution of responses for each question in this Standard follow a more consistent pattern than seen previously for Experience as an Individual. However, it is notable that 10% of staff responding either disagreed or strongly disagreed with the statement: ‘I feel involved in decisions relating to my team’. This falls into the Focus to Improve category.

Number of respondents 104,254



Staff Governance Standard - My Organisation

Results are aggregated for each question presented under the heading 'My Organisation', where Organisation refers to and includes both the relevant NHS Board and Health & Social Care Partnership(s). 'Senior Managers' refers to the Chair, Chief Executive, Non-Executives and Directors/Chief Officer.

The 'My Organisation' Standard shows the greatest variation in scores across the statements, from the best at 83 (I understand how my role contributes to the goals of my organisation) to the lowest at 57 (I feel involved in decisions relating to my organisation).

Four of the 9 statements are scored as Monitor to Further Improve. As well as the involvement in decisions noted above, the other measures are:

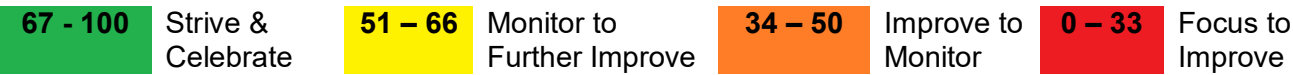
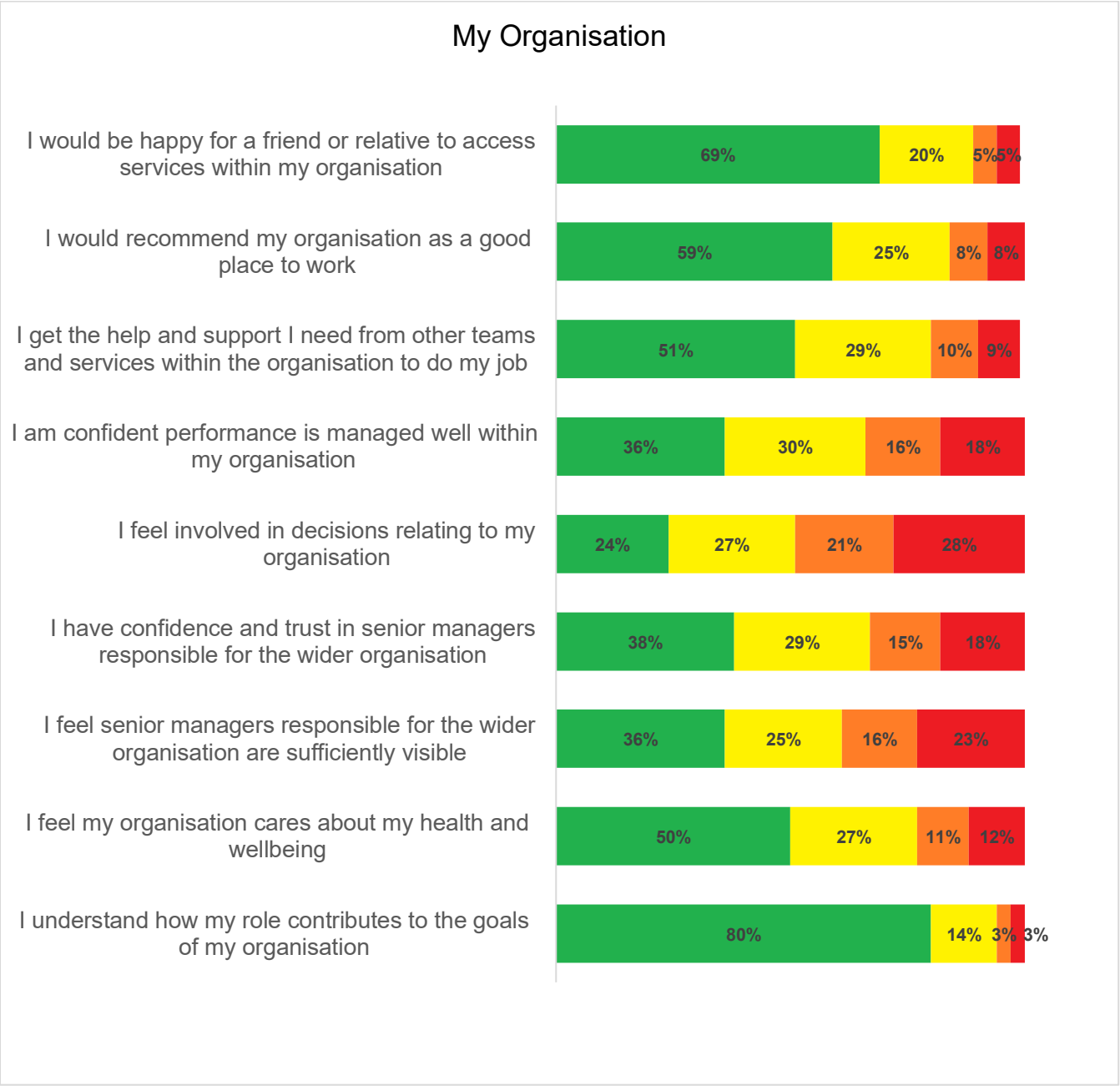
- I feel senior managers responsible for the wider organisation are sufficiently visible (62)
- I am confident performance is managed well within my organisation (64)
- I have confidence and trust in senior managers responsible for the wider organisation (65)

My Organisation	Weighted Index Value	
	2017	2018
I understand how my role contributes to the goals of my organisation	82	83
I feel my organisation cares about my health and wellbeing	70	71
I feel senior managers responsible for the wider organisation are sufficiently visible	62	62
I have confidence and trust in senior managers responsible for the wider organisation	64	65
I feel involved in decisions relating to my organisation	57	57
I am confident performance is managed well within my organisation	64	64
I get the help and support I need from other teams and services within the organisation to do my job	71	72
I would recommend my organisation as a good place to work	74	74
I would be happy for a friend or relative to access services within my organisation	78	79

My Organisation - Distribution of Responses

This Staff Governance Standard shows the greatest variability in response both within and across the individual questions. In particular, only 24% of staff responding either agreed or strongly agreed with the statement: ‘I feel involved in decisions relating to my organisation’ whilst 28% of respondents either disagreed or strongly disagreed with the statement.

Number of respondents 104,254



Health and Social Care iMatter Components

The 28 questions were then mapped to the 20 components and Staff Governance Standards to provide a measure of Employee Engagement (see Appendix 3). From 2017 to 2018, 13 of the questions have improved by 1 point and 15 of the questions have shown no movement

iMatter Questions	Staff Experience Employee Engagement Components	Average Response	
		2017	2018
I am clear about my duties and responsibilities	Role Clarity	88	88
My direct line manager is sufficiently approachable	Visible and Consistent Leadership	86	87
I feel my direct line manager cares about my health and well-being	Assessing Risk and Monitoring Work Stress and Workload	84	84
I have confidence and trust in my direct line manager	Confidence and Trust in my management	83	84
I am treated with dignity and respect as an individual	Valued as an Individual	82	83
I would recommend my team as a good one to be a part of	Additional question	82	83
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose and Values	82	83
My team works well together	Effective Team Work	81	82
I am treated fairly and consistently	Consistent Application of Employment Policies and Procedures	81	81
I get the information I need to do my job well	Clear, Appropriate and Timeously Communication	81	81
My work gives me a sense of achievement	Job Satisfaction	81	81
I would be happy for a friend or relative to access services within my organisation	Additional question	78	79
I have sufficient support to do my job well	Access to Time and Resources	77	78
I am confident performance is managed well within my team	Performance Management	77	77
I feel involved in decisions relating to my team	Empowered to influence	75	76
I am confident my ideas and suggestions are listened to	Listened to and Acted Upon	75	75
I would recommend my organisation as a good place to work	Additional question	74	74
I feel appreciated for the work I do	Recognition and Reward	73	74
I get enough helpful feedback on how well I do my work	Performance Development and Review	73	73
I am given the time and resources to support my learning growth	Learning and Growth	71	72
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate Behaviours and Supportive Relationships	71	72
I am confident my ideas and suggestion are acted upon	Listened to and Acted Upon	70	71
I feel involved in decisions relating to my job	Empowered to influence	71	71
I feel my organisation cares about my health and wellbeing	Health and Wellbeing Support	70	71
I have confidence and trust in senior managers responsible for the wider organisation	Confidence and Trust in my management	64	65
I am confident performance is managed well within my organisation	Performance Management	64	64
I feel senior managers responsible for the wider organisation are sufficiently visible	Visible and Consistent Leadership	62	62
I feel involved in decisions relating to my organisation	Partnership Working	57	57

Comparisons between individual, team and organisation

A number of the questions are asked both of the team and the wider organisation. Differences are evident between the two with direct line managers/own teams scoring higher than the organisation.

There is a 19 point gap in ‘confidence and trust’ between line manager and senior managers in the wider organisation. A similar gap exists between feeling involved in decisions relating to team and those relating to the organisation. Interestingly, the score for feeling involved in decisions relating to my job, scores 5 points lower than team decisions.

The chart below summarises the relevant questions from the components report shown on the previous page.

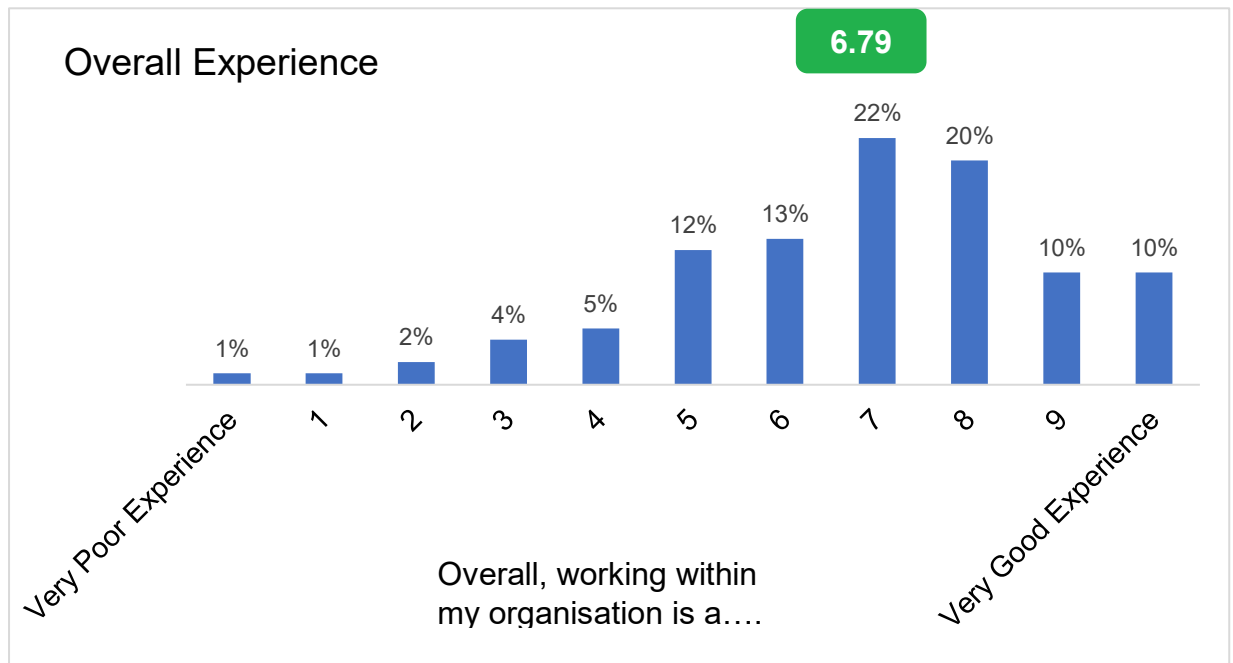


Overall, working within my organisation is a ...

The thermometer question is a numeric question asking staff to rate working in the organisation. The mean score is up slightly from 6.73 in 2017 to 6.79 in 2018.

Almost two-thirds of the staff taking part, score 7 or more (62%), though within that only 20% rate 9 or 10. However, 13% rate their experience at 4 or less.

Number of respondents 104,254



iMatter Question Analysis by Board

The two tables below show the rank order of each of the components for each Board compared with Health and Social Care overall. By focusing on rank order rather than absolute score the difference in relative performance within each board can be seen.

Table 1: Geographic Boards

It is immediately evident that there is less variability across the geographic Boards, with the Top 3 always containing the same 3 questions in every Board.

- I am clear about my duties and responsibilities
- My direct line manager is sufficiently approachable
- I feel my direct line manager cares about my health and wellbeing

There are only two individual questions that are ranked notably lower than average:

- Ranked fourth overall – “I have confidence and trust in my direct line manager” for NHS Dumfries & Galloway ranked seventh
- Ranked fifth overall – “I am treated with dignity and respect as an individual” for NHS Shetland ranked ninth

Similarly, the questions ranked within the bottom 4 are the same across all geographic Boards.

Table 2: National Boards

Across the National boards there was much greater variation in the rank order of questions: In particular the top ranked statement “I am clear about my duties and responsibilities” is only ranked fifth for Health Scotland, seventh for Education for Scotland and eighth for Health Improvement Scotland. It is notable that “My work gives me a sense of achievement is the third highest ranking statement for the Scottish Ambulance Service. There is however, much greater consistency on the questions ranked lowest in each Board.

Table 1: Geographic Boards	Health and Social Care	NHS Ayrshire & Arran	NHS Borders	NHS Dumfries & Galloway	NHS Fife	NHS Forth Valley	NHS Gramp- ian	NHS Greater Glasgow & Clyde	NHS High- land	NHS Lanark -shire	NHS Lothian	NHS Orkney	NHS Shetland	NHS Tayside	NHS Western Isles
Annual Report 2018	No	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No
I am clear about my duties and responsibilities	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2
My direct line manager is sufficiently approachable	2	2	2	2	2	2	2	2	2	2	2	1	1	2	1
I feel my direct line manager cares about my health and wellbeing	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
I have confidence and trust in my direct line manager	4	4	4	7	4	5	5	4	4	4	4	6	6	4	5
I am treated with dignity and respect as an individual	5	7	6	6	5	4	4	6	5	6	5	5	9	5	4
I would recommend my team as a good one to be a part of	6	5	5	5	7	7	6	7	6	5	6	9	5	6	8
I understand how my role contributes to the goals of my organisation	7	6	7	4	6	6	7	5	7	7	7	7	4	10	7
My team works well together	8	8	8	9	8	10	10	8	8	8	8	10	8	7	11
I am treated fairly and consistently	9	10	9	11	9	9	9	10	9	10	9	8	11	8	6
I get the information I need to do my job well	10	9	11	10	11	8	11	9	11	9	10	11	12	11	10
My work gives me a sense of achievement	11	11	10	8	10	11	8	11	10	11	11	4	7	9	9
I would be happy for a friend or relative to access services within my organisation	12	14	12	12	13	12	12	12	12	14	12	12	10	14	12
I have sufficient support to do my job well	13	12	14	13	12	13	13	13	13	13	13	15	14	12	13
I am confident performance is managed well within my team	14	13	13	15	14	14	14	14	14	12	14	16	13	13	16
I feel involved in decisions relating to my team	15	15	15	17	16	15	15	15	15	15	15	13	15	15	15
I am confident my ideas and suggestions are listened to	16	17	16	16	15	16	16	16	16	16	16	14	18	16	14
I would recommend my organisation as a good place to work	17	16	19	14	17	17	17	17	19	17	17	18	16	19	17
I feel appreciated for the work I do	18	19	17	18	18	19	18	19	17	19	18	17	17	17	19
I get enough helpful feedback on how well I do my work	19	18	18	20	19	18	19	18	18	18	19	19	19	18	20
I am given the time and resources to support my learning growth	20	20	23	22	20	23	20	21	23	20	20	24	24	21	21
I get the help and support I need from other teams and services within the organisation to do my job	21	21	21	19	22	20	23	20	21	21	22	21	21	23	22
I am confident my ideas and suggestion are acted upon	22	23	22	21	21	21	24	22	22	22	23	22	23	20	23
I feel involved in decisions relating to my job	23	24	20	23	23	22	21	23	20	23	21	20	22	22	18
I feel my organisation cares about my health and wellbeing	24	22	24	24	24	24	22	24	24	24	24	23	20	24	24
I have confidence and trust in senior managers responsible for the wider organisation	25	26	25	25	26	25	25	25	25	25	25	26	25	26	25
I am confident performance is managed well within my organisation	26	25	26	26	25	26	26	26	26	26	26	25	26	25	27
I feel senior managers responsible for the wider organisation are sufficiently visible	27	27	27	27	27	27	27	27	27	27	27	27	27	27	26
I feel involved in decisions relating to my organisation	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

Compared to the national average

4 or more rank
places higher

3 rank places
higher

3 rank places
lower

4 or more rank
places lower

Table 2: National Boards	Health and Social Care	NHS Education for Scotland	Golden Jubilee	NHS Health Scotland	Health Improvement Scotland	National Services Scotland	NHS 24	Scottish Ambulance Service	The State Hospital
I am clear about my duties and responsibilities	1	7	1	5	8	3	2	1	1
My direct line manager is sufficiently approachable	2	1	2	1	1	1	1	2	2
I feel my direct line manager cares about my health and wellbeing	3	2	4	2	2	2	3	5	3
I have confidence and trust in my direct line manager	4	4	5	3	3	4	4	4	6
I am treated with dignity and respect as an individual	5	3	8	4	4	5	8	9	7
I would recommend my team as a good one to be a part of	6	6	7	7	6	7	9	7	5
I understand how my role contributes to the goals of my organisation	7	10	6	9	10	6	5	6	9
My team works well together	8	8	11	8	7	9	15	8	4
I am treated fairly and consistently	9	5	12	6	5	8	12	10	10
I get the information I need to do my job well	10	14	10	13	12	11	10	12	8
My work gives me a sense of achievement	11	11	9	19	16	13	14	3	13
I would be happy for a friend or relative to access services within my organisation	12	9	3	15	11	10	6	11	23
I have sufficient support to do my job well	13	16	14	14	17	12	11	14	11
I am confident performance is managed well within my team	14	18	15	16	19	16	7	13	12
I feel involved in decisions relating to my team	15	13	16	11	14	17	19	15	14
I am confident my ideas and suggestions are listened to	16	15	17	12	9	18	20	18	16
I would recommend my organisation as a good place to work	17	12	13	20	15	14	16	16	19
I feel appreciated for the work I do	18	17	20	17	13	19	17	17	17
I get enough helpful feedback on how well I do my work	19	19	18	10	18	20	13	21	15
I am given the time and resources to support my learning growth	20	23	21	22	23	21	22	24	18
I get the help and support I need from other teams and services within the organisation to do my job	21	24	22	24	24	22	18	19	22
I am confident my ideas and suggestion are acted upon	22	22	23	23	21	23	26	22	21
I feel involved in decisions relating to my job	23	21	24	21	22	24	27	23	20
I feel my organisation cares about my health and wellbeing	24	20	19	18	20	15	21	20	24
I have confidence and trust in senior managers responsible for the wider organisation	25	25	25	26	25	25	23	25	25
I am confident performance is managed well within my organisation	26	27	26	28	27	27	24	26	28
I feel senior managers responsible for the wider organisation are sufficiently visible	27	26	27	25	26	26	25	27	26
I feel involved in decisions relating to my organisation	28	28	28	27	28	28	28	28	27

Compared to the national average

4 or more rank places higher	3 rank places higher	3 rank places lower	4 or more rank places lower
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Comparison between higher and lower scoring Boards

It is notable that across the Geographic Boards, there is considerable consistency in EEI scores, with the range only going from 75 for NHS Forth Valley to 78 for NHS Lanarkshire.

However, there are much larger differences across the National Boards: This analysis compares the score of 3 Boards that represent the highest and lowest EEI scores among Boards that received a Report in 2018.

While all three are National Boards, it is noted that the Scottish Ambulance Service is over ten times the size of the others in terms of response volume.

	Scottish Ambulance Service	Health Improvement Scotland	NHS Health Scotland
EEI	67	80	81
Response Rate	64%	86%	91%
Response Volume	4,571	474	289

Differences between iMatter questions

The EEI scores with the biggest differences are all in the Experience as an Individual strand and relates to a feeling of involvement and inclusion:

- I get enough helpful feedback on how well I do my work
- I feel involved in decisions relating to my job
- I am given the time and resources to support my learning growth
- I am confident my ideas and suggestions are listened to

In contrast the questions that have the least difference are also in this strand, but relate to the individual's personal role:

- I am clear about my duties and responsibilities
- My work gives me a sense of achievement

Also showing considerable differences between the high and lower scoring Boards are two of the statements in My Organisation;

- I feel my organisation cares about my health and wellbeing
- I feel senior managers responsible for the wider organisation are sufficiently visible

iMatter Questions individual Board component reports	Scottish Ambulance Service	Health Improvement Scotland	NHS Health Scotland
EEl	67	80	81
Response Rate	64%	86%	91%
Response Volume	4,571	474	289
I am clear about my duties and responsibilities	85	84	87
I get the information I need to do my job well	72	81	82
I am given the time and resources to support my learning growth	57	76	79
I have sufficient support to do my job well	69	80	82
I am confident my ideas and suggestions are listened to	62	82	83
I am confident my ideas and suggestion are acted upon	58	78	77
I feel involved in decisions relating to my job	57	77	80
I am treated with dignity and respect as an individual	76	87	89
I am treated fairly and consistently	73	85	87
I get enough helpful feedback on how well I do my work	59	80	84
I feel appreciated for the work I do	63	81	81
My work gives me a sense of achievement	80	80	82
I feel my direct line manager cares about my health and wellbeing	79	91	92
My direct line manager is sufficiently approachable	84	91	93
I have confidence and trust in my direct line manager	80	89	90
I feel involved in decisions relating to my team	67	81	83
I am confident performance is managed well within my team	70	79	82
My team works well together	76	84	84
I would recommend my team as a good one to be a part of	77	85	86
I understand how my role contributes to the goals of my organisation	78	82	84
I feel my organisation cares about my health and wellbeing	60	78	82
I feel senior managers responsible for the wider organisation are sufficiently visible	51	72	69
I have confidence and trust in senior managers responsible for the wider organisation	54	69	73
I feel involved in decisions relating to my organisation	47	66	65
I am confident performance is managed well within my organisation	53	65	66
I get the help and support I need from other teams and services within the organisation to do my job	62	74	75
I would recommend my organisation as a good place to work	67	80	80
I would be happy for a friend or relative to access services within my organisation	72	82	82

Dependency between questions

Using Pearson correlation analysis we can look at the relationship between the individual questions.

High dependency between questions

The strongest correlation is between:

- I am confident my ideas and suggestions are listened to
- I am confident my ideas and suggestions are acted upon

This is logical given the similarity in the statements, however the overall average score for being 'listened to' is higher (75) than the score for 'acted upon' (71). These two questions then also correlate strongly with 'I feel involved in decisions relating to my job'.

There is a cluster of high correlation around the relationship staff have with their direct line manager:

- I feel my direct line manager cares about my health and wellbeing
- My direct line manager is sufficiently approachable
- I have confidence and trust in my direct line manager

There is a correlation also between the visibility of senior managers and the level of trust that staff have in them:

- I feel senior managers responsible for the wider organisation are sufficiently visible
- I have confidence and trust in senior managers responsible for the wider organisation

These two statements also correlate strongly with 'I am confident performance is managed well within my organisation'.

Two other pairs of statements that correlate highly are:

- I am treated with dignity and respect as an individual
- I am treated fairly and consistently

And

- I get enough helpful feedback on how well I do my work
- I feel appreciated for the work I do

The highest correlations with the Overall thermometer question are:

1. I would recommend my organisation as a good place to work
2. I feel my organisation cares about my health and wellbeing
3. I would be happy for a friend or relative to access services within my organisation
4. I am confident performance is managed well within my organisation

5. I have confidence and trust in senior managers responsible for the wider organisation
6. I feel appreciated for the work I do

Statements 1. and 3. above might be seen as the 'outcomes' i.e. if staff say working in their organisation is a 'very good experience' then they are very likely to recommend it as a good place to work and be happy for a friend or relative to access its services.

The other statements may be seen as 'inputs'. i.e. staff who agree strongly with those statements are most likely to say the overall experience is very good. Equally those who rate low for these statements will typically describe the overall experience as bad. Three out of these four statements relate to the organisation rather than the team.

Low dependency between questions

Two questions have low correlations with almost all other questions including the overall thermometer:

- I am clear about my duties and responsibilities
- I understand how my role contributes to the goals of my organisation

The overall lowest correlations are between 'I am clear about my duties and responsibilities' and:

- I feel senior managers responsible for the wider organisation are sufficiently visible
- I feel involved in decisions relating to my organisation

As might be expected there is generally very little correlation between the Team statements and those about the wider Organisation.

Part 5: Action Plans

All teams are encouraged to complete an action plan within 12 weeks of receiving their iMatter report. The table below shows the percentage of teams for each Board that have completed action plans.

The majority of boards, fifteen in total, have increased the percentage of teams with action plans for 2018 compared to 2017. Only five boards have fewer action plans in 2018 than they did in 2017 and two Boards have the same percentage in both years.

Action Plans Completed after 12 Weeks			
Organisation	2017	2018	Movement from 2017
Health and Social Care	43%	56%	↑
Golden Jubilee Foundation	62%	71%	↑
Healthcare Improvement Scotland	71%	89%	↑
NHS 24	15%	66%	↑
NHS Ayrshire & Arran	55%	61%	↑
NHS Borders	26%	75%	↑
NHS Dumfries & Galloway	12%	46%	↑
NHS Education for Scotland	71%	82%	↑
NHS Fife	41%	42%	↑
NHS Forth Valley	26%	80%	↑
NHS Grampian	53%	49%	↓
NHS Greater Glasgow & Clyde*	44%	50%	↑
NHS Health Scotland	97%	90%	↓
NHS Highland*	29%	48%	↑
NHS Lanarkshire	49%	67%	↑
NHS Lothian	33%	60%	↑
NHS National Services Scotland	78%	76%	↓
NHS Orkney	81%	81%	→
NHS Shetland	13%	45%	↑
NHS Tayside	39%	41%	↑
NHS Western Isles*	12%	14%	↑
Scottish Ambulance Service	73%	86%	↑
The State Hospital	78%	55%	↓

Shaded boards did not get 2018 iMatter EEL report

* Boards did not get a report in neither 2017 nor 2018

Increase in Action Plans

Overall 56% of teams across Health and Social Care have a 2018 iMatter action plan, up thirteen percentage points from 2017. However, there is considerable variation across the Boards, from only 14% in NHS Western Isles to 90% in NHS Health Scotland.

Many Boards have increased considerably the proportion of teams with action plans. The biggest percentage point increases are:

- NHS Forth Valley from 26% to 80% (+54pp)
- NHS 24 from 15% to 66% (+51pp)
- NHS Borders from 26% to 75% (+49pp)
- NHS Dumfries and Galloway from 12% to 46% (+34pp)
- NHS Shetland from 13% to 45% (+32pp)
- NHS Lothian from 33% to 60% (+27pp)

Relationship between Action Plans and other Key Performance Indicators

From the variation in the level of action plans completed across the boards, it appears there are differing level of commitment to action planning. In order to explore this we look at the percentage of teams with action plans compared to other KPIs and other factors that have been seen to be linked to differences between boards.

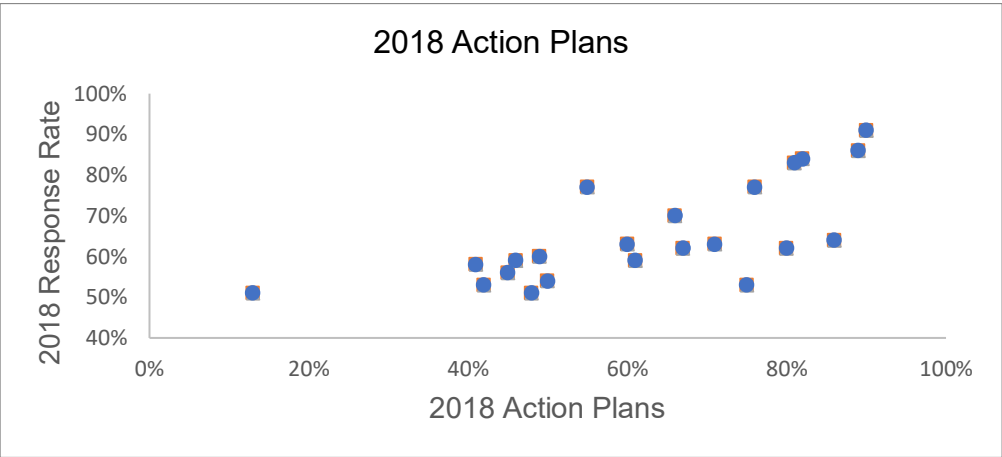
Lowest percentage of Action Plans Completed within 12 weeks: The nine Boards with the lowest percentage of teams with action plans includes seven of the nine Boards that did not get an EEI report in 2018.

Organisation	2018
NHS Western Isles	14%
NHS Tayside	41%
NHS Fife	42%
NHS Shetland	45%
NHS Dumfries & Galloway	46%
NHS Highland	48%
NHS Grampian	49%
NHS Greater Glasgow & Clyde	50%

Shaded boards did not get 2018 iMatter EEI report

The three boards that did not reach the 60% response rate threshold in either 2017 or 2018 have all shown an increase in the percentage of teams with actions plans.

Response Rate: There is a relationship between the share of teams with action plans in 2018 and the 2018 response rate. Typically, teams with a higher response rate are likely to have a higher proportion of action plans completed for 2018.



Of more importance though is the link between the percentage of teams completing 2017 iMatter action plans and the 2018 response rate. It is clear from the chart below that there is a positive relationship between the two measures. This suggests that completion of 2017 action plan demonstrates commitment within the team to iMatter and therefore helped to drive a higher response rate in 2018.



There is no clear pattern in percentage of action plans completed linked to geographic or national boards.

2018 Action Plans	Geographic Boards	National Boards
Highest level of Action Plans	NHS Orkney 81%	NHS Health Scotland 90%
Lowest level of Action Plans	NHS Western Isles 14%	The State Hospital 55%

Action Plans and Team Stories

Many stories included details of Action Plans and the process by which they are created. There is a direct link made between no Action Plan in 2017 and a perception of 'no action' and therefore less engagement and enthusiasm to take part in 2018. This appears to translate into a drop in response rate.

["Staff have verbally stated that they are unlikely to complete the questionnaire in 2018 as they completed it in 2017 and no action was taken."](#) [Aberdeen City H & SCP](#)

Equally there is reference to the follow-up action of monitoring scores to see if the previous year's actions have been effective with clear tracking of KPIs (response rate, EEI and Action Plan completion) from 2017 to 2018.

[Health Scotland Awards Team 2017](#) actions were aimed at moving scores for contribution to organisation goals and involvement in organisation decisions. In this instance, movement in scores was not seen in 2018 as there was a feeling that these were perhaps beyond the control of the team. So, the focus for 2018 moved towards celebration of the things the team were good at.

[The State Hospital AHP Team](#) story details 2017 actions and desired outcomes and reports on the successes and focuses on actions for 2018.

["The aim of our journey was to become more cohesive and visible."](#)

[NSS Clinical Dental Team](#) and [Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) are two examples of teams that are building on what was done as part of the 2017 iMatter programme and are monitoring 2017 Action Plan progress and building on them for 2018. The latter consider themselves to be 'on a journey'

["Being the best that we can be!"](#)

Part 6: “People Make Change Happen” – iMatter Team Stories

Introduction to Team Stories

Team Stories are a vital part of the iMatter programme. They illustrate the way in which individuals and teams have come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. For the iMatter 2018 programme, 24 Team Stories have been put forward for inclusion in this report. They represent the majority of NHSScotland Boards and includes six Health and Social Care Partnership stories.

This section of the report contains a review of the content of the Team Stories that have been shared, drawing out recurring themes. It includes an overview of the Team Story formats, the role of iMatter and recurring themes, before then exploring individual topics in more depth. Links to the individual stories are also included.

Team Story Formats

Prior to reviewing the content of the stories, it is notable that the Team Stories shared are diverse in many aspects, reflecting the purpose and personalities of the teams involved:

- **Focus:** Team Stories cover a variety of topics, from individual actions to team activities, from iMatter process management to targeting specific areas of performance. This diversity is reflective of the team priorities and demonstrates the different areas of focus for each of the teams.
- **Content:** The level of detail provided differs greatly. This is usually reflective of the complexity or longevity of the team story. For example, some show the method used for the Action Planning process, others focus purely on the outcome.
- **Teams:** Stories differ in the size and composition of teams involved, from the single Line Manager team, through to amalgamations of multi-discipline teams that work together. This collaboration can be valuable in developing connectivity and efficiencies across team action plans.
- **Style:** With no prescriptive format for output the design of individual Team Stories differ considerably; from word documents to films, from infographics to PowerPoint presentations. It is assumed that the style is reflective of the author and/or the Team’s usual style of communication. This freedom to produce the story in the way that is right for the team is an important part of their ‘owning’ the story and should not be stifled. Equally however, it may be helpful to provide an outline template, or even an author service for any teams who would want to tell their story but are perhaps less comfortable with the ‘write-up’ process.

The role of Team Stories in iMatter

The Action Planning process and Team Stories are an integral part of the iMatter process and in this section we look both at the relationship between iMatter performance and Team Stories, and the role of the iMatter programme within teams.

iMatter Team Stories and Engagement

There is a tendency for Team Stories to be provided by teams that already engaged, typically with above average scores and response rates. These teams are therefore likely to be more positive about the action planning process and sharing their story. Clearly maintaining great teams requires effort and commitment and this is being shown through an array of activities. [Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) in particular, celebrate the successes of the team, but also note the need to not be complacent. These stories demonstrate what can be achieved and have an overarching positivity to them. They do provide ideas and inspiration that other teams may draw on for themselves.

However, it is important that teams with greater challenges also look at how to address staff concerns and share their experiences, in order to help other teams in similar situations. Teams with issues and challenges should be encouraged and helped to develop action plans and to share their story, in order to inspire others. The learning opportunity for others will come both from seeing the success of strong team, but also from how teams with challenges are facing up to them and driving change. There are a few stories from such teams, one in particular from [Scottish Ambulance Service Shotts Station](#) is an honest and open assessment of the difficulties faced by the team.

“We had lost engagement with staff, due to a lack of communication, time restrictions, increased call volume, meal break randomness and consistent shift overruns.”

This team manager has taken the opportunity to use the team iMatter report along with other team feedback to identify areas for discussion to improve staff experience. The ideas and suggestions put forward provide great food for thought for other teams facing similar challenges.

iMatter as an enabler

Many Team Stories recognise the role of iMatter as an enabler. This cuts across all teams but is particularly prevalent in H & SCP Team Stories who are typically newer to iMatter.

iMatter also enables staff to have confidence to speak their mind and share views and ideas:

“ People need to have trust that they can say what they need to say, and know that if they are going to raise anything that here and now is the time to do so confidently and positively without repercussion.” [NHS Grampian Programmes Team](#)

Teams talk of iMatter as the catalyst for them coming together as a team to review results and to discuss and develop action plans. There is a sense that without iMatter other activities would take priority and this forward focus on team improvement might not happen.

“iMatter provides the platform and vehicle to move on but does require someone to see it through.” [NHS Grampian Programmes Team](#)

“The whole (iMatter) process allowed us the opportunity to have more reflective and planning time together, something we hadn’t taken time to realise and implement until having discussed it in detail following iMatter.” [Glasgow City South H & SCP Health Improvement](#)

“We are enthusiastic about Inverclyde H & SCP and our wonderful staff; spending more time and learning from and with them is both humbling and inspirational. iMatter has helped us focus on what is important to our staff and by focusing on this improvement journey we trust they will know that they matter, we all matter.” [Inverclyde H & SCP](#)

Recurring Themes

Throughout the Team Stories, across the different content and styles there are a number of recurring themes:

Key to the success of all of the Team Stories is communication, whether that’s between staff and management, within teams or across teams. There is a recognition that communication is key and there is clearly a lot of effort and energy going in to improving communications methods and content. There is also acknowledgement that considerable commitment is needed to address communication issues.

“We identified two main areas that we could improve as a team: communication and relationships. These were big, daunting issues to tackle, but by creating our iMatter action plan we were able to break it down and map out some of our solutionsWe all put in effort and bravery as individuals to improve our team relationships, stepping outside our comfort zone both at the

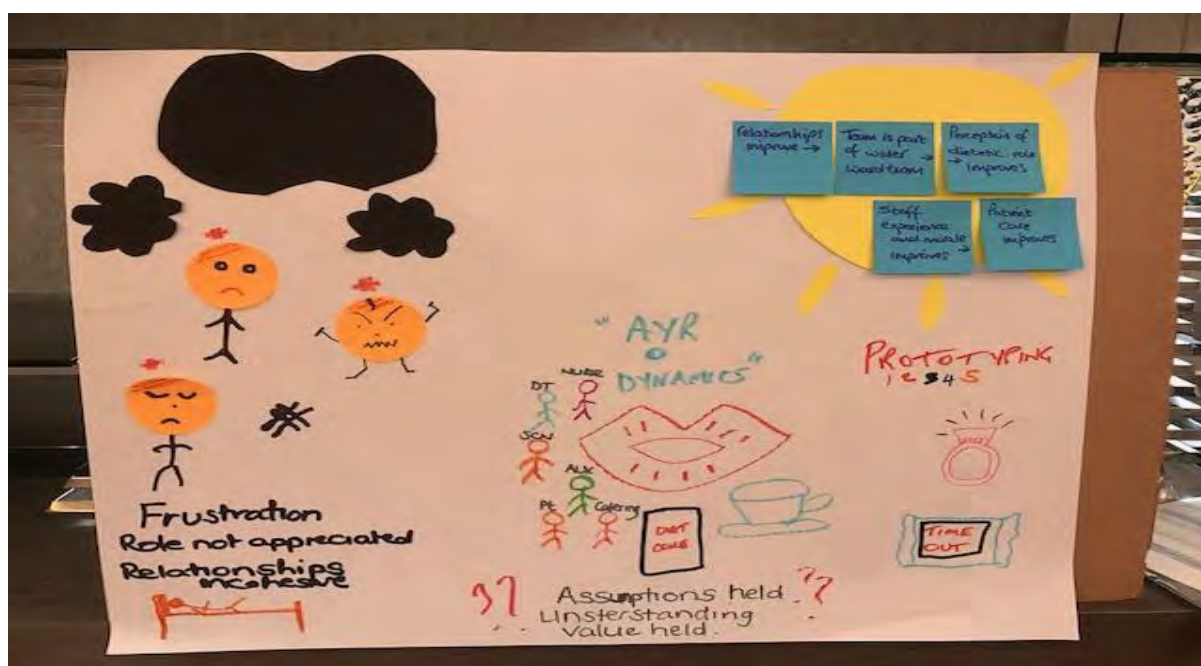
coaching sessions and in day-to-day work.” [Health Improvement Scotland Maternity and Children Quality Improvement Collaborative](#)

Collaboration

There is widespread focus on collaboration within and across teams.

“We are a good team to work in....We work well together.” [NHS Orkney Quality Improvement Hub](#)

Examples include separate teams working together to improve the patient experience, dispersed teams working out how they can work together most effectively, senior and junior staff creating opportunities to work and train together. The example below illustrates how the [South Ayrshire H & SCP Dietetic Team](#) visualised their discussions.



Celebration and Positivity

Many Team Stories demonstrate how success and achievement are celebrated. In some instances it is a celebration of what has gone well and scores accordingly in iMatter. In others it is an awards process that celebrates actions that improve staff and/or patient experiences.

“Collaborate as a team to celebrate National AHP day 15 October to share out practice at the Journal Club.” [The State Hospital \(Allied Health Professionals\) AHP Team](#)

The example below from [NHS Orkney](#) conveys well the celebration of the team strengths and focuses on how to improve still further.



Patient Care and Experience

Many of the Team Stories are explicit in the link between their actions and the patient experience, prioritising actions that will benefit the patient. Examples include ward teams working together, awards that acknowledge great patient care.

“Greater efficiency will hopefully benefit women we look after.” [NHS Lothian South East Community Midwives](#)

“This has reassured the team that changes can happen to improve how we work better together and in turn improve our services to local people.” [Glasgow City South H & SPC Health Improvement](#)

“Improved joint working between all AHP groups for patient rehabilitation.” [The State Hospital AHP Team](#)

“Greater efficiency will hopefully benefit women we look after.” [NHS Lothian South East Community Midwives](#)

There are many examples of staff ‘going the extra mile’ to deliver on agreed actions:

“In addition to team meetings, staff agreed to put time in to catch up and work better together away from the core team meetings.” [Glasgow City South H & SPC Health Improvement](#)

The Simple Things

There are many examples of teams taking simple small actions that will make a real difference. This takes nothing away from the effort and commitment to much larger actions, but demonstrates that commitment to action planning does not always need to be a daunting task, sometimes a quick and simple act can have significant impact.

“We have introduced name badges for the whole team which clearly state to patients and colleagues what our name is and that we work in pharmacy. We celebrated the role of Pharmacy Technicians on Pharmacy Technician Day in collaboration with our comms department.” [Golden Jubilee Pharmacy Team](#)

Another such example came from NHS 24 where actions were taken to streamline the process for requesting access to call listening [NHS 24](#).

Ownership

The Team Stories widely acknowledge the need for ownership at either team or individual level. Throughout this report there are numerous examples of individuals and teams taking ownership for agreed actions.

Fun/ Light hearted

Several of the Team Stories explicitly use the word ‘fun’, others demonstrate it through enjoyable team building activities etc. This is not to reduce the seriousness of the activity, but to increase its accessibility to the widest possible audience and improve staff experience.

“The aim being to fully utilise the skills of all the team – communication, negotiation, creativity and have fun together.” [NHS Health Scotland Awards Team](#)

Team Story Topics

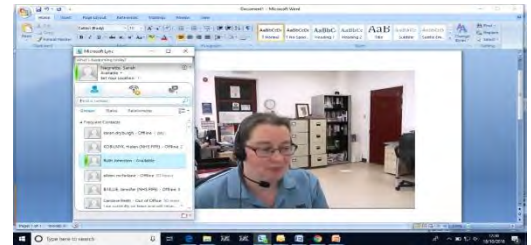
In this section we explore in more detail a number of specific topics that have been highlighted through iMatter and are covered in several of the Team Stories. These would be applicable to large numbers of teams across the organisation.

The Communications Challenge: Finding Solutions

A recurring theme across the Team Stories is around communication and a recognition that getting the team together in a forum where ideas and opinions can be shared is important. Where possible to do, some have seen the value of getting whole teams together in one place:

“The team used to have three bases. It felt as though there were three teams not one.....(now) start the days from just one of the bases and all meet together...Passing on information face to face stimulates more discussion and conversation.” [NHS Lothian South East Community Midwives](#)

While many Stories talk about the value of face to face meetings, [Fife H & SCP Children and Young People's Occupational Therapy Service](#) had to find an alternative solution as they were an integrated team spread across 4 geographical locations. This team has therefore embraced technology and fully utilised online meetings software to enable virtual sessions.



Through video technology and screen/document sharing facilities, the team are able to recreate the face to face meeting environment. This approach has the added benefit of increased efficiency through reduced travel time.

Team Cohesion

Throughout all of the Team Stories there are examples of how the team are working together more closely, making the most of the skills and experience within the team:

“What we do well: Work together as an adaptable and accommodating team utilising the skills of all of our team members to deliver a good pharmacy service.” [Golden Jubilee Pharmacy Team](#)

“We have introduced fortnightly pharmacy peer review meetings. This is a chance over lunch for team members to lead a session and share learning.” [Golden Jubilee Pharmacy Team](#)

“Two members of staff one, one from each award would prepare a team building activity to demonstrate skills and energise everyone prior to our Business Planning session.....The aim being to fully utilise the skills of all the team – communication, negotiation, creativity and have fun together.” [NHS Health Scotland Awards Team](#)

There are also practical solutions put forward for dealing with the situation when the whole team cannot be together such as splitting the team into two or three sub-groups to workshop action plans and then share the feedback with the wider team.

Vertical Team Integration

There are a variety of examples of how iMatter has enabled teams to identify and address areas for improvement through working together. This has involved using activities such as meetings, huddles and training activities which have the added benefit of enabling junior/trainee staff get to see more of what the seniors do.

“We have adopted an inclusive approach to learning and development, for example our upcoming leadership development workshops “Better Conversations” include leaders and managers from across the H & SCP all learning, reflecting and practicing new skills together. This provides opportunities to build relationships and increase visibility.” [Inverclyde H & SCP](#)

Several Team Stories talk about various techniques for integrating staff across the team including, staff inclusion in forums and encouraging them to share views with their union representatives.

Cross Team Activity

Several stories focus on the need to build stronger relationships across teams, to improve working relationships and improve the patient experience. This could easily slip into a mindset of 'not my team, not my problem'. However, several teams provide ideas on how to actively improve cross-team collaboration.

One story talks of achieving greater integration with other teams by getting involved through working groups etc. which in turn leads to improved communications:

[“A broader knowledge of what is happening across NSS as well as making connections with colleagues working in different areas of NSS.” **NHS NSS Clinical Dental Team**](#)

Another acknowledges the need to work at inter-team relationships and a proactive, solution-focused action plan focuses on addressing the issues head-on.

[“There was agreement that these frustrations were likely to always be there unless we tried to do something different. We would need to invest time to try and influence this.” **South Ayrshire H & SCP Dietetic Team**](#)

Team Leadership

Team leadership is a topic covered in many of the stories, demonstrating the importance of leadership in achieving team success. The qualities of good leadership are referenced in several Team Stories:

[“Our Team Leader’s door is always open. He is approachable and makes time to keep staff informed.” **Scottish Ambulance Service Shotts Station**](#)

[“Professional leader in our team who we have confidence in to take forward any issues identified.” **NHS Grampian Programmes Team**](#)

[“Our team does already have an open honest and professional approach to discussions and very much respect each other’s views and contributions to team meetings. We are always listened to by our line management and always made to feel valued in our roles within the team. It was good to discuss the action plan as a team to take forward improvements identified.” **NHS Grampian Programmes Team**](#)

From Team to Individual

Several Team Stories make the transition from team actions to individual accountability, with agreed actions being taken on by individuals in their personal development plans. One such example from South Ayrshire H & SCP Dietetic team focuses on the need to improve inter-team working.

“Each Dietitian identified their own improvement plan for the individual ward they had identified. This became their service improvement objective which every AHP member of staff was expected to have, as directed by the AHP Associate Director. A report setting out the situation, background, assessment and recommendation (SBAR) was completed by each member of staff and discussed with their line manager at their 3 monthly review.” [South Ayrshire H & SCP Dietetic Team](#)

The example given was one of a team member carrying out an accurate assessment of the situation and then developing a set of personal development actions to implement that would make it easier for other teams to support them. This particular example not only showed how individual staff are taking ownership of team issues, but also a recognition that there is a collective responsibility to take actions to improve across teams.

Another illustration comes from [NHS Greater Glasgow Clyde Sector Acute Division](#) who have actioned a formal structured training programme for nurses that addresses many of the areas included within iMatter.

“The programme incorporates Attendance Management, Delegation skills, Finance, Minimizing Complaints, Managing Difficult Conversations, Recruitment and Selection, Emotional Intelligence, Team Development and Effectiveness, Managing Conduct and Quality Improvement. All key skills identified for being managers and leaders of the future.”

The programme has had a positive impact on staff, who feel more empowered. It has also led to identification of further areas to be included in future training.

“Staff reported feeling ‘more confident and empowered’ for their role. They reported appreciation for the time out and focus given to their development. There was great feedback given that has allowed the course to be further refined and targeted to include resilience and business continuity under difficult circumstances.” [NHS Greater Glasgow Clyde Sector Acute Division](#)

The Wider Organisation

Whilst the Team Stories are outstanding examples of teams taking ownership of their iMatter results and developing action plans that make a difference, they are typically from the smaller units within the overall organisation. This is reflective of the Action Planning process that starts at individual team level.

However, the areas that perform less well in iMatter, tend to be those that relate to senior management and interactions with the wider organisation.

“It felt like there was a gap that needed bridging between expectations of the organisation and the reality faced by QPS teams and staff.” [NHS Highlands Quality Programme Service Teams](#)

The reference in this Team Story to ‘the gap’ highlights the perceived lack of understanding of challenges faced by staff. Improved communication will be key to addressing this ‘gap’.

Senior Managers

The Team Stories contain two perspectives on senior managers, reflecting the importance of both trust in them and their visibility and accessibility through the organisation. There are examples of senior management teams initiating actions to be more accessible and approachable in their areas.



“I am keen to be much more visible and to meet up with you and your teams over a coffee.” [NHS Forth Valley Chief Executive Office Team](#)

The approach to this is generally informal and open, which should in turn build confidence and trust among staff. For example [NHS Lanarkshire Corporate Management Team](#) have increased Director visibility by sharing names and photos of the team, writing personal blogs and doing ‘back to the floor’ walk-arounds.

There are also examples of staff exploring ways of getting more access to senior managers:

“We need to share our concerns with senior managers regarding the issues QPS teams faced on a daily basis.” [NHS Highlands QPS Teams](#)

However, it is notable that in this particular example the reference is to the sharing of concerns, where perhaps there is an opportunity to not only share concerns but also to present suggested solutions.

“The issue of visible senior leadership in the organisation....suggested informal invitations to Directors to join our team meetings....a chance to chat and ask questions of senior managers that we might not interact with otherwise and that’s been really positive.” [NHS Grampian Programmes Team](#)

Some Team Stories do talk of senior management presence at meetings and events, which is certainly an important first step, but it is essential that this attendance is back-up with interaction, openness and action, in order that staff feel truly listened to and supported.

Recognition

A number of teams have instigated award processes to recognise achievements in areas such as:

- going the extra mile
- providing great care to the team and patients
- brilliant teamwork

They typically acknowledge small achievements, done by individuals – often a simple spoken word or gesture – not expensive, not time consuming but able to make a significant difference.



The recognition/award mechanism is often noted as an engagement process with large numbers of staff getting involved in nominations and award events. This demonstrates that whilst the individual winners love the experience, the wider team also benefits from the positivity.

The comments (left) illustrate this well from [NHS Tayside Emergency Department](#) and their focus on recognising and rewarding colleagues.

The [NHS Western Isles Physiotherapy Team](#) have a campaign running based on “Our focus is you!” which can be interpreted differently by whoever sees it, be they team members, visitors, patients etc. The recognition mechanism set up acknowledges that patient care and staff appreciation go hand-in-hand

“An appreciation board will be developed which will record these positive messages for all to see. These efforts will not only see improvements within staff morale, but will inevitably see considerable benefits to the patient experience within the Physiotherapy Department.” [NHS Western Isles Physiotherapy Team](#)

[The Ayrshire and Arran Oral Health Dental Diamond Award Programme](#) [launched by The Public Dental Services’ Oral Health Improvement Team](#) is a great example of how teams can influence and improve staff experience. Their awards programme engages staff interest staff throughout the team. It includes awards in the following categories:

- ◆ Care and compassion
- ◆ Helping Hand
- ◆ Encouraging Word
- ◆ Calm in the eye of a storm
- ◆ Excellence in humour and entertainment
- ◆ Outstanding innovation

The purpose of the awards speak to many of the topics covered in this report.

“Committed to ensuring all our staff feel valued, and recognise the important role they play in the provision of dental care.”

This particular story was told through an excellent film introducing the awards to the staff. [Click here to view the video](#). These awards are accessible to all as they are based on ways of working that anyone can deliver. They are in turn celebrated by the nominee, the nominator and all involved in the awards event.



Allen Stevenson, Head of Health and Community Care with the LD Redesign Team at our 2018 Staff Awards

Inverclyde H & SCP

Seeking Further Insight

There are several examples where teams felt they need to explore topics further within their teams. In the example below we can see how staff have been actively involved in the strategic plan development and therefore will feel part of the future of their team and that they are being listened to:

“We are currently co-creating our Strategic Plan with our staff through a staff survey, focus groups to explore our values, vision and priorities, and targeted discussions with groups whose views are traditionally not heard, for example homecare staff and residential care home staff.” [Inverclyde H & SCP](#)

In this second example focus groups were conducted to get a better understanding of the actions needed. It's notable also that the focus groups themselves will have begun the journey of better communications with the senior team:

“We met again to discuss the focus group finding and these were pivotal in helping us shape our action plan to be taken forward in the coming year with support of our organisational development and communication team colleagues.” [NHS Lanarkshire Corporate Management Team](#)

[NHS Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) carried out a survey on integration and partnership as well as establishing a multi-disciplinary team workforce forum and staff engagement sessions for the wider team.

Further Considerations

Individuals within Teams

Some teams show a variability in opinions within the team. It is important that whilst stories should and do celebrate success, that also the views of less happy contented staff are Considered within discussions and action plans. There are instances at team level where individual ratings range from Strive and Celebrate to Focus to Improve. Activities that bring teams together are important in addressing these differences in opinions, but equally perhaps attention needs to be paid to individuals in order to address their concerns.

The approach taken at [Scottish Ambulance Service Shotts Station](#) has been very focused on the individuals within the team, with one to one sessions with staff:

“Positive reinforcement and encouragement for any good work, regardless of how small, to show the team they were appreciated and not taken for granted.”

These one-on-one sessions will allow individual, personal concerns to be heard and addressed, something that is not always evident across some of the Team Stories. So where other teams may need to consider also the individuals, this particular team may find its next priority is to work on challenges collectively as a team.

Top-Down Activity

As noted the Action Planning and Team Story process starts at individual teams and builds to cross-team projects. In order to address concerns around the relationships between teams and the wider organisation, inclusion of Directorate or Board level Action Plans and Team Stories focused on how to build stronger overall relationships may help to address this issue. Demonstrating and sharing the link between iMatter results and strategic planning is also important, as demonstrated opposite by [NHS Lanarkshire Corporate Management team](#)



Sharing Best Practice

Team Stories have a huge collection of great and diverse ideas. Clearly, this report and the Team Stories website are great forums for giving the wider organisation access to them. There are many examples of best practice that can be shared widely across the organisation and adopted by many other teams.



Examples of best practice action that could be rolled out include:

- [NHS Tayside](#) who have a Power of Positivity Box in which staff can share examples of excellence they see across the
- Team building activities in and out of the workplace. A [NHS Health Scotland Award Programme Team](#)

The focus in many team stories on the simple things that can make a huge difference, for example the widespread emphasis on saying “well done” and “thank you” as implemented by The Emergency Department at [NHS Tayside](#) in their Learning from Excellence programme and the “positive reinforcement and encouragement of any good work, regardless of how small” at [Scottish Ambulance Service Shotts Station](#)

- Staff awards that recognise staff contributions: e.g. Dental Diamonds awards programme from the [East Ayrshire & Arran H & SCP](#)

Summary

Overall the Team Stories demonstrate a huge enthusiasm and commitment across Health and Social Care. They contain a great selection of action plans and activities being undertaken to improve and maintain employee engagement and supports improved patient care:

“This system provides peer to peer positive feedback both within our department and to all those we interact with on a daily basis. It allows team members to recognise great care, or those who go the ‘extra mile’, or brilliant teamwork, and to say well done and thank you.” [NHS Tayside Emergency Department Medical Staff Team](#)

These two sentences encapsulate so many of major themes that are covered in many of the team stories:

- The importance of iMatter
- Recognition – acknowledging and sharing
- Link between staff behaviours and patient experience
- Small things can make a big difference
- Collaboration within and across teams

All team stories can be viewed on our iMatter website www.iMatter.scot

To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



(L.Long) Mgt. Team

Staff views: they matter to us



Children & Young People's
Occupational Therapy Service
Our iMatter story

Fife Health & Social Care Partnership
Supporting the people of Fife together



Oral Health Improvement Team
Dental Diamond Awards

EAST AYRSHIRE
Health & Social Care
Partnership



Aberdeen City
Health & Social Care
Partnership

A caring partnership

Aberdeen City HSCP
Employee Engagement



Karen McNiven, HI Team Leads
**Health Improvement – working
better together**



Dietetics Team
Nutritional Care Matters



To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



AHP Team (C Totten)
**Our AHP Journey in the state
hospital**



Kate Cheesbrough – South East
Community Midwives Team
Giving Birth to a Huddle



Cathie Cowan, CEO Team
The Fourth Valley Way!



Christina Bichan, Health
Intelligence & Governance Team
**Quality improvement
hub story**



Emergency Medicine Medical
Staff
**Well Done &
Thank You!**



Shotts Ambulance Service
**Re-booting Frontline A&E
Management**



To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



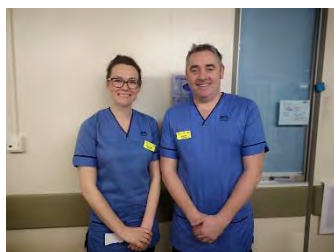
Iona McGauran Raigmore
Senior Quality & Patient Safety
Division Team
Bridging the Gap



Golden Jubilee Foundation –
Pharmacy Team
Our Team Story



Nithsdale Health & Social Care
Locality Management Team
**Being the best we
can be!**



Jacki Smart Surgical &
Anaesthetics Team
**Developing for the
future**



MCQIC
It's a rap!



Programmes Team
**iMatter as part of the
programmes team**



To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



NHSWI Physiotherapy Team
Our focus is you!



Medical Directorate iMatter
Team

MDET iMatter Journey



NHS Lanarkshire Corporate Management
Team

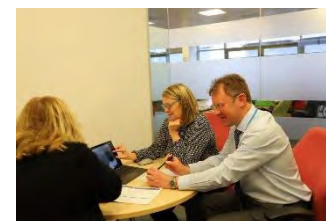
**Calum and CMT Team
Journey**



Awards Programme
**Team building in a collaborative
and creative way**



NHS24
NHS 24's iMatter Story



Service Delivery Dental
Clinicians

**Better Improvement
Makes Us Smile**



Appendix 1: iMatter Background

Types of Questions

The iMatter questionnaire consists of 28 attitudinal questions relating to staff engagement. These questions are phrased positively and each question has six responses: 'Strongly Agree', 'Agree', 'Slightly Agree', 'Slightly Disagree', 'Disagree', 'Strongly Disagree'. These responses are then converted to a scale between six and one, six being the most positive response and one being the least positive. The aggregated scores are then placed into one of four categories that can then be used to help inform actions. This can be done for individual questions, or as a Weighted Index Value covering the questions relevant to each Staff Governance Standard.

Example:

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
I am clear about my duties and responsibilities	6	5	4	3	2	1
The numbers generated then fall into one of four categories that can be used as a guide to inform actions.	67 – 100 Strive & Celebrate		51 – 66 Monitor to Further Improve	34 – 50 Improve to Monitor	0 – 33 Focus to Improve	

There is also a twenty-ninth item: 'Overall working within my organisation is a: very good experience (10 points)...very poor experience' (0 points). Response requires an 11 point sliding scale.

Response Rates

The 60% response rate was agreed by the Scottish Workforce and Staff Governance Committee (SWAG) in July 2013. This is intended to ensure that the Employee Engagement Index (EEI) reported is representative of staff experience. Where the 60% response rate is achieved the iMatter report that is generated provides response rates and EEI. All Boards and Directorates receive a Components Report regardless of whether the 60% response rate is achieved. The Components Report provides all questions mapped to staff experience questions in rank order.

Calculation of the NHSScotland Employee Engagement Index (EEI)

The iMatter questionnaire was developed within NHS. Dr Austyn Snowden & Dr Ewan MacArthur at the University of the West of Scotland have further validated the questionnaire and index (NHSS EEI). Their recommendation regarding the questionnaire and calculation of the index has been implemented by NHSScotland and gives the iMatter questionnaire credibility.

The NHSS EEI is a summary score derived from the 28 item questionnaire. In line with current policy it is designed to inform individuals, teams and organisations about the degree of staff engagement. Built in conjunction with NHSScotland staff, Scotland is the only country in the world to be developing such a systematic and systemic measure in this inclusive manner.

The NHSS EEI is generated from 28 items relating to staff engagement, each item has six Likert responses: 'Strongly Agree', 'Agree', 'Slightly Agree', 'Slightly Disagree', 'Disagree', 'Strongly Disagree'. These responses were translated to a score for statistical analysis, with 6 for 'Strongly Agree' down to 1 for 'Strongly Disagree'. The sum total of these 28 item responses gives a range of 28 – 168.

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

“The NHSS EEI is a robust, reliable, valid and popular measure of staff engagement. It is also an excellent tool to measure improvement in staff engagement”. [1]

Appendix 2: Staff Experience Framework

Staff Experience Continuous Improvement Framework																				
Health Care Quality Strategy 2010 3 Quality Ambitions	Person-Centred, Safe & Effective																			
MacLeod Enablers/ Healthy Working Lives	MacLeod: Leadership				MacLeod: Engaging Managers				MacLeod: Employee Voice				MacLeod: Integrity to the Values & Purpose				Health and Well-being			
Staff Governance Standard Strands	SG1: Well Informed				SG2: Appropriately Trained & Developed				SG3: Involved in Decisions				SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued				SG5: Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients and the Wider Community			
Staff Experience Components	Visible & Consistent Leadership	Sense of Vision, Purpose & Values	Role Clarity	Clear, Appropriate & Timeously Communication	Learning & Growth	Performance Development & Review	Access to Time & Resources	Recognition & Rewards	Confidence & Trust in Management	Listened to & Acted Upon	Partnership Working	Empowered to Influence	Valued as an Individual	Effective Team Working	Consistent Application of Employment Policy & Procedures	Performance Management	Appropriate Behaviours & Supportive Relationships	Job Satisfaction	Assessing Risk & Monitoring Work Stress & Workload	Health & Well-being Support
KSF Core Dimensions	C1	C1	C2	C1	C2	C2	C2	C2	C6	C4	C4	C4	C6	C5	C6	C5	C6	C5	C3	C3

Appendix 3: Mapping Staff Governance Standard

iMatter Staff Experience Components	iMatter Questions	KSF*
SG1: Well Informed		
Visible & Consistent Leadership	My direct line manager is sufficiently approachable. I feel senior managers are responsible for the wider organisation and are sufficiently visible.	C1
Sense of Vision, Purpose & Values	I understand how my role contributes to the goals of the organisation.	C1
Role Clarity	I am clear what my duties and responsibilities are.	C2
Clear, Appropriate & Timeously Communication	I get the information I need to do my job well.	C1
SG2: Appropriately Trained & Developed		
Learning & Growth	I am given the time and resources to support my learning and growth.	C2
Performance Development & Review	I get enough helpful feedback on how well I do my work.	C2
Access to Time & Resources	I have sufficient support to do my job well.	C2
Recognition & Rewards	I feel appreciated for the work I do.	C2
SG3: Involved in Decisions		
Confidence & Trust in Management	I have confidence and trust in my direct line manager. I have confidence and trust in senior managers responsible for the wider organisation.	C6
Listened to & Acted Upon	I am confident my ideas and suggestions are listened to. I am confident my ideas and suggestions are acted upon.	C4
Partnership Working	I feel involved in decisions relating to my organisation.	C4
Empowered to Influence	I feel involved in decisions relating to my job. I feel involved in decisions relating to my team.	C4
SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued		
Valued as an Individual	I am treated with dignity and respect as an individual.	C8
Effective Team Working	My team works well together.	C5
Consistent Application of Employment Policy & Procedures	I am treated fairly and consistently.	C6
Performance Management	I am confident performance is managed well within my team. I am confident performance is managed well within my organisation.	C5
SG5: Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community		
Appropriate Behaviours & Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job.	C6
Job Satisfaction	My work gives me a sense of achievement.	C5
Assessing Risk & Monitoring Work Stress & Workload	I feel my direct line manager cares about my health & wellbeing.	C3
Health & Wellbeing Support	I feel my organisation cares about my health & wellbeing.	C3

* KSF – Agenda for Change Knowledge Skills Framework

Appendix 4: Calculation of Responses

For ease of reading, all percentages are reported to the nearest whole number. Please note that all reported differences between results are based on rounded results.

2018 Result unrounded	2017 Result unrounded	2018 Result reported	2017 Result reported	Difference reported
78.3	78.9	78	79	-1

Rounding percentages to the nearest whole number occasionally results in total percentages that do not add up to exactly 100% (in some charts / tables percentages may total 99% or 101%).



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W W W . G O V . S C O T

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday, 3 May 2019
TITLE OF REPORT:	Consultant Recruitment
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

As at 31 March 2019, NHS Fife has 31.55 wte Consultant vacancies, which will reduce during the course of 2019 to 24.55 wte, taking account of confirmed appointments to date. The number of vacancies has decreased slightly from the December 2018 position of 36.55 wte Consultant vacancies. There are still on-going vacancies in Acute Medicine, Cardiology, Gastroenterology, Neurology, General Surgery, Ophthalmology, Neonatology, Radiology, Psychiatry and Rheumatology.

Background

As previously reported, our recruitment response analysis data continues to evidence that the majority of Consultant candidates are recruited from within Scotland, linked to availability of trainees at Certificate of Completion of Training (CCT) stage. The focus of activity, therefore, continues to be predominantly on recruitment via traditional means and using local influences, with the majority of posts being advertised within Scotland's Health on the Web site and as required, within the British Medical Journal, given lack of success from alternative sources.

The Board continues to use social media to support recruitment within hard to fill specialties, for example, General Practice and Psychiatry, along with participation in the current international NHS Scotland recruitment campaign for Psychiatry. A local General Practice and Pharmacy event is being planned for later this Spring.

In addition, and reported previously, there remains an inherent risk in posts being vacant in terms of capacity, service delivery, potential impact on ability to provide training for junior medical staff and costs of internal and agency locum cover.

Assessment

There has been successful recruitment to posts in the following specialties from standard advertising within Anaesthetics, Ophthalmology, Paediatrics, and Psychiatry, since the last report in January 2019.

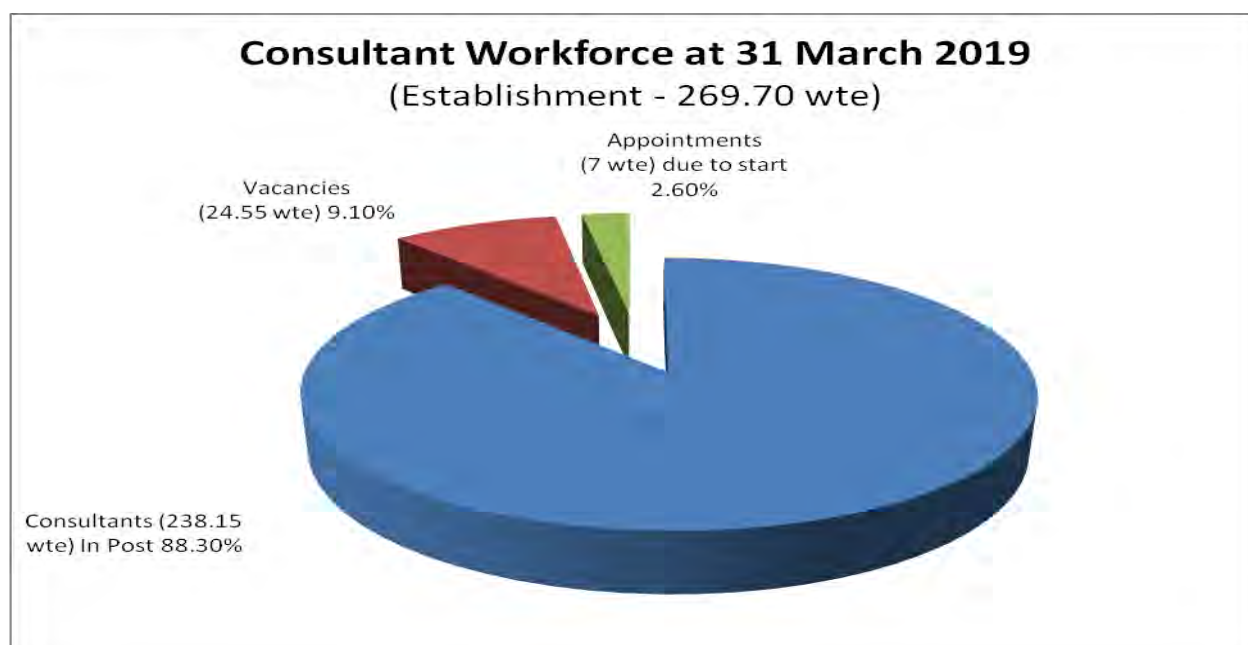
A total of 30 new substantive Consultants were recruited in 2018, and a further 15 Consultants have been recruited or are due to commence in 2019. In terms of reasons for leaving, the position is unchanged from previous feedback, with the majority of those leaving being retirees, with a few leaving for employment within other Boards.

A number of posts are currently advertised or have been advertised, with interviews pending, including within Acute Medicine / Infectious Diseases, Cardiology, General / Upper GI Surgery, Radiology, Psychiatry and Urology.

The current advertising plans and recruitment update in respect of the remaining main areas of vacancies / hard to fill posts are detailed in the table below:

Post	Current Recruitment Update
Acute Medicine (1.0 wte vacancy)	Post re-advertised in April 2019 for the fourth time, with Infectious Diseases component.
Gastroenterology (1.6 wte vacancies)	Posts to be re-advertised
General Surgery (1.0 wte vacancy)	Two posts advertised in April 2019, (one replacement and one pending)
Radiology (8.73 wte vacancies)	Discussions are on-going about recruitment to Regional posts. Locum appointment pending.
Psychiatry (4.27 wte vacancies)	Following the successful appointment of three Consultants, (one of the candidates has withdrawn post offer), the remaining posts have been re-advertised for a fourth time and are included in the current NHS Scotland international recruitment campaign.

The graph below details the current percentage Consultant establishment and vacancy information by whole time equivalent:



As previously reported, clinical and service leads are continuing their efforts to make NHS Fife attractive for doctors in training to consider for their long term career, linked to what can be offered within job plans. Networking with trainees approaching CCT and established Consultants who wish to relocate to Fife is continuing.

In addition, consideration will be given as to what other non-traditional methods of sourcing medical staff may be utilised, either individually, or in conjunction with other regional or national approaches.

Recommendation

Staff Governance Committee members are asked to **note** the content of this report and the improved position during 2018 and into 2019. A further update on Consultant Recruitment will be provided in six months time.

Objectives: (must be completed)	
Healthcare Standard(s):	Clinical Strategy, Staff Governance.
HB Strategic Objectives:	Delivery of patient care. Employer of choice.

Further Information:	
Evidence Base:	NHS Scotland Medical Recruitment Advertising Group. NES and Scottish Government data on predicated CCT output.
Glossary of Terms:	CCT – Certificate of Completion of Training.
Parties / Committees consulted prior to Health Board Meeting:	Medical Workforce Group. Previously discussed at EDG and Staff Governance Committee.

Impact: (must be completed)	
Financial / Value For Money	Costs of alternative cover / external service provision.
Risk / Legal:	Identified within Medical Workforce Risk.
Quality / Patient Care:	Potential inability to maintain service delivery, quality of care.
Workforce:	Risks identified above and may also impact on our ability to provide training for doctors in training allocated by NES.
Equality:	N/A

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday, 3 May 2019
TITLE OF REPORT:	Brexit Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

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

SBAR REPORT
<p><u>Situation</u></p> <p>As members of the Committee will be aware discussion remains ongoing between the UK Government and the European Union in respect of the decision made by the UK to leave the European Union at a future date.</p>
<p><u>Background</u></p> <p>Arrangements have been made within the Board to ensure that there are appropriate governance arrangements to consider any potential issues affecting the Board that may arise from the above decision.</p>
<p><u>Assessment</u></p> <p>This paper advises the Committee that even although the current position is that the date for implementation of an exit decision has been delayed communication is continuing with the workforce on this issue. We have received from Scottish Government materials regarding the “Stay in Scotland” campaign which we will be using within the Board. This is in addition to the most recent communication from the Cabinet Secretary for Health and Sport.</p>
<p><u>Recommendation</u></p> <p>The Staff Governance Committee is asked to <u>note</u> this update</p>

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

Further Information:	
Evidence Base:	Relevant national guidance on exit from BREXIT
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	N/A

Impact: (must be completed)	
Financial / Value For Money	Leaving BREXIT has the potential to impact on the financial landscape within the Board

Risk / Legal:	Risk assessment is needed for the whole of the organisation to identify the full corporate risk
Quality / Patient Care:	Patient care may be impacted upon in relation to access to medicines, etc.
Workforce:	Impact on the ability to recruit and retain staff from current sources.
Equality:	An EQIA has not been completed but will be considered as the work on BREXIT progresses.

REPORT FOR STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	3 May 2019
TITLE OF REPORT:	Performance & Accountability Review Framework
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance
REPORTING OFFICER:	Carol Potter, Director of Finance & Performance

Purpose of the Report (delete as appropriate)

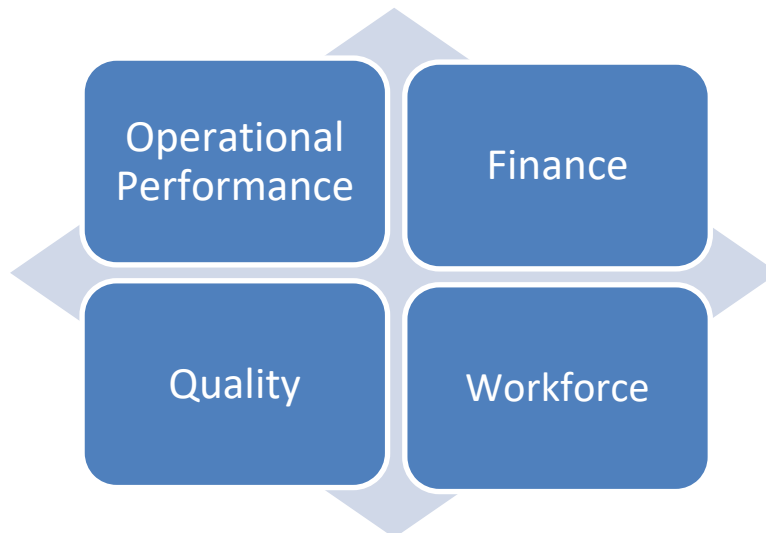
For Discussion

For Assurance

SBAR REPORT

Situation

NHS Fife is committed to supporting the people of Fife to live long and healthy lives. The strategic and operational management of the organisation must be aligned to this vision, with a robust governance framework in place to provide assurance to the Board of the systems and processes and culture to deliver this vision. It is essential therefore, that there is effective scrutiny across all quadrants of governance.



Background

The implementation of a Performance & Accountability Review Framework across NHS Fife seeks to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from 'service to Board'.

At Board level the Integrated Performance Report provides an overarching view of the key performance, quality, workforce and financial metrics, however there is an opportunity to enhance the approach at an operational level with individual management teams and services, and to ensure greater connectivity between operational management and Committee / Board level assurance mechanisms.

Historically there was a performance review process within the Acute Services Division, led by the Chief Operating Officer, but this lacked any overt relationship with those corporate Directors with professional, system wide responsibility; the Executive Directors Group; and wider stakeholders. Within the health services delegated to the Health & Social Care Partnership and corporate areas, there has been no formal performance review process to date.

Assessment

Establishing a formal Performance & Accountability Review Framework seeks to ensure the Board, Executive Directors Group, management teams and individual staff are able to:

- Assess performance against clear targets and goals
- Inform strategic and operational decision making using robust data
- Undertake exception reporting
- Predict future performance and forecast outturn
- Identify and monitor key actions
- Establish effective review structures including intervention as necessary and appropriate
- Focus resources and improvement efforts in key areas
- Identify any systematic problems across NHS Fife
- Evaluate the impact of new developments or initiatives
- Prioritise key improvements in line with the Clinical Strategy

The **overarching purpose of the Performance & Accountability Review Framework**, therefore is to:

- Ensure effective systems and processes are in place to provide assurance to the NHS Board and stakeholders that services are performing to the highest statutory and regulatory standards
- Develop the business intelligence capability of NHS Fife and thus inform service delivery, improvement activity; productivity and efficiency; sustainability; and deliver transformation
- Support delivery of strategic objectives as set out in the Clinical Strategy and the Annual Operational Plan
- Provide assurance on best value in the use of all resources

Implementation of the Performance & Accountability Review Framework will support the risk management process and ongoing review of the Board Assurance Framework (BAF).

Critically, the Performance & Accountability Review Framework seeks to ensure that those individuals holding delegated responsibility for operational performance, workforce, quality & safety and financial resources, as agreed through the Board's Scheme of Delegation, are held accountable through robust and effective reporting and assurance mechanisms. It will form a key pillar in support of the Board's overall system of corporate governance.

A number of key principles will underpin the Performance & Accountability Review Framework:

- **Creating a performance culture through improvement** – the framework is intended to support a culture of continuous improvement, delivered for the benefit of patients. It is not intended as a punitive or negative process. It will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. The aim is to instil a rigorous performance and accountability culture with a clear understanding of individual responsibility.
- **Transparency** – the metrics and evidence used to assess performance will be clearly set out for all services, adapted to reflect clinical and non clinical services.

- **Delivery focus** – the approach will be integrated, action focused, and seek to improve performance.
- **Proportionality** – the arrangements eg frequency of meetings will be adapted to suit the requirements of different services, to ensure management actions and interventions are proportional to the potential performance risk
- **Balance** – all parties involved in the performance and accountability review meetings will seek to deliver a balance between challenge and support

The Performance & Accountability Review meetings will be chaired by the Chief Executive or Director of Finance & Performance, supported by the Medical Director, Director of Nursing, and Director of Workforce.

The Chief Operating Officer has confirmed that a parallel process will be in place within the Acute Services Division; whereby the Chief Operating Officer will chair Directorate Performance & Accountability Review meetings, supported by the Deputy Chief Operating Officer, Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager. Clarification is awaited on the model to be adopted within the Health & Social Care Partnership, and whether a parallel process is planned.

For meetings with the Finance, Human Resources and Estates & Facilities Directorates, the Chief Operating Officer and Director of Health & Social Care will also be invited to attend, to allow feedback and challenge on services provided to their respective areas.

The purpose of the 'corporate' roles at the meetings will be to question, understand, request information and to escalate matters as required, and onwards as required through the Board's governance structures. Attendees from services will be expected to provide written data on performance in advance of the meetings. During the meetings, the services will be expected to present a summary of key performance metrics, explain any variances, and highlight planned actions, with a focus on areas of exception, both positive and negative.

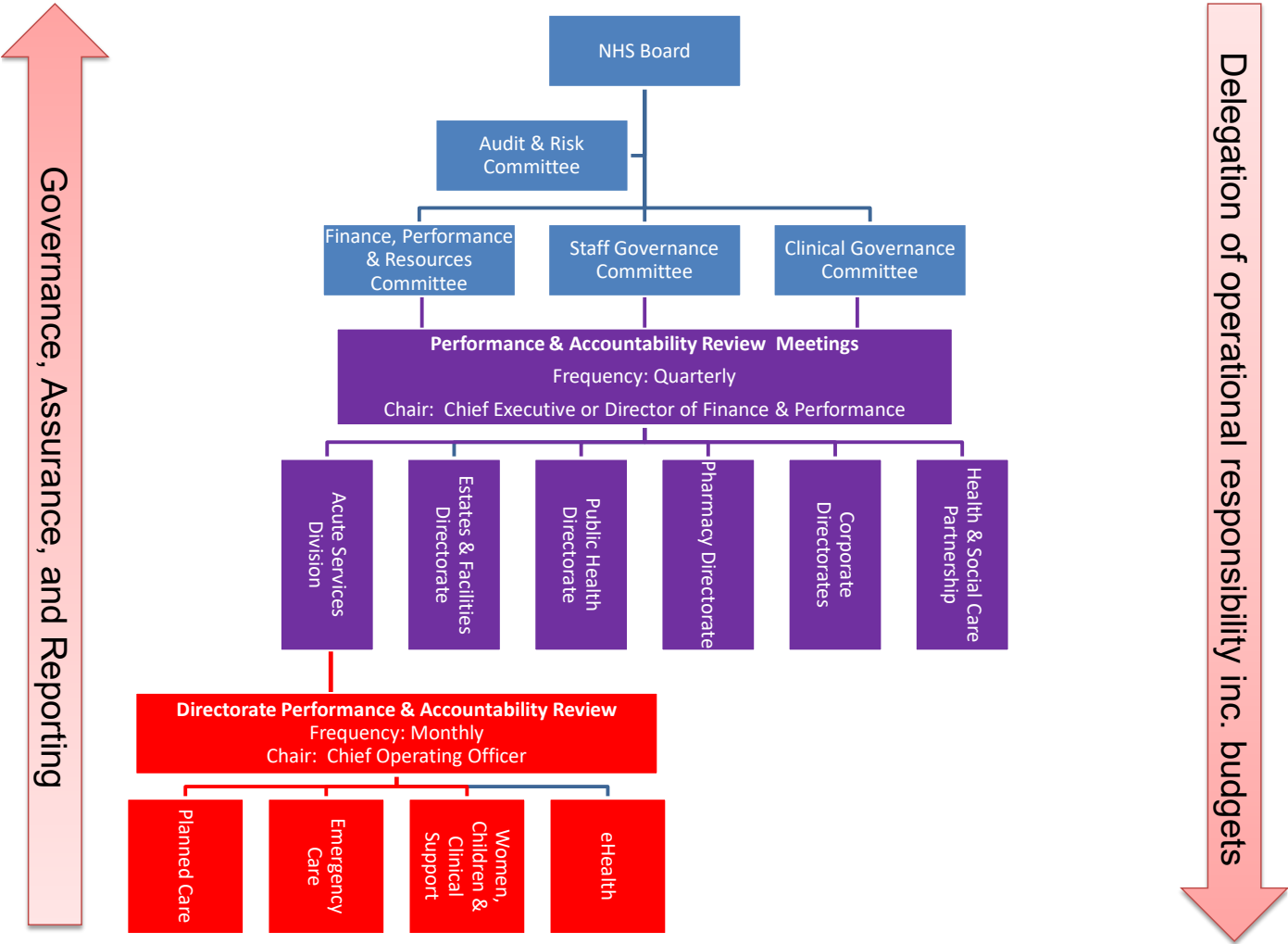
Appendix 1 provides a matrix of the **proposed meetings structure**, highlighting the attendees with a corporate focus and those with a service focus, as well as frequency of meetings.

Appendix 2 provides a summary of the anticipated **performance metrics** for each service, to be reported on at each meeting. It is recognised that the previous performance review process within the Acute Services Division was supported by a detailed performance data pack. A detailed review of this will be undertaken through the Performance & Information teams on behalf of the Director of Finance & Performance and Chief Operating Officer and will implement any agreed changes in advance of the first review meetings for 2019/20. The Performance and Information teams will also be required to work with other Executive Directors and / or senior managers to support the development of performance data packs for all other areas, based on relevant performance metrics, ensuring there is clear ownership by individual Directors for the production of these packs for their respective areas.

As the Performance & Accountability Review Framework is embedded during 2019/20, a **formal oversight escalation model** will be established, as set out in **Appendix 3**. Outcome reporting from the Performance & Accountability Reviews will seek to provide a concise and streamlined summary of key issues and actions, with a clear escalation route to link operational services and discussion at Committee level, in support of the Integrated Performance Report. This will be undertaken in the form of the brief SBAR approach, as already adopted by each Governance Committee for reporting of issues for escalation to the NHS Board.

Where possible, the scheduling and frequency of meetings will be aligned to enable reporting to the Governance Committees. A **proposed timetable** is attached at **Appendix 4**.

The diagram below provides a visual overview of the process.



Recommendation

Members of the Board’s standing governance Committees are asked to:

- **Note** the Performance & Accountability Framework to be implemented for 2019/20, in support of enhanced assurance on all aspects of performance.

Objectives: (must be completed)

Healthcare Standard(s):	All
HB Strategic Objectives:	All

Further Information:

Evidence Base:	NA
Glossary of Terms:	NA
Parties / Committees consulted prior to EDG:	Chief Executive EDG

Impact: (must be completed)

Financial / Value For Money	Statutory requirement to break even
Risk / Legal:	There are no specific implications from the issues in this paper as it provides an overview of the planning approach
Quality / Patient Care:	
Workforce:	

Appendix 1

Performance & Accountability Review Framework - Meetings Structure

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Acute Division	Quarterly ¹	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Chief Operating Officer Deputy Chief Operating Officer General Managers Associate Director of Nursing Associate Medical Director Clinical Directors Heads of Nursing
Estates & Facilities	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Estates & Facilities Head of Estates Head of Facilities PPP Contract Manager
Public Health	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce	Director of Public Health Deputy Director of Public Health
Pharmacy	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Chief Operating Officer Director of Health & Social Care	Director of Medicines Chief Pharmacists Chief Finance Officer

¹ This approach is predicated on a supporting sub-structure where the Chief Operating Officer establishes a monthly performance and accountability framework at a Directorate level, accompanied by the Deputy Director of Finance, Associate Medical Director, Associate Director of Nursing and Senior HR Manager, meeting with each Directorate including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. A similar sub-meeting would be required with eHealth. The Chief Operating Officer has confirmed this model is being implemented from May 2019.

Directorate / Division	Frequency	Corporate Attendees	Service Attendees
Corporate: Finance	Quarterly	Chief Executive (Chair) Medical Director Director of Nursing Director of Workforce (Vice Chair) Chief Operating Officer Director of Health & Social Care	Director of Finance & Performance Deputy Director of Finance Assistant Director of Finance Finance Manager Head of Procurement Head of Corporate Governance Project Director
Corporate: Human Resources	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing	Director of Workforce Senior HR Manager Head of Human Resources Head of Staff Governance
Corporate: Nursing	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Workforce	Director of Nursing Associate Directors of Nursing Head of AHPs Patient Relations Manager Risk Manager
Corporate: Medical	Quarterly	Chief Executive (Chair) Director of Finance & Performance (Chair) Director of Nursing Director of Workforce	Medical Director Director of Medical Education Primary Care Manager Business Manager
Health & Social Care Partnership	Quarterly ²	Chief Executive (Chair) Director of Finance & Performance (Vice Chair) Medical Director Director of Nursing Director of Workforce Director of Public Health	Director of Health & Social Care Divisional General Managers Associate Director of Nursing Associate Medical Director Chief Finance Officer

² This approach is predicated on a supporting sub-structure where the Director of Health & Social establishes a monthly performance and accountability framework at a Divisional level, accompanied by the Chief Finance Officer, Associate Medical Director and Associate Director of Nursing, meeting with each Division including the GMs, Service Managers, Clinical Directors, Heads of Nursing and Finance Business Partners. Confirmation is awaited from the Director of Health & Social Care on this matter.

Appendix 2

Performance & Accountability Review Framework - Performance Metrics

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
Operational Performance	<ul style="list-style-type: none"> • Outpatients • ED attendances • ED 4 hour • Medical ward admissions & discharges • 18 week RTT • Cancer • ECAS • AU1 • Stroke • Frailty • Others TBC 	TBC	TBC	TBC	<ul style="list-style-type: none"> • CAMHS • Psychological therapies • Delayed Discharges • TBC 	TBC
Finance	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures 	<ul style="list-style-type: none"> • Run rate • Efficiency • Forecast outturn • Cost pressures
Quality	<ul style="list-style-type: none"> • Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Patient track • Complaints • Patient Feedback 	TBC	TBC	TBC	<ul style="list-style-type: none"> • Adverse Events • SAERs • Incidents • Patient Falls • Tissue Viability • Medication Incidents • SABs Incidents • Cardiac Arrest Incidents • Patient Safety • Complaints • Patient Feedback • TBC 	TBC

Governance Quadrant	Acute Directorates	Estates & Facilities	Public Health	Corporate Directorates	Health & Social Care	Pharmacy
	<ul style="list-style-type: none"> • Others TBC 					
Workforce	<ul style="list-style-type: none"> • Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training 	<ul style="list-style-type: none"> • Nurse, bank, agency & overtime • Medical agency & overtime • Vacancies • Absence management • Mandatory training • Skin surveillance 	<ul style="list-style-type: none"> • Vacancies • Absence management • Mandatory training
Other				<ul style="list-style-type: none"> • FOI responses 		

Appendix 3

Performance & Accountability Review - Oversight Model

Level	Description	Characteristics	Support	Additional Financial Controls	Accountability
1	Service with maximum autonomy No potential support need identified across the four governance quadrants – lowest level of oversight and expectation that the directorate/service will support colleagues in other oversight categories	Minor issues in one quadrant of governance	Universal support eg tools, guidance, benchmark information made available for directorates		Quarterly accountability review led by Director of Finance & Performance
2	Service offered targeted support Potential support needed in one or more of the four governance quadrants, but formal action is not needed	Minor or moderate concern in one or more quadrant of governance	Universal support (as for level 1) Targeted support as agreed with the directorate to address issues and help move the directorate/service to level 1; either offered to directorate (and accepted voluntarily) or requested by directorate		Quarterly accountability review led by Chief Executive
3	Service receiving mandated support for significant concerns	Moderate risks in two quadrants of governance, or significant risk in one quadrant	Universal support (as for level 1) Targeted support as agreed with the directorate (as for level 2) Mandated support as determined by the Performance and Accountability Review process to address specific issues to help move the service to level 2 or 1; compliance required	Reduced authorisation limits	Monthly accountability review led by Chief Executive with written monthly report to EDG
4	Special measures Directorate / service has very serious or complex issues which are impacting on the Board's overall performance. The extent of the issues or the response to the issue may impact outside the directorate.	Significant risk in 2 or 3 quadrants	Universal support (as for level 1) Targeted support as agreed with the directorate (as for level 2) Mandated support as determined by the Performance and Accountability Review process to help minimise the time the directorate / service is in level 4; compliance required	Reduced authorisation limits	Monthly accountability review led by Chief Executive with written monthly report to Board Governance Committees

Appendix 1
Performance & Accountability Review Framework - Meetings Timetable³

Directorate / Division	Review 1	Review 2	Review 3	Review 4
Performance reports issued	w/c 3 & 10 June	w/c 2 & 9 September	w/c 2 & 9 December	w/c 2 & 9 March
Acute Division	w/c 10 & 17 June 2019	w/c 9 & 16 September 2019	w/c 9 & 16 December 2019	w/c 9 & 16 March 2020
Estates & Facilities				
Public Health				
Pharmacy				
Corporate: Finance				
Corporate: Human Resources				
Corporate: Nursing				
Corporate: Medical				
Health & Social Care Partnership				
Escalation reports issued to CEO	w/c 24 June	w/c 23 September	w/c 23 December	w/c 23 March
Escalation to Committees	July	November	January	April

³ Specific dates to be confirmed during each week

Frequency of meetings would flex accordingly as required under the Oversight Model set out in Appendix 3

Staff Governance Committee



DATE OF MEETING:	3 rd May 2019
TITLE OF REPORT:	Well Informed Staff Governance Standard – Communication and Feedback with Staff
EXECUTIVE LEAD:	Barbara Anne Nelson, Interim Director of Workforce
REPORTING OFFICER:	Bruce Anderson, Head of Staff Governance

Purpose of the Report (delete as appropriate)

For Information

SBAR REPORT

Situation

This report provides an update to the Staff Governance Committee on the various Communication channels and opportunities for staff to be well informed at work and to feedback to their managers and the wider organisation their thoughts, ideas, suggestions, concerns and any other information staff think should be a part of regular discussion within the organisation.

Background

The Staff Governance Standard for well informed requires:

Employers will ensure that

- All staff regularly receive accessible, accurate, consistent and timely information about their organisation.
- All staff have 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 have 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.

Staff will ensure that

- They keep fully up to date with all developments affecting the organisation, their employment within it and their day to day duties.
- They take time to engage and contribute their views, ideas and experience so that the organisation, working practices and quality of care can improve.
- They make full use of the communication systems made available to them, and seek and undertake training as appropriate.

Assessment

In evaluating the responses of staff in the iMatter response for the Board in 2018, 53% of our staff responded to the questionnaire. The questions which related to well informed are detailed below and the responses were positive in relation to 2017, either remaining the same or improving.

iMatter Question	Staff Experience Employee Engagement Components	Average Response Percentage	
		2017	2018
I get the information I need to do my job well	Clear Appropriate and Timeously Communication	81%	81%
I am confident my ideas and suggestions are listened to	Listened to and Acted Upon	75%	76%
I am confident my ideas and suggestion are acted upon	Listened to and Acted Upon	71%	72%
I feel involved in decisions relating to my job	Empowered to influence	70%	71%

In preparation for this year's iMatter cycle due to commence on 20th May a communications strategy has been produced to support the process and encourage greater staff responses in specific areas such as in patient wards and Facilities staff who participate using paper questionnaires.

Access to the online survey and having time to complete the survey have been identified as two of the main barriers to NHS Fife staff not achieving the national average return rate for the iMatter survey.

To help raise awareness of iMatter, as well as encouraging staff to take some "protected" time in their normal working day to complete the survey. NHS Fife Communications team are proposing a campaign based around the premise of **'taking an iMatter break.'**

Allowing staff to take some dedicated time to complete the online survey in a more relaxed and informal manner.

To support this proposition the campaign will focus around the traditional workplace tea break and use 'tea break' inspired graphics and pastiches of strap lines from familiar biscuit, tea and coffee brands to grab staff attention and encourage them to take the recommended 5 - 10 minutes to complete the survey.



Early responses from departments has been positive in participating in this and helping promote the importance of staff engagement through iMatter.

The Acute Services Division has delivered and continues to deliver Staff briefings every second month for staff. Within 2018-19 a total of 6 briefing sessions and 6 pop-up sessions within defined service areas were delivered. These provide the opportunity for staff to receive face to face information and also provide feedback.

The use of topic specific sites dedicated on the Staff Intranet pages have provided staff with information on significant areas of change. This has included Site Optimisation in Acute, the role out of the e:ESS system to managers and staff for April go live and the initiatives to reduce medicines waste. The regular update of these mini sites remains important in keeping staff

informed and directing them to email contact points for questions to be posed.

Following the appointment of Ellen Ryabov COO, discussion has taken place to enhance the communication with staff by adding further opportunities for her and Andy Verrecchia Staff side LPF chair to meet staff more informally in their wards and departments on a scheduled basis and hear directly from staff. This will be over and above the existing briefing sessions.

The H&SCP Local Partnership Forum has reviewed the Well informed section of the local governance action plan.

Promotion of the Well at Work Wellbeing activities continues to be a regular feature of communications on the Intranet. Promoting initiatives such as Step on Stress, the new staff wellbeing newsletter “All About You” and promoting various wellbeing activities including exercise classes and activities.

A draft communications strategy for young people has been prepared with the Communications team and has become part of our information resource for jobs fairs, school careers events and recruitment of young people to Modern apprenticeships.

The campaign has been designed to increase positive perceptions of, and pride in, working for the NHS. It focuses on the emotional drivers of ‘caring for people’ and ‘team working’ that research has identified as being key motivators to encourage potential recruits to consider a career within the NHS.

The campaign – “Live life in Fife” - will encourage potential recruits (and the people who influence them) to actively engage on an emotional level with NHS Fife, to motivate them to find out more about working with us, the unique benefits of working with NHS Fife compared to other Health Boards and ultimately encourage them to apply directly for posts or appropriate college or university courses.

The corporate approach to communications continues to use:

Daily Dispatches: Daily collation of news items, vacancies, policies and training information relevant to the workforce.

Social Media: Use of Facebook/Twitter to communicate a wide range of issues.

Generic Email Address: This enables staff to communicate with the Board.

Intranet: This is perhaps the main site for information regarding the Board over the whole range of its activities and day to day business.

It is recognised that there is always room for improvement in the area of effective communication and this needs to be kept under review to ensure that these are used in the most effective manner including the development of new methods of communication.

Recommendation

The Staff Governance Committee is asked to:

note:

- the current arrangements for communicating with staff
- the ongoing work to support improvement in how well informed our staff are
- the work being done to ensure that the opportunity for feedback from staff is clear, concise, responded to and enhances their involvement in decisions.

Objectives: (must be completed)	
Healthcare Standard(s):	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:	Exemplar Employer Objectives

Further Information:	
Evidence Base:	Feedback from iMatter in this area
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	APF via Staff Governance Action Plan

Impact: (must be completed)	
Financial / Value For Money	None
Risk / Legal:	Compliance with employment legislations.
Quality / Patient Care:	Helps ensure engaged workforce committed to excellent patient care.
Workforce:	The staff work experience is enhanced by being well informed
Equality:	Staff are treated fairly and consistently

NHS FIFE

ANNUAL STATEMENT OF ASSURANCE OF NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2018/19

PURPOSE

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.
- 1.2 To assure the Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within the services devolved to the Integration Joint Board.

MEMBERSHIP

The membership of the Committee for the year ending 31 March 2019 comprised:

Mr Martin Black, Non Executive Director, Fife NHS Board (Chair → 01.11.18)
Mrs Margaret Wells, Non Executive Director, Fife NHS Board (Chair 01.11.18 → present)
Mr Simon Little, Non Executive Director, Fife NHS Board (→ 26.10.18)
Mr Eugene Clarke, Non Executive Director, Fife NHS Board
Mrs Christina Cooper, Non Executive Director, Fife NHS Board
Mr Paul Hawkins, Chief Executive, Fife NHS Board
Ms Helen Wright, Director of Nursing, Fife NHS Board
Mrs Wilma Brown, Employee Director, Fife NHS Board
Mr Simon Fevre, Staff Side Chair, K&L LPF, Fife NHS Board
Mr A Verrecchia, Staff Side Chair, Acute Services LPF, Fife NHS Board
Vacancy – Non executive Director

In addition, the following people regularly attend the Committee meetings and participate in the business of the Committee:

Ms Barbara Anne Nelson, Director of Workforce, Fife NHS Board
Mrs Jann Gardner, Chief Operating Officer, Acute Services, Fife NHS Board (→ January 2019)
Mr Michael Kellet, Director of Health & Social Care Partnership, Fife Council
Mrs Ellen Ryabov, Chief Operating Officer, Acute Services, Fife NHS Board January 2019 →)

Other attendees, deputies and guests are recorded in the minutes of the Committee meetings.

MEETINGS

The Committee met on 6 occasions during the period from 1 April 2018 to 31 March 2019.

4th May 2018
29th June 2018

4th September 2018
2nd November 2018
18th January 2019
1st March 2019

The attendance schedule is attached as Appendix 1.

BUSINESS

Details of business items considered during the period 1 April 2018 to 31 March 2019 are attached at Appendix 2.

BEST VALUE

Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2018/19.

RISK MANAGEMENT

In line with the Board's agreed risk management arrangements, the Audit & Risk Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.

SELF ASSESSMENT

The Committee has undertaken a self assessment of its effectiveness, utilising the approved Self Assessment Checklist.

CONCLUSION

As Chair of the Staff Governance Committee during financial year 2018/19, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

M Wells
Chair
Staff Governance Committee

Appendix 1 – attendance schedule of meetings
Appendix 2 – Business
Appendix 3 – Best Value

Appendix 1
NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE RECORD 1 APRIL 2018 – 31 MARCH 2019

Committee Member	Designation	Dates					
		04.05.18	29.06.18	04.09.18	02.11.18	18.01.19	01.03.19
Mr M Black	Non Executive Board Member (Chair → 01.11.18)	✓	✓	✓	Handover	N/A	N/A
Mrs M Wells	Non Executive Board Member (Chair 01.11.18→ present)				✓	✓	✓
Mr E Clarke	Non Executive Board Member	X	✓	✓	✓	✓	✓
Mr S Little	Non Executive Board Member	✓	X	✓	N/A	N/A	N/A
Mrs C Cooper	Non Executive Board Member	✓	X	✓	✓	✓	X
Mr P Hawkins	Chief Executive	X	X	✓	X	X	X
Ms H Wright	Director of Nursing	✓	X	✓	✓	✓	X
Mrs W Brown	Employee Director	✓	✓	✓	✓	✓	✓
Mr S Fevre	Staff Side Chair, LPF, K & L	✓	✓	✓	✓	✓	X
Mr A Verrecchia	Staff Side chair, Acute Services LP'F (Aug 2016 →)	✓	✓	X	✓	✓	✓

Deputies	Deputy for	Dates					
		04.05.18	29.06.18	04.09.18	02.11.18	18.01.19	01.03.19
Mrs L Parsons	Simon Fevre	N/A	N/A	N/A	N/A	N/A	X
Mr P Hayter	Andrew Verrecchia	N/A	N/A	X	N/A	N/A	N/A

In attendance	Designation	Dates					
		04.05.18	29.06.18	04.09.18	02.11.18	18.01.19	01.03.19
Ms B A Nelson	Director of Workforce	✓	✓	✓	✓	✓	✓
Mr Michael Kellet	Director of H&SC Partnership	✓	X	✓	✓	✓	✓
Ms J Gardner	Chief Operating Officer, Acute Svcs (→ Jan 2019)	✓	✓	✓	X	N/A	N/A
Mrs E Ryabov	Chief Operating Officer, Acute Svcs (Jan 2019 →)	N/A	N/A	N/A	N/A	N/A	X

Attendees	Designation	Dates					
		04.05.18	29.06.18	04.09.18	02.11.18	18.01.19	01.03.19
Mr B Anderson	Head of Partnership	✓	✓	✓	✓	✓	✓
Mrs R Waugh	Head of HR	✓	✓	X	X	✓	✓
Ms G MacIntosh	Head of Corporate Planning & Performance	N/A	N/A	✓	✓	✓	X
Mrs S Braiden	Non Executive Board Member	N/A	N/A	N/A	N/A	✓	N/A
Ms N Connor	Deputising for Michael Kellet	N/A	✓	N/A	N/A	N/A	N/A
Ms J Owens	Deputising for Helen Wright	N/A	✓	N/A	N/A	N/A	N/A
Ms C Dobson	Divisional General Manager (West, H&SCP)	N/A	N/A	✓	N/A	N/A	N/A
Dr F M Elliot	Medical Director (item 13)	N/A	N/A	N/A	✓	N/A	N/A
Dr W Simpson	Health Psychologist (presentation)	N/A	N/A	N/A	✓	N/A	N/A
Mrs V Hatch	Deputising for Jann Gardner	N/A	N/A	N/A	✓	N/A	N/A
Ms G Couser	Deputising for Acute Services	N/A	N/A	N/A	N/A	✓	✓
Mr A Fairgrieve	Director of Estates, Facilities & Cap Plng (item 9)	N/A	N/A	N/A	N/A	✓	N/A

Appendix 2

NHS FIFE STAFF GOVERNANCE COMMITTEE ITEMS OF BUSINESS CONSIDERED BETWEEN 1 APRIL 2018 AND 31 MARCH 2019

Standing Items

Declaration of Members Interests
Minutes and Action List of Previous Meetings
Minutes of other Committees/Groups
Well at Work – Attendance Management update
IPR – update
Board Assurance Framework (BAF)

Meeting held on 4th May 2018

1. Matters arising
 - KSF – TURAS Implementation/Board Wide KSF compliance update
2. BAF – Community Services update
3. Well at Work – attendance management update
4. Consultant Recruitment update
5. Health & Social Care (H&SC) National Report (iMatter and Dignity at Work)
 - a. Sign off 2017/18 Staff Governance Action Plan Year End Review and Sign Off Staff Governance Annual Monitoring Return 2017/18
 - b. Agree Staff Governance Action Plan 2018/19
6. Staff Governance Committee Annual Workplan 2018/19
7. Annual Assurance Statements: Committee Self Assessment Checklist
8. Workforce Strategy
9. Integrated Performance Report
10. Issues to be Highlighted to the Board
11. AOCB – staff involvement with decisions affecting them, introduction of Staff Governance Strands on agenda.

Meeting held on 29th June 2018

1. Matters arising –
 - Staff Governance Committee Annual Workplan 2018/19- update
 - Scotgem GP Recruitment Initiative
2. BAF
3. Well at Work – attendance management
4. Workforce Projections
5. Workforce Strategy
6. eESS Update
 - Focus on Appropriately Trained and Developed SG Standard
7. TURAS Update

8. Core Training Update
9. Integrated Performance Update
10. AOCB – discussion on independent review by Grant Thornton

Meeting held on 4th September 2018

1. Matters arising
 - Staff Governance Committee Annual Workplan 2018/19 update
2. BAF
3. Well at Work – Attendance Management Update
 - Attendance management update
 - KSF – TURAS
 - Regional Developments
4. Workforce Strategy
5. Focus on Treated Fairly and Consistently with Dignity and Respect SG Standard
 - HR Policy Monitoring Update
 - Dignity at Work Action Plan
 Focus on Well Informed SG Standard
 - Communication / Feedback
6. Remuneration Sub-Committee Terms of Reference
7. Nurse Recruitment Update
8. Young Peoples Workforce Strategy
9. Primary Care Emergency Services (PCES) Review of Payment Rates for Sessional GPs
10. Staff Governance Annual Monitoring Return 2017-2018 response
11. Integrated Performance Report
12. Issues to be Highlighted to the Board

Meeting held on 2nd November 2018

1. Going Beyond Gold – presentation by Dr W Simpson
2. BAF – Staff Governance Risks
3. Well at Work
 - Attendance Management update
4. Workforce Strategy
5. Focus on Involved in Decisions
 - iMatter update
 - KSF/TURAS update
6. Staff Governance Action Plan Review
7. Staff Governance Annual Monitoring Return 2017-18 response
8. Medical Revalidation & Appraisal Report
9. Proposed Committee Self Assessment Checklist
10. Integrated Performance Report
11. Issues to be Highlighted to the Board

Meeting held on 18th January 2019

1. BAF – Staff Governance Risks
2. Well at Work – attendance management update
3. Workforce Strategy
 - Provided with a Continuously Improving and Safe Working Environment
4. Focus on Staff Governance Strand
5. HR Policies Monitoring Update
6. Core Training Update
7. Consultant Recruitment Update
8. Remuneration Sub-Committee – Terms of Reference
9. Integrated Performance Report
10. Issues to be Highlighted to the Board
11. AOCB - Brexit

Meeting held on 1st March 2019

1. BAF – Staff Governance Risks
2. Well at Work – attendance management update
3. Workforce Information Dashboard
4. Draft Staff Governance Action Plan
 - Scottish Government Staff Governance Self Assessment letter
5. iMatter update
6. Draft Staff Governance Workplan 2019/20
7. Staff Governance Committee Terms of Reference
8. Staff Governance Committee Dates 2019/20
9. Staff Governance Committee Self Assessment Report 2018-19
10. Integrated Performance Report
11. Issues to be Highlighted to the Board
12. AOCB - Brexit

Minutes for Noting at each meeting

Area Partnership Forum
Acute Services Division& Corporate LPF
Health & Social Care LPF
Remuneration Sub Committee



NHS Fife Best Value Framework

**Agreed:
Audit & Risk Committee
31 October 2017**

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistle blowing Policy Code of Corporate Governance	BOARD STAFF GOVERNANCE COMMITTEE	Annual	Model Code of Conduct included in Code of Corporate Governance
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Operational Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available	BOARD COMMITTEES	On going	Internet Intranet
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.	Annual feedback Individual feedback	CLINICAL GOVERNANCE COMMITTEE	Annual Ongoing Quarterly Bi-monthly	Annual review Care Opinion Regular meetings with MPs/MSPs Integrated Performance Report

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	eKSF process and Executive and Senior Manager Performance reporting. Medical performance appraisal.	STAFF GOVERNANCE COMMITTEE REMUNERATION COMMITTEE	Annual and as required Bi-monthly	eKSF & iMatter reports Integrated Performance Report
NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.	Medical revalidation report and monitoring Nursing revalidation.	STAFF GOVERNANCE COMMITTEE	Ongoing	Minutes of Staff Governance Committee

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	<p>Service Improvement and Quality are core dimensions of eKSF process.</p> <p>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	Ongoing	Minutes of Staff Governance Committee & Remuneration Committee

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.</p>	COMMITTEES BOARD	Every meeting	<p>Integrated Performance Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance Report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance Report	COMMITTEES BOARD	Every meeting	Integrated Performance Report Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

OVERVIEW

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	STAFF GOVERNANCE COMMITTEE BOARD	Ongoing	Well at Work Gold Award

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	EQIA form on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA form on all reports
NHS Fife’s Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		STAFF GOVERNANCE	Ongoing	Minutes
NHS Fife ensures that all members of staff are aware of its equality objectives.	Induction Equality and Diversity is core dimension in eKSF Equality and Diversity Learn Pro Module	STAFF GOVERNANCE	Ongoing	iMatter reports eKSF reports Minutes

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Clinical Strategy EQIA forms on reports
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA forms on reports

Integrated Performance Report

Produced in April 2019



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Section A: Introduction

Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Finance, Performance & Resources
- Section B:3 Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland

Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
	RED	HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Feb 2019	100.0%	3 months to Jan 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
	GREEN	4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
	GREEN	Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
	GREEN	Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
	AMBER	Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
	AMBER	Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
	AMBER	Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
	RED	Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
	RED	18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
	RED	Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
	RED	Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
	RED	Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
	RED	Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
	RED	Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
	RED	CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
	RED	Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			
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* The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)

Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

LMI and Published data will be different due to fluidity of Patient Tracking System

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 IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

CLINICAL GOVERNANCE

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

Assessment: Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

FINANCE, PERFORMANCE & RESOURCES

Acute Services Division

4-Hour Emergency Access target: 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.

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

Assessment: Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of 'ongoing waits' in this specialty and overall are at their lowest levels since June last year.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

Assessment: The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

Assessment: The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

Assessment: A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are being recruited as part of the SG Action 15 funding. This will provide

early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

Financial Performance

Financial Position

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

STAFF GOVERNANCE

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

In-Vitro Fertilisation (IVF) target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care
Hospital Acquired Infection (HAI), <i>Clostridioides Difficile</i> (C-Diff) target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32
Antenatal Access target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation
Alcohol Brief Interventions target: In 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings At the end of Q3, 2,873 interventions had been delivered, further behind the trajectory than at the end of Q2. This is again due to late returns from some of the services delivering the interventions, and we still expect to meet the annual target.
Drug and Alcohol Waiting Times target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

Cancer Waiting Times: 31 Day Decision to Treat target: We will treat at least 95% of cancer patients within 31 days of decision to treat In February, 94.2% of patients (114 out of 121) started treatment within 31 days. The breaches were recorded in the Breast (1), Colorectal (1) and Urological (5) specialties.
Outpatients Waiting Times target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment At the end of February, 93.9% of patients waiting for their first outpatient appointment had waited no more than 12 weeks. This equates to 769 patients who had waited more than 12 weeks, the lowest monthly figure since March 2017. The total number of patients on the waiting list (12,662) was also at its lowest for 2 years. The outpatient performance improved in February as the work on managing demand and delivering additional activity continued to have a positive impact. Achieving and sustaining the target will continue to be a challenge due to demand exceeding available capacity in some areas but it is anticipated that the target will be met in March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.
Detect Cancer Early target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1 st January 2016 to 31 st December 2017, the 6 th highest of the 11 Mainland Health Boards. In the previous 2-year

period, NHS Fife recorded a performance of 29.5%, the best in Scotland. Local figures covering up to the end of September 2018 show that the running 2-year performance is virtually unchanged, though the figures for the first half of FY 2018/19 only show an improvement (to just under 28%). This is mainly due to improvements in the Colorectal specialty, which may be related to the increase in bowel screening.

Dementia Care target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker.

Management information covering the period up to the end of 2018/19 Q3 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards.

During 2017/18, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2nd highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18.

Data for 2018/19 shows that 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18.

For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June).

For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%.

We have subjectively assigned an AMBER RAG status to both measures.

It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 61.9%, Fife achieved 96.2%.

3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.

Section B: 1 Clinical Governance

Executive Summary

Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target: We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During February, there were 10 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 4 of which were non-hospital acquired, with 6 occurring in VHK. The number of cases in February was 3 more than in January but 1 less than in February 2018, and the annual infection rate has remained unchanged (after rounding), at 0.42.

Assessment: Vascular Access Devices (VAD) remain the greatest risk for SAB acquisition and the collaborative work progressed across services has provided Fife with strengthened governance arrangements for VAD use. A scoping exercise will be scheduled in the coming months to determine membership and overarching aims for the SAB improvement work which will focus on our diabetic population.

The new Local Delivery Plan Standard for SAB, which was expected by the end of March 2019, has not been published as yet by the Scottish Government.

Complaints local target: At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

After achieving both local targets in January for the first time, the closure rate for both Stage 1 and Stage 2 complaints in February fell sharply. The Stage 1 rate was 72.1%, while the Stage 2 rate was 54.8%. There was no single problem area, delays were generally experienced across all ASD Directorates and HSCP Divisions.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

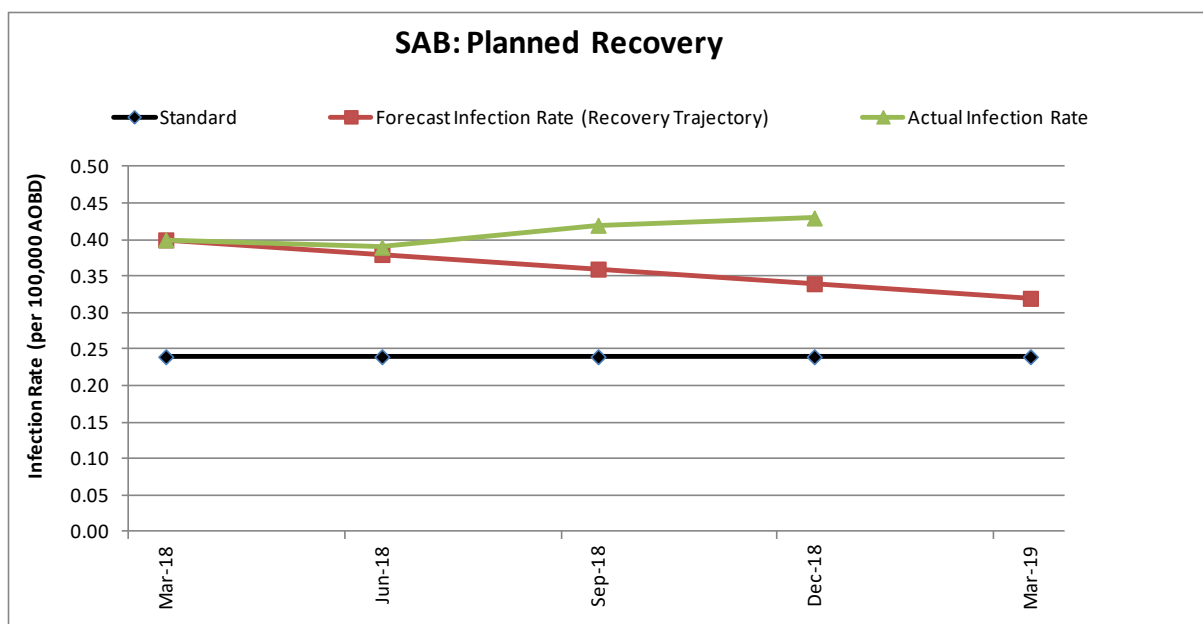
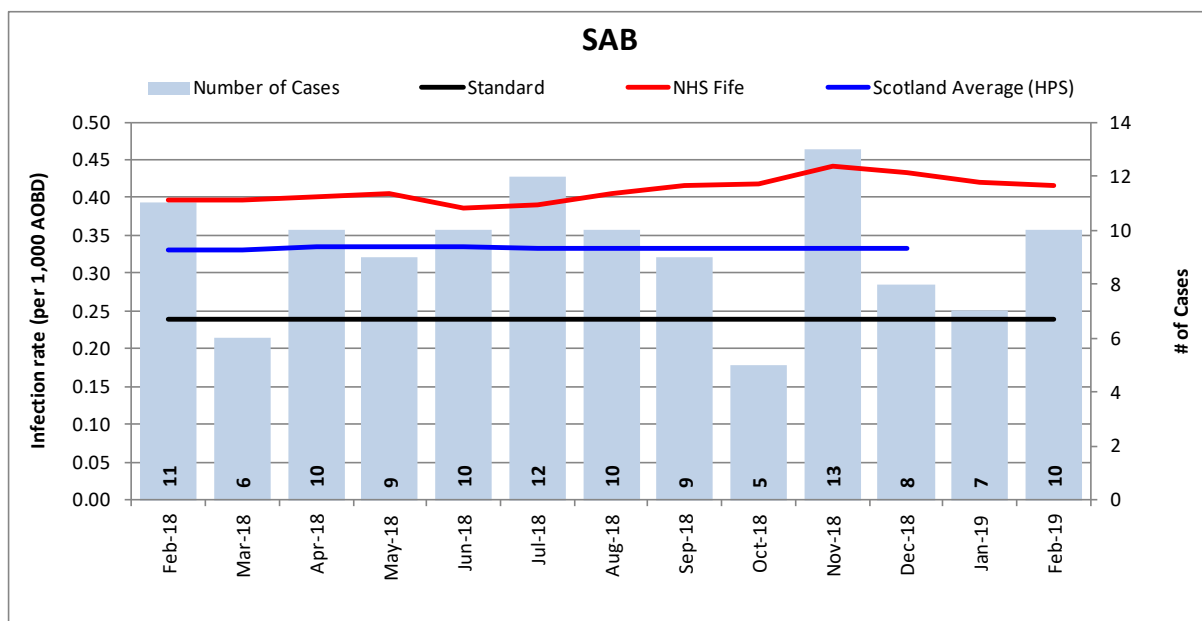
Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Feb 2019	0.20	12 months to Jan 2019	0.20	↔	0.20	y/e Dec 2018	0.19	4th	0.27
	RED	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Feb 2019	72.1%	Jan 2019	80.3%	↓	77.9%	National Data for 2017/18 not yet published			
		Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Feb 2019	54.8%	Jan 2019	75.0%	↓	49.9%	National Data for 2017/18 not yet published			
		HAI - SABs	Safe	0.24	12 months to Feb 2019	0.42	12 months to Jan 2019	0.42	↔	0.44	y/e Dec 2018	0.43	10th	0.33

SAB

Measure	We will achieve a maximum rate of SAB (including MRSA) of 0.24	
Current Performance	0.42 cases per 1,000 acute occupied bed during 12-month period from March 2018 to February 2019	
Scotland Performance	0.33 cases per 1,000 acute occupied bed days, for 12 months to end of December	

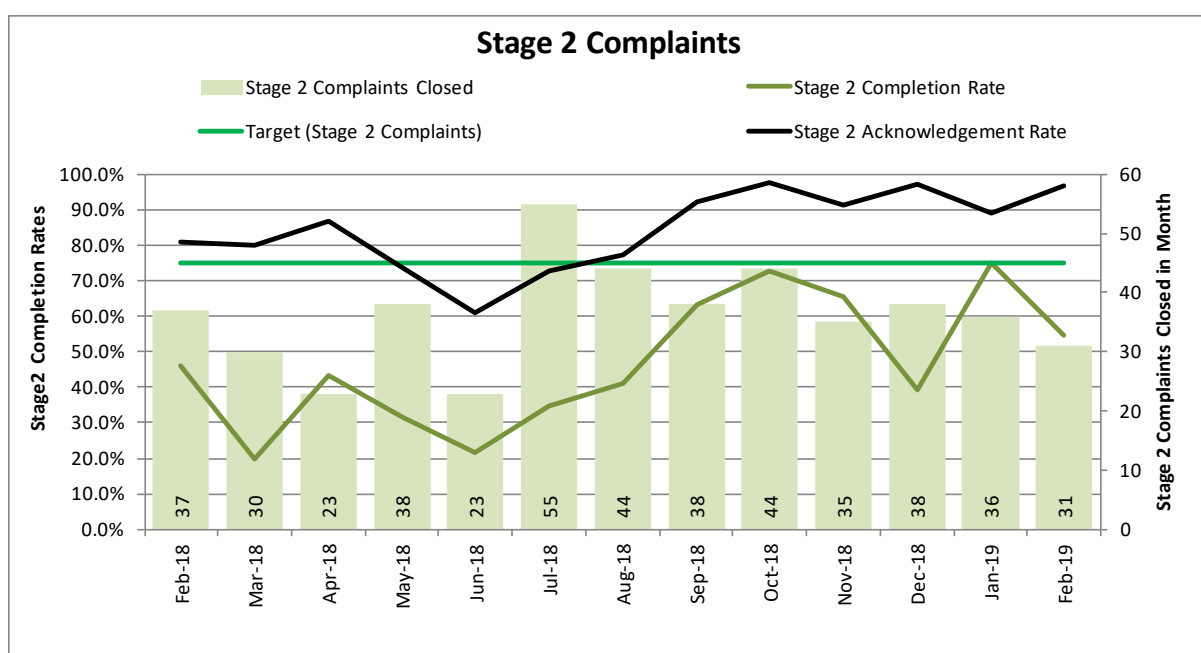
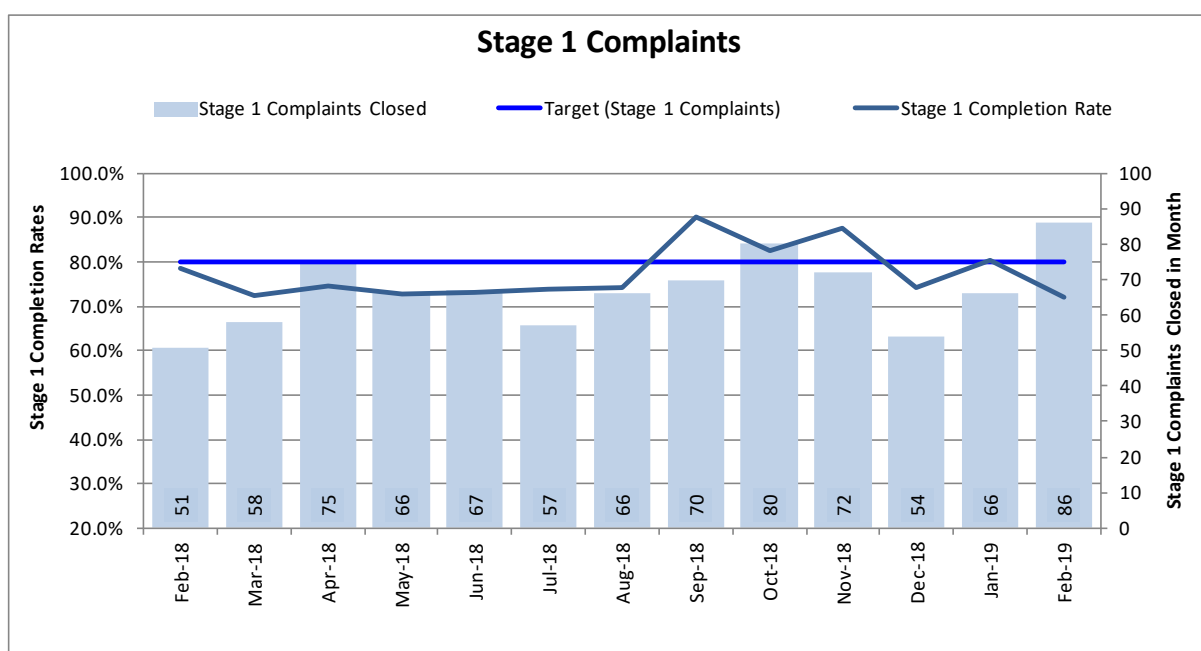


Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	0.44	↓	0.43	↑	0.42	↑
Current Issues	Vascular Access Device (VAD) SAB					
Context	Never met Standard 2 nd highest infection rate of all Mainland Boards in Calendar Year 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Collect and analyse SAB data on monthly basis to better understand the magnitude of the risks to patients in Fife <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs <i>This work will continue in 2019/20</i>	Improved education and training, guidance and governance	Mar 2019	Complete
Examine the impact of interventions targeted at reducing SABs <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use results locally for prioritising resources <i>This work will continue in 2019/20</i>	Reduction in VAD associated SAB	Mar 2019	Complete
Use the data to inform clinical practice improvements thereby improving the quality of patient care <i>This work will continue in 2019/20</i>	VAD insertion and maintenance compliance Improved education and training, guidance and governance	Mar 2019	Complete
Support ePVC compliance and monitoring via Patienttrack across Acute Services Division (ASD)	Emergence of common themes, which will be used in quality improvement activities by ASD	Mar 2019	Complete
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	On Track

Complaints

Measures (Local Targets)	At least 80% of Stage 1 complaints are completed within 5 working days of receipt At least 75% of Stage 2 complaints are completed within 20 working days	
Current Performance	72.1% (62 out of 86) Stage 1 complaints closed in February were completed within 5 working days (or 10 working days if extension applicable) 54.8% (17 out of 31) Stage 2 complaints closed in February were completed within 20 working days	
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)	



Previous 3 Months Stage 1 Stage 2	November 2018		December 2018		January 2019	
	87.5%	↑	73.7%	↓	80.3%	↑
Current Issues	65.7%	↓	39.5%	↓	75.0%	↑
	<p>Stage 1 – There is no definitive reason why Stage 1 performance fell, and this will continue to be monitored</p> <p>Stage 2 – There has been a high volume of complex cases received within ASD. Delays receiving medical statements have affected performance and changes to senior management have resulted in rejection of final drafts. This appears to be a style issue. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully.</p>					
Context	<p>During 2018, 260 out of 435 Stage 2 Complaints (60%) were either Fully or Partially Upheld, while 145 (33%) were Not Upheld; for Stage 1 Complaints, 440 out of 783 (56%) were Fully or Partially Upheld while 267 (34%) were Not Upheld</p>					

Key Actions for Improvement	Planned Benefits	Due By	Status
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	On Track
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Sep 2019	On Track
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	On Track
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 2019	On Track

Section B: 2 Finance, Performance & Resources

Executive Summary

Acute Services Division

4-Hour Emergency Access target: 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.

During the 12-month period running from March 2018 to February 2019, 95.2% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. While we have remained above the Standard since October 2017, this was the lowest annual average since the start of FY 2018/19.

In February itself, 89.1% of the patients attending the VHK Emergency Department met this target, slightly better than in January. There were 563 breaches out of 5,153 attendances, one of which was over 12 hours.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance. There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

Cancer 62 day Referral to Treatment target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In February, 85.6% of patients (77 out of 90) started treatment within 62 days of an urgent suspected cancer referral, a 7.5% drop in comparison to January. Ten of the 13 breaches were across occurred in the Urology (5), Upper GI (3) and Breast (2) specialties.

Assessment: Performance continued to improve in February, but challenges still remain, particularly in relation to Breast cancer (due to Consultant retiral) and Prostate cancer (due to delays to MRI, TRUS biopsy and post MDT appointments). Long waits to bladder and renal surgery are also impacting on performance, while waits to oncology appointments due to reduced staff and increased referrals has also been a challenge.

The backlog of patients who have breached and are still awaiting treatment will result in further deterioration of performance in March and April.

Patient Treatment Time Guarantee target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In February, 70.5% of patients were treated within 12 weeks, the first figure above 70% since July last year. The highest number of breaches (160) continued to be in the Ophthalmology specialty, but it is positive to note that the numbers of 'ongoing waits' in this specialty and overall are at their lowest levels since June last year.

Assessment: Delivering the elective programme and recovery plan over the winter period has been difficult but the additional ambulatory and day case areas at VHK has been

successful in avoiding cancellations due to bed capacity and enabling additional weekend activity.

The focus continues to be on reducing the number of patients waiting over 12 and 26 weeks for treatment. Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of activity in the independent sector.

It is anticipated that the activity outsourced for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside additional in-house activity will lead to improved performance in patients waiting over 12 weeks at the end of March.

Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

Diagnostics Waiting Times target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of February, 99.5% of patients on the waiting list had waited less than 6 weeks for their test. In numerical terms, this equates to only 11 Endoscopy and 6 Radiology breaches, the lowest for nearly 3 years.

Assessment: The implementation of the recovery plan for 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, has delivered an improved position. It is anticipated that this will be sustained at the end of March. Discussions are ongoing with the Scottish Government about the level of additional funding available to meet the gaps in capacity for 2019-2020.

18 Weeks Referral-to-Treatment target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

During February, 77.7% of patients started treatment within 18 weeks of referral, a slight improvement in comparison to January but remaining significantly below the Standard.

Assessment: The 18 weeks performance has continued to be a challenge in Q4 of 2018/19 due to the slower than anticipated improvement in performance for outpatients and TTG.

Health & Social Care Partnership

Delayed Discharge target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 28th February Census (excluding Code 9 patients – Adults with Incapacity) was 89, 7 less than at the January. The number of patients in delay for over 14 days (again excluding Code 9 patients) was 41, the highest figure recorded since November 2016.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

Smoking Cessation target: In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 268 people in the 40% most deprived areas of Fife who attempted to stop smoking during the first 8 months of the FY had successfully quit at 12 weeks. This is 55% of the annual target and 35 less than at the same stage of FY 2017/18.

Assessment: A new service arrangement has been provided within a residential home and Glenrothes YMCA, reaching more vulnerable groups of smokers. In addition, the service team attended two community events to raise the profile of the service and to engage with individuals wishing to stop smoking.

Child and Adolescent Mental Health Services (CAMHS) target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 74.1% of patients who started treatment did so within 18 weeks of referral. This is the second successive sharp monthly fall and continues to reflect the fact that long waits are being targeted and performance is based upon staffing at optimal level.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, are being recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Psychological Therapies Waiting Times target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During the 3-month period covering December 2018 to February 2019, 68.4% of patients who started treatment did so within 18 weeks of referral. This is slightly less than in the previous 3-month period. Performance has barely changed in the last year, reflecting the fact that increasing demand is continuing to impact on any initiatives to reduce the waiting list.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

Financial Performance

Financial Position

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net

overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m). The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings.

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Capital Programme

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

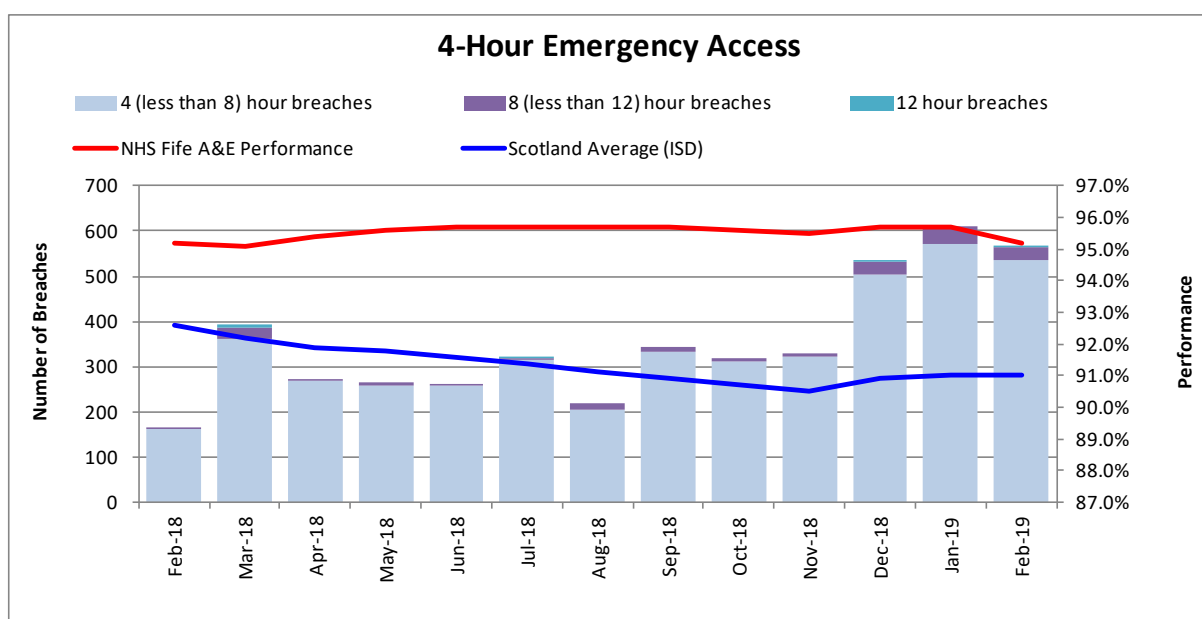
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	3 months to Jan 2019	100.0%	3 months to Dec 2018	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		4-Hour Emergency Access *	Clinically Effective	95.0%	12 months to Feb 2019	95.2%	12 months to Jan 2019	95.7%	↓	95.3%	y/e Dec 2018	95.7%	3rd	90.9%
		Antenatal Access	Clinically Effective	80.0%	3 months to Dec 2018	90.5%	3 months to Nov 2018	90.5%	↔	90.8%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	q/e Dec 2018	96.8%	q/e Sep 2018	98.5%	↓	97.7%	q/e Dec 2018	96.8%	4th	93.9%
	AMBER	Cancer 31-Day DTT	Clinically Effective	95.0%	Feb 2019	94.2%	Jan 2019	95.3%	↓	95.4%	q/e Dec 2018	95.6%	6th	94.9%
		Outpatients Waiting Times	Clinically Effective	95.0%	Feb 2019	93.9%	Jan 2019	91.9%	↑	N/A	End of December	92.8%	1st	70.1%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Feb 2019	99.5%	Jan 2019	98.2%	↑	N/A	End of December	98.4%	1st	78.1%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 62-Day RTT	Clinically Effective	95.0%	Feb 2019	85.6%	Jan 2019	93.1%	↓	86.1%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Feb 2019	77.7%	Jan 2019	76.9%	↑	79.2%	Dec-18	80.4%	6th	79.5%
		Patient TTG	Person-centred	100.0%	Feb 2019	70.5%	Jan 2019	68.7%	↑	71.6%	q/e Dec 2018	65.9%	6th	72.7%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Sep 18	24.9%	2 years to Jun 18	23.8%	↑	27.9%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	28th Feb Census	41	31st Jan Census	40	↓	N/A	27th Dec Census	9.96	4th	10.42
		Alcohol Brief Interventions	Clinically Effective	4,187	Apr to Dec 2018	2,873	Apr to Sep 2018	1,991	↓	2,873	Only published annually: NHS Fife was 8th for FY 2017-18			
		Smoking Cessation	Clinically Effective	490	Apr to Nov 2018	268	Apr to Oct 2018	238	↓	268	q/e Sep 2018	40.4%	6th	42.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	74.1%	3 months to Jan 2019	77.7%	↓	75.8%	q/e Dec 2018	83.9%	4th	72.8%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	3 months to Feb 2019	68.4%	3 months to Jan 2019	69.1%	↓	68.0%	q/e Dec 2018	72.0%	7th	75.7%

* The 4-Hour Emergency Access performance in February alone was 92.1% (all A&E and MIU sites) and 89.1% (VHK A&E, only)

Performance Drill Down – Acute Services Division

4-Hour Emergency Access

Measure	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	
Current Performance	95.2% for 12-month period covering March 2018 to February 2019	
Scotland Performance	91.0% for 12-month period covering March 2018 to February 2019	

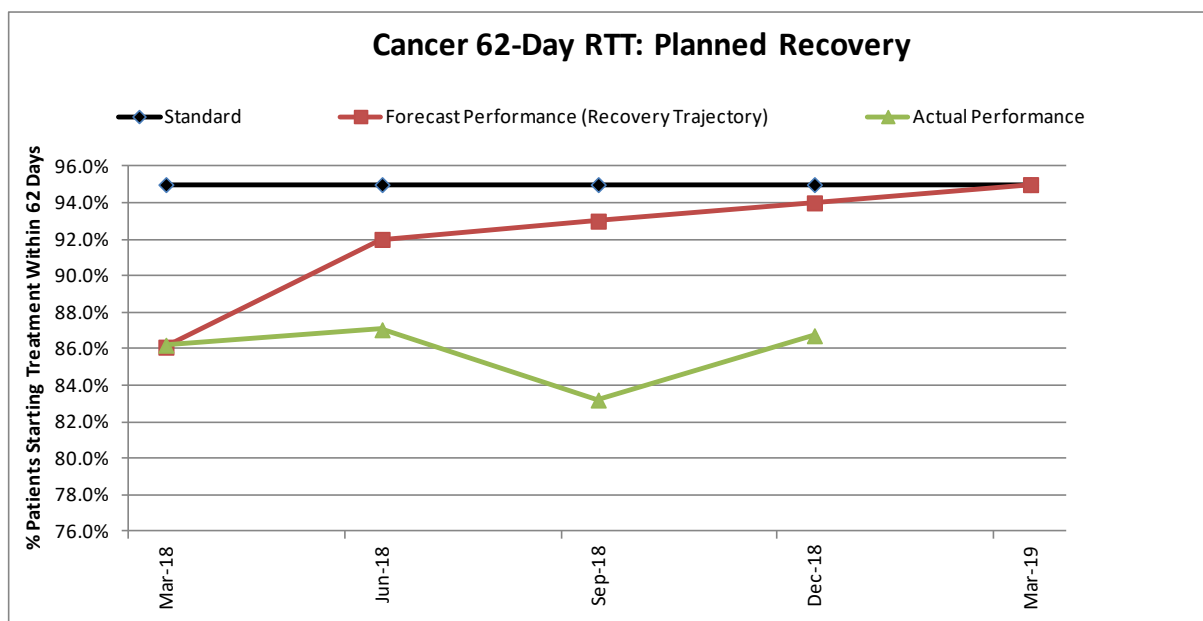
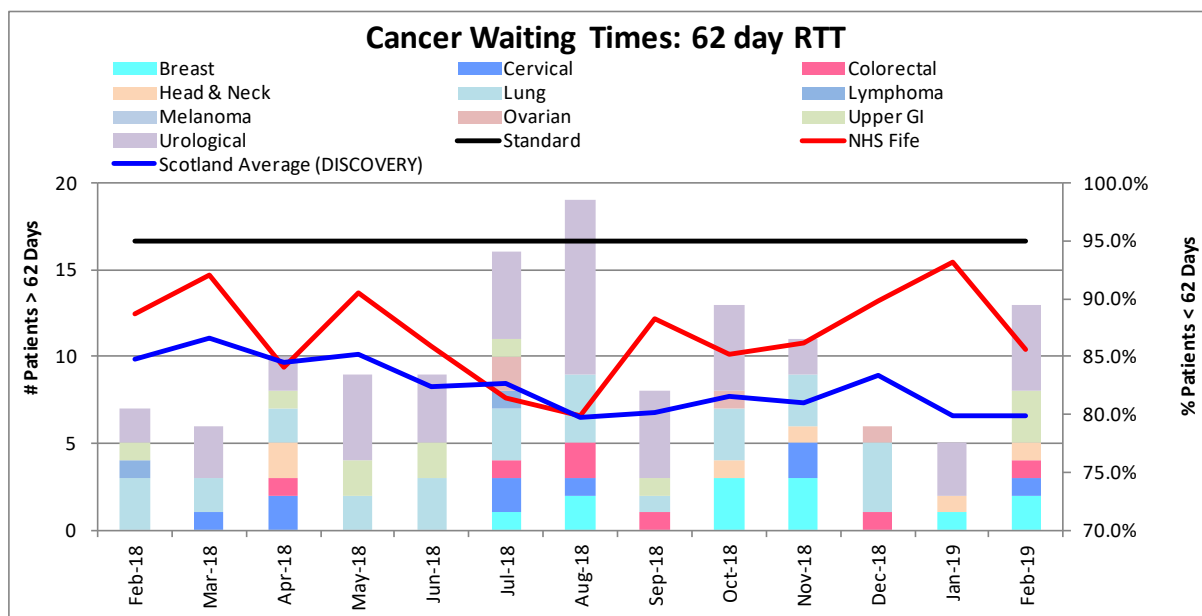


Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	95.5%	↓	95.7%	↑	95.7%	↔
Current Issues	Variability in delivery of the access target					
Context	Has been above the Standard since the start of the final quarter of 2017 Consistently above the Scottish average 3 rd best Mainland Health Board performance over the whole of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of Referrals and Assessment process	Support for GPs to ensure appropriate decisions are made for patients who are referred for hospital admission	Jun 2019	On Track
New admissions to the acute medical receiving unit	Review of assessment processes in hospital with stepped changes in management of patient flow commencing May 2019	Jun 2019	On Track
Monitoring of 8 hour breaches	Reduction in occurrences, improving patient experience	Jun 2019	On Track

Cancer Treatment Waiting Times: 62-Day RTT

Measure	At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral
Current Performance	85.6% of patients (77 out of 90) started treatment in February within 62 days
Scotland Performance	79.9% of patients started treatment within 62 days in February

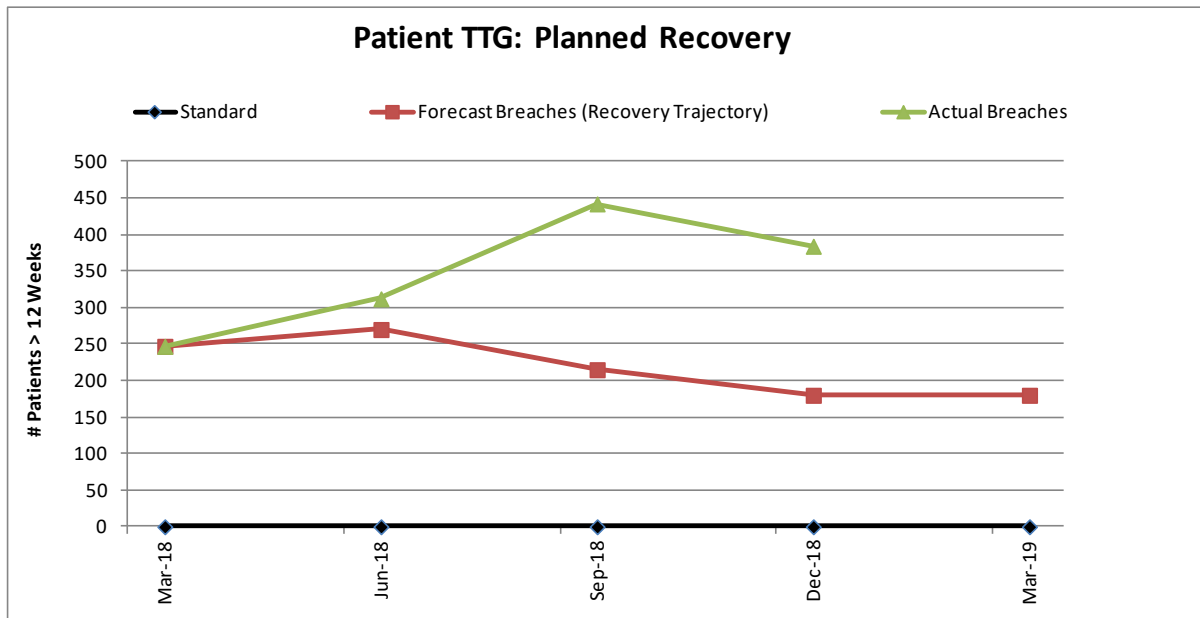
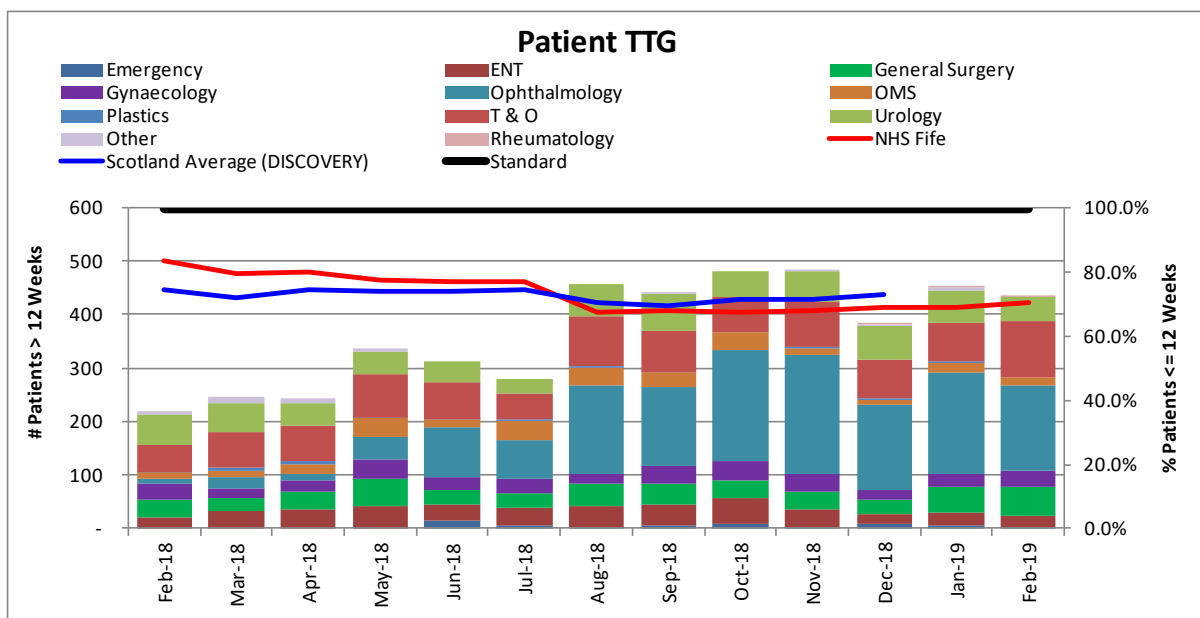


Previous 3 Months	November 2018		December 2018		January 2019	
	86.1%	↑	89.8%	↑	93.1%	↑
Current Issues	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to MRI for prostate patients Delays to 1 st OPA and Surgery in Breast Extended waits in oncology Waits to surgery for bladder and renal					
Context	Standard last achieved in October 2017 Above Scotland average in 10 of last 12 months 4 th best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 nd consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	On Track
Small tests of change to improve prostate pathway	Improved (and sustained) performance	Apr 2019	On Track
Secure outpatient, MDT and surgical capacity within breast due to consultant retiral	Maintained performance	Apr 2019	On Track
Increase visiting oncologist capacity	Improved (and sustained) performance	Apr 2019	On Track
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	On Track

Patient Treatment Time Guarantee

Measure	We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed	
Current Performance	435 patient breaches (out of 1,475 patients treated) in January (70.5% on time)	
Scotland Performance	72.7% of patients treated within 12 weeks in final quarter of 2018	

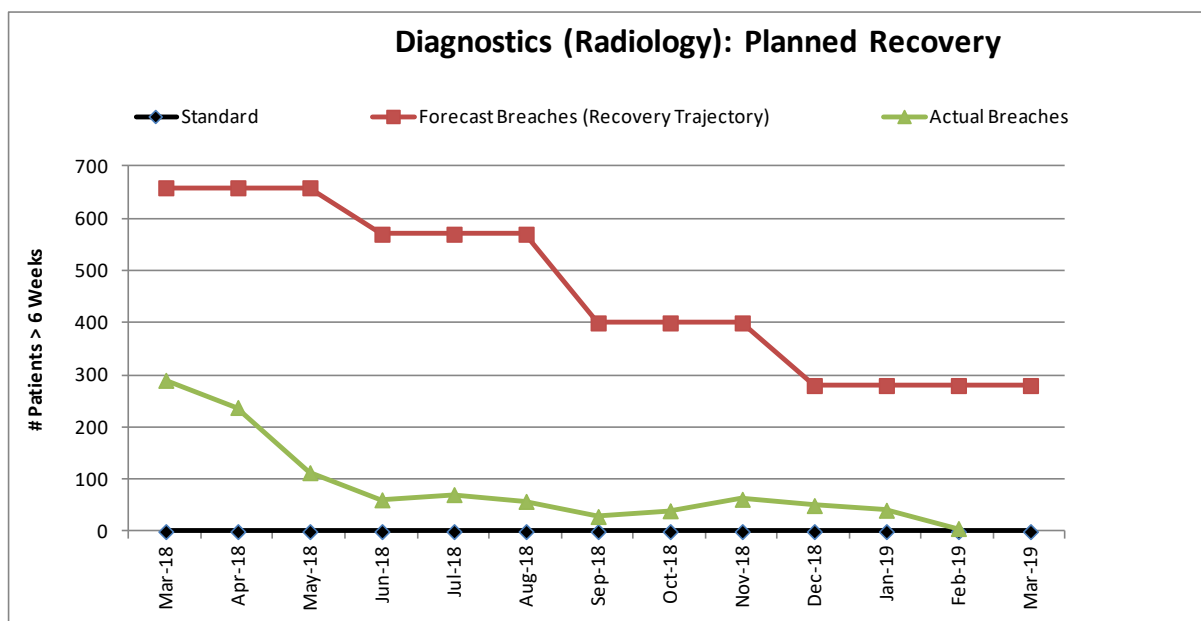
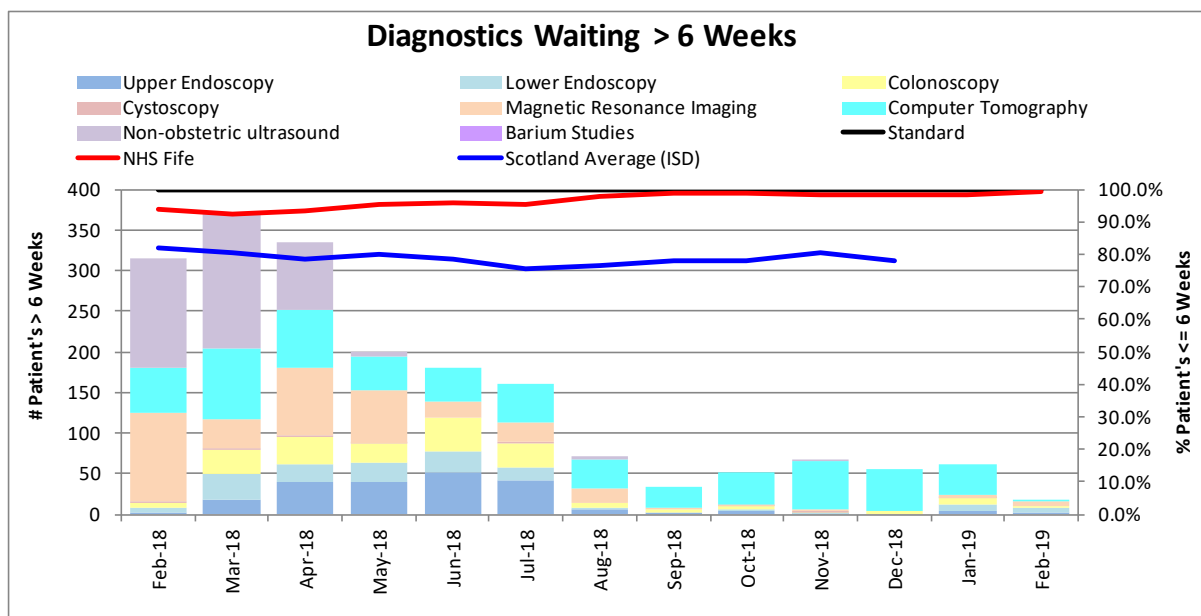


Previous 3 Months	November 2018		December 2018		January 2019	
	67.8%	↑	68.8%	↑	68.7%	↓
Current Issues	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for urology					
Context	Fife outperformed the Scottish average until Q2 of 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources and deliver core and additional IP/DC elective capacity	Elective projected performance delivered	May 2019	Complete
Monthly monitoring meetings with Private Sector Providers	Timely delivery of outsourced activity	Mar 2019	Complete
Develop and deliver Elective IP/DC Efficiency Programme based on output from service reviews <i>This will be part of ongoing work for 2019/20</i>	Elective IP/DC capacity use optimised	Mar 2019	Complete
Progress regional elective work in identified specialties <i>This will be part of ongoing work for 2019/20</i>	Identify opportunities for improvement in capacity and/or reduced demand	Mar 2019	Complete
Recruit to vacant consultant posts <i>This will be part of ongoing work for 2019/20</i>	Sustainable core capacity for elective activity	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for elective activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	Apr 2019	Delayed Revised to May 2019

Diagnostics Waiting Times

Measure	No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests
Current Performance	99.5% of patients waiting no more than 6 weeks at end of February
Scotland Performance	78.1% of patients waiting no more than 6 weeks at end of December

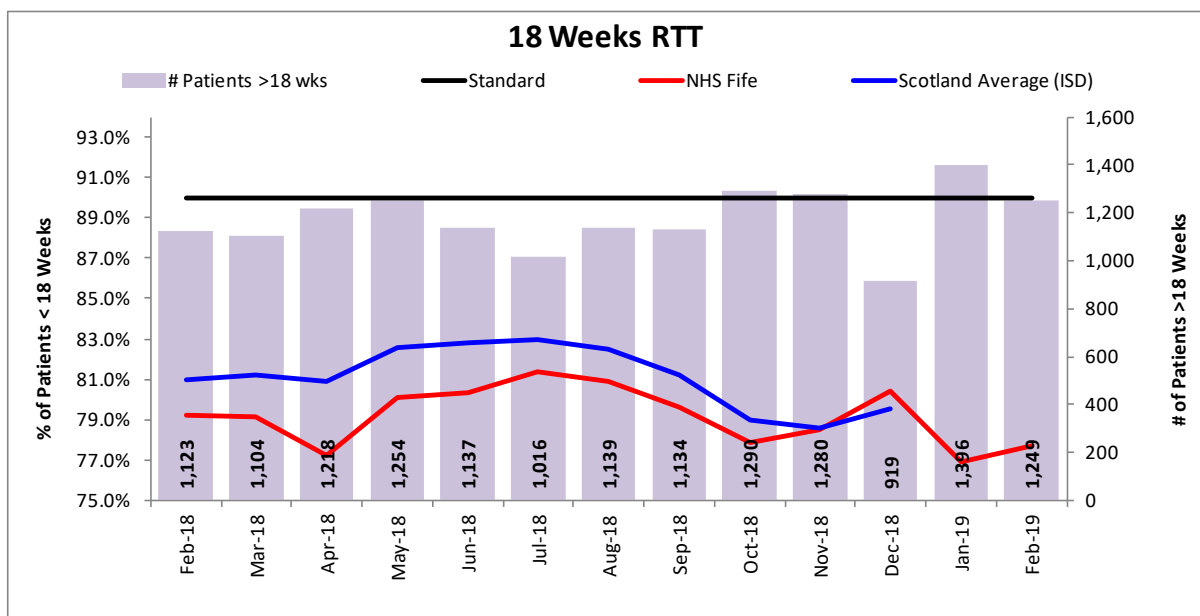


Previous 3 Months	November 2018		December 2018		January 2019	
	98.1%	↓	98.4%	↑	98.2%	↓
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016 Best performing Mainland Health Board at the end of December Additional Scottish Government funding has been used to run extra radiography clinics and reduce the number of breaches					

Key Actions for Improvement	Planned Benefits	Due By	Status
Identify further opportunities to improve reporting capacity	Sustain 5-day reporting turnaround times	Mar 2019	Complete
Identify further opportunities to improve consultant numbers with regional partners <i>This will be part of ongoing work for 2019/20</i>	Reduction in number of Consultant Radiology vacancies	Mar 2019	Complete
Review DCAQ for 18/19 and develop new waiting times improvement plan for 19/20	Sustainable core capacity for radiology activity	Mar 2019	Delayed Revised to May 2019
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic projected performance delivered	Apr 2019	Delayed Revised to May 2019

18 Weeks Referral-to-Treatment

Measure	90% of planned/elective patients to commence treatment within 18 weeks of referral	
Current Performance	77.7% of patients started treatment within 18 weeks in February	
Scotland Performance	79.5% of patients started treatment within 18 weeks in December	



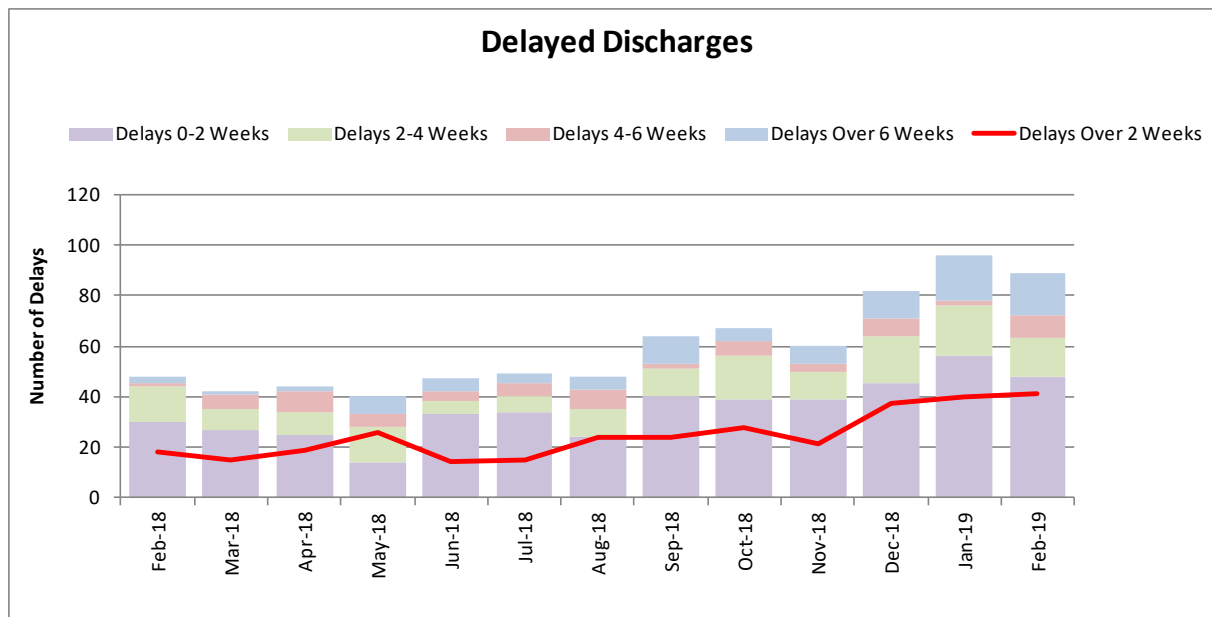
Previous 3 Months	November 2018		December 2018		January 2019	
	78.5%	↑	80.4%	↑	76.9%	↓
Current Issues	<p>The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance</p> <p>The challenges in TTG performance is impacting on admitted pathway performance</p>					
Context	<p>Standard last achieved in September 2016</p> <p>Consistently below the Scottish average</p> <p>6th out of 11 Mainland Health Boards in December</p>					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge	
Current Performance	41 patients in delay for more than 14 days at February Census – this equates to 11.04 patients per 100,000 population in NHS Fife	
Scotland Performance	10.42 patients per 100,000 population at December census	

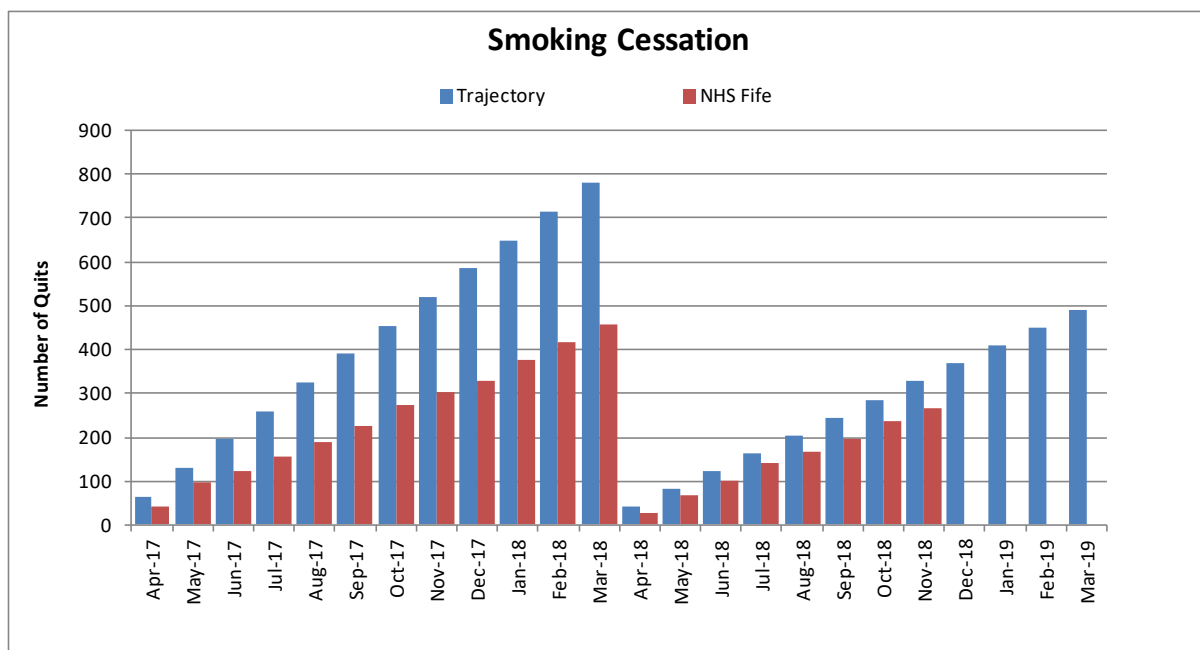


Previous 3 Months	November 2018		December 2018		January 2019	
	21	↑	37	↓	40	↓
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target 4 th lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at December Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	On Track
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	On Track
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	On Track

Smoking Cessation

Measure	In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife	
Current Performance	268 successful quits in first 8 months of the year (55% of annual target)	
Scotland Performance	3,223 successful quits at end of Q2, 42.6% of target	



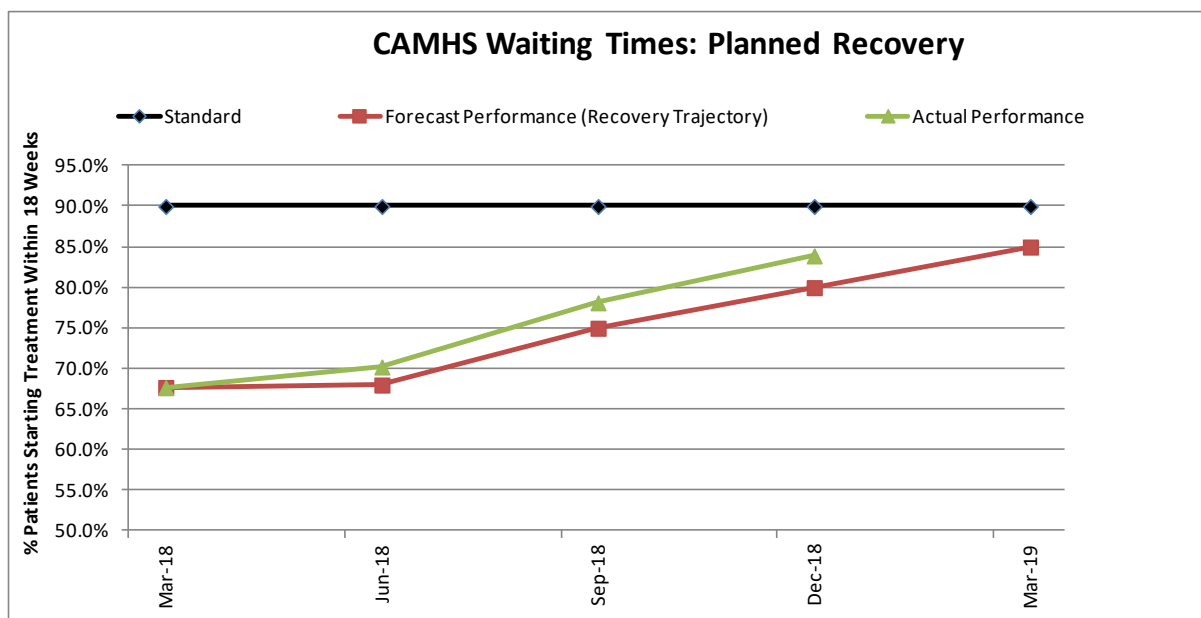
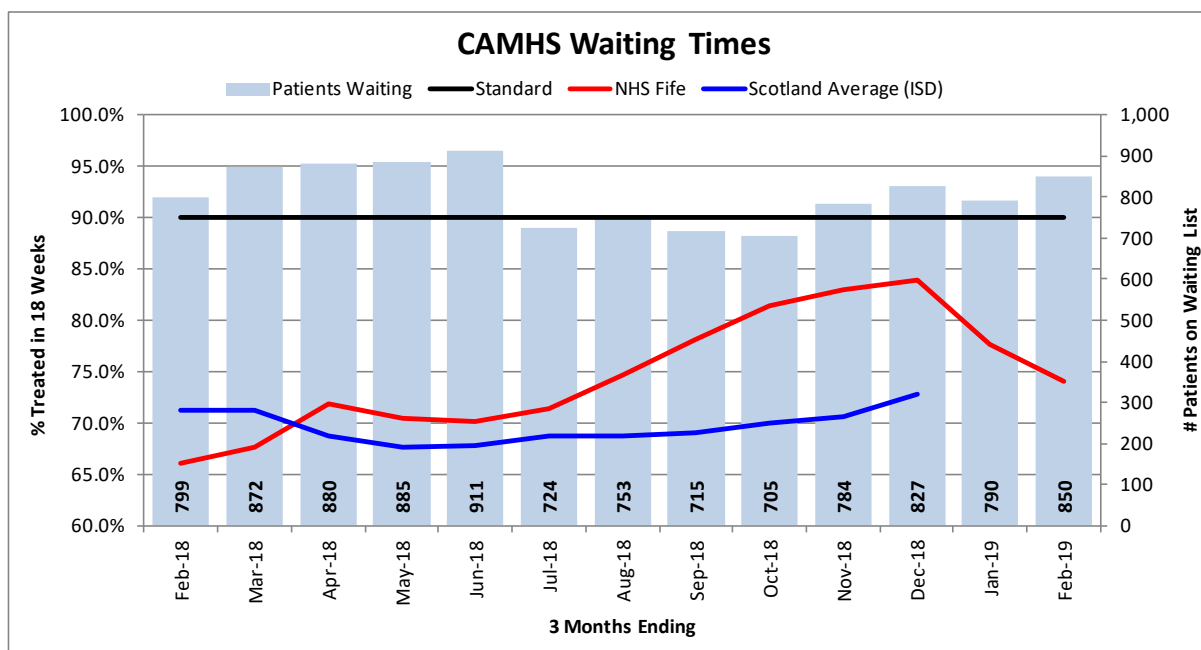
Previous 3 Months	August 2018		September 2018		October 2018	
	166	↓	198	↓	238	↓
Current Issues	Mobile unit has been off the road for 3 weeks due to repairs required to ensure vehicle is roadworthy Challenges to administrative staff recruitment so unable to support pharmacy colleague with data completion					
Context	Lower quit target (490) has been set for 2018/19 by the Scottish Government Current achievement for 2018/19 is broadly in line with the Scottish average					

Key Actions for Improvement	Planned Benefits	Due By	Status
Outreach development with Gypsy Travellers in Thornton	Increase service reach and engagement with minority group	Mar 2019	Delayed Revised date TBD
Two areas identified to test pathways and procedures for temporary abstinence model in the Acute	Ensure pathways and prescribing guidance are robust and effective	Mar 2019	Complete
Design and implementation of a prompt process for Community Pharmacies, to remind them to undertake 4-week and 12-week follow-ups	Support compliance and data completion in line with pharmacy contract requirements and reduce the levels of missing data	Mar 2019	Complete
Establish links with new Mental Health clinic for pregnant women	Support pregnant women experiencing Mental Health issues to stop smoking	Mar 2019	Complete

Test newly approved temporary abstinence paperwork in the acute setting	Ensure pathways and prescribing guidance are robust and effective Increase in number of patients being routinely offered Nicotine Replacement Therapy	Oct 2019	On Track
In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Increase opportunities for patients to access Champix at point of contact and supporting patients to quit	Dec 2019	On Track

CAMHS Waiting Times

Measure	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services	
Current Performance	74.1% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019	
Scotland Performance	72.8% of patients started treatment within 18 weeks during 2018/19 Q3	

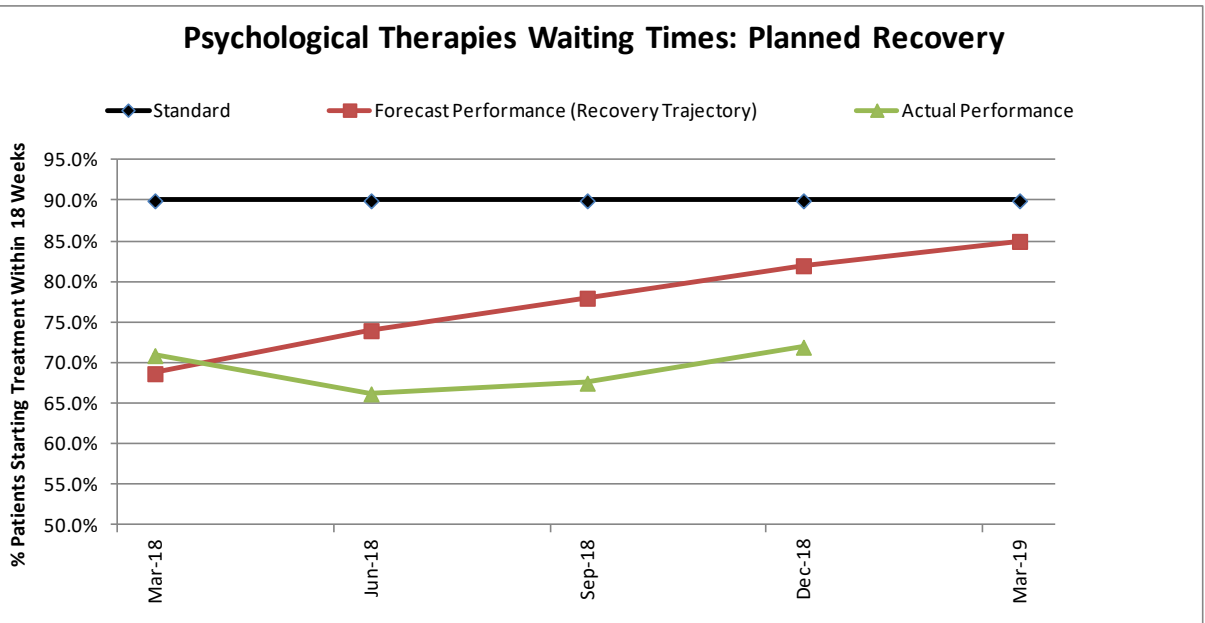
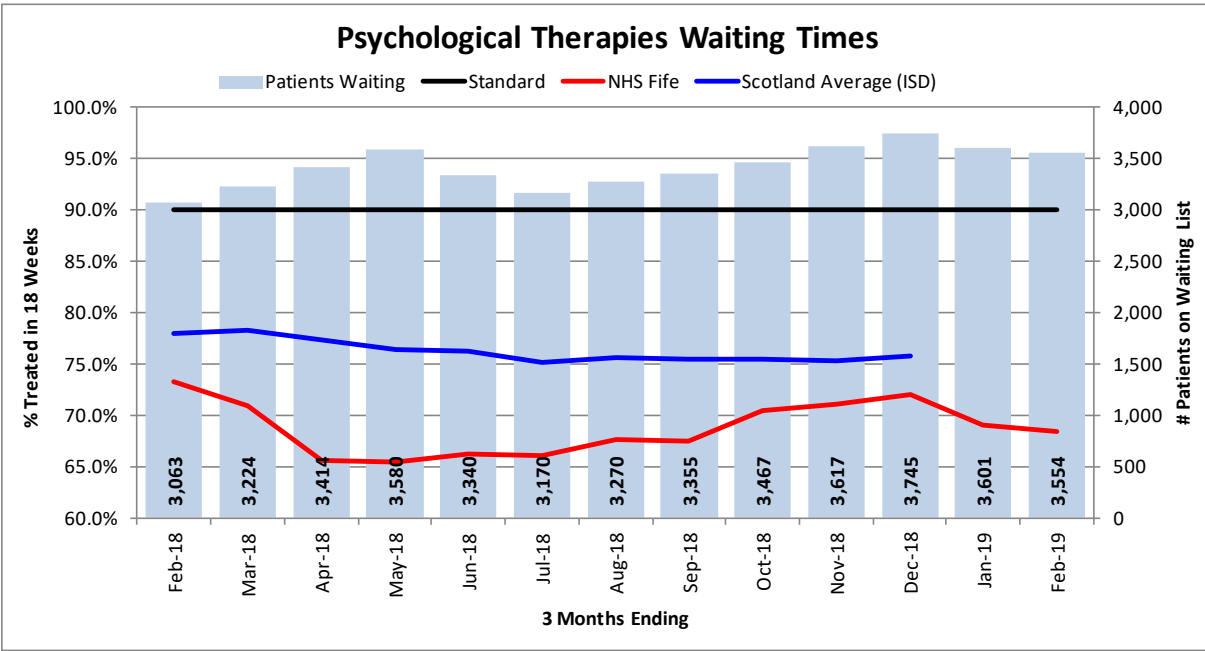


Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	83.0%	↑	83.9%	↑	77.7%	↓
Current Issues	Referral numbers continue to be significant compared to available new appointments Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity					
Context	Below Standard since May 2014, and after recovering throughout 2018 has fallen sharply at start of 2019 4 th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service	Mar 2019	Delayed Revised to Jun 2019
Development of Tier 3 Initial Assessment Appointment	Provide assessment and formulation of need following screening, ensuring that children: <ul style="list-style-type: none"> • Are safe to be placed on waiting list • Are appropriate for CAMHS Or would benefit from signposting to alternative providers	Feb 2019	Delayed Revised to Jun 2019
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Mar 2019	Delayed Revised to Jun 2019

Psychological Therapies Waiting Times

Measure	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)	
Current Performance	68.4% of patients started treatment within 18 weeks during 3-month period covering December 2018 to February 2019	
Scotland Performance	75.7% of patients started treatment within 18 weeks during 2018/19 Q3	



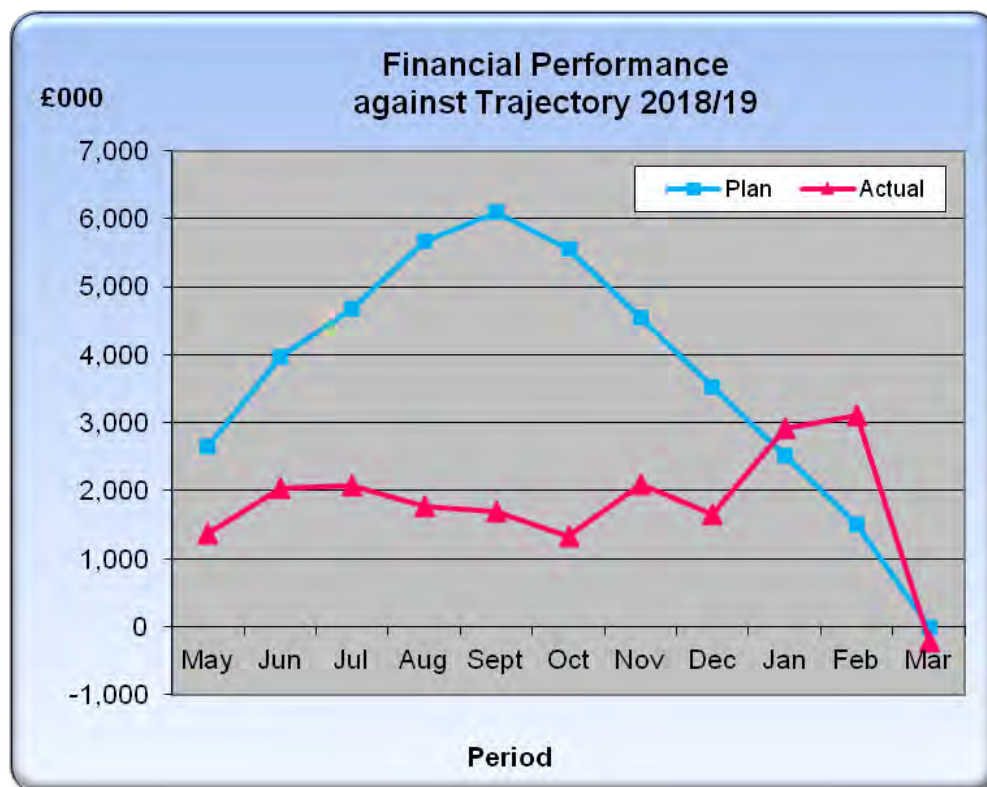
Previous 3 Reporting Periods	Sep 2018 to Nov 2018		Oct 2018 to Dec 2018		Nov 2018 to Jan 2019	
	71.1%	↑	72.0%	↑	69.1%	↓
Current Issues	Delivery of PTs across services requires further integration to enhance efficiency					
Context	Never met Standard; monthly performance normally between 65% and 75% 7 th out of the 11 Mainland Health Boards for the quarter ending December					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration <i>Draft Strategy going to Psychological Therapies Steering Group (PTSG) on 11th April</i>	Increased capacity and efficiency of PT delivery within matched care model	Mar 2019	Delayed Revised to May 2019
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	On Track
Development of CMHTs to provide PTs within MDT approach for people with complex needs <i>Improvement Plan submitted to Scottish Government March 2019 includes DCAQ work to assist these developments</i>	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	On Track
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	On Track

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	<i>Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).</i>
In year position	£0.219 underspend
Outturn position	£0.219 underspend



Previous 3 Months	January 2019	February 2019	March 2019
Revenue Resource Limit			
Actual (in-year position)	£2.914m o/spend	£3.102m o/spend	£0.219m underspend
Plan (in-year position)	£2.518m o/spend	£1.504m o/spend	Break even
Forecast Outturn position	£3.109m o/spend	£2.518m o/spend	£0.219m underspend

Commentary

The revenue position for the 12 months to 31 March reflects an underspend of £0.219m. This comprises an underspend of £6.869m on Health Board retained budgets; and a net overspend of £6.650m aligned to the Integration Joint Board, including delegated health budgets (£0.325m underspend) and the impact of the risk share arrangement (£6.975m).

The overall reported position remains draft pending formal external audit review.

The Acute Services Division reported an overspend of £8.315m for the year, of which £3.816m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board. It is important to note that the underlying run rate position for the year was £1.946m, with the remaining £6.369m being the shortfall on delivery of in year savings

The health component of the IJB reported a £0.325m underspend for the year, with a transfer of costs from Fife Council totalling £6.975m, being the net impact of the risk share arrangement for the social care overspend. As previously reported, unspent allocations of £1.779m are recognised in the IJB position, being the net impact of ADP; Primary Care Improvement Fund; and elements of s15 Mental Health monies. The Health & Social Care Partnership management team recognise there will be a requirement to find an alternative means to support these projects in the next financial year.

Members should note that the mid range forecast position will be reported to Scottish Government Health & Social Care Directorates as part of the routine monthly financial performance returns and informal discussions are ongoing in relation to the impact of the risk share arrangement on the delivery of breakeven.

1. Financial Framework

- 1.1 As previously reported, the Annual Operational Plan, and the Financial Plan for 2018/19 was approved by the Board on 14 March 2018.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 On 1 April 2019 NHS Fife received confirmation of March core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £707.071m. A breakdown of the additional funding received in month is shown in Appendix 1.

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 non core RRL funding of £26.863m is detailed in Appendix 2 with details of final reduction required (£2.975m) to the non core RRL

Total RRL

- 2.3 The total current year budget at 31 March is therefore £730.959m.

3. Summary Position

- 3.1 At the end of March, NHS Fife reports an in year under spend of £0.219m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an under spend of £6.869m is attributable to Health Board retained budgets; and an overspend of £6.650m is attributable to the health budgets delegated to the Integration Joint Board including the net impact of the estimated risk share.

- 3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £8.315m, driven largely as a result of non delivery of savings (£6.369m);
- 3.2.2 The aforementioned Acute Division overspend includes £3.816m 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 Under spends across Estates & Facilities and Corporate Directorates;
- 3.2.4 Non recurring financial flexibility of £11.131m to offset the shortfall in delivery of savings in year;
- 3.2.5 Net under spend of £0.325m on the health budgets delegated to the IJB after the release of unspent allocations / financial flexibility of £1.779m. This is driven by non delivery of savings (£2.897m) offset by a net underspend of £3.222m on budgets (despite the challenges on the GP prescribing budget and includes release of allocations previously mentioned);
- 3.2.6 Risk share impact of £6.975m, being the effect of a 72% share of the overall IJB overspend and resultant net transfer of social care costs from Fife Council.

Table 1: Summary Financial Position for the period ended March 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	394,925	395,449	395,449	388,580	-6,869	-1.74%	-13,446	6,577
Integration Joint Board	332,074	335,510	335,510	342,160	6,650	1.98%	3,753	2,897
Total	726,999	730,959	730,959	730,740	-219	-0.03%	-9,693	9,474

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	186,732	196,282	196,282	204,597	8,315	4.24%	1,946	6,369
IJB Non-delegated	8,020	7,987	7,987	7,962	-25	-0.31%	-128	103
Estates & Facilities	69,597	69,646	69,646	68,287	-1,359	-1.95%	-1,359	0
Board Admin & Other Services	50,821	66,046	66,046	63,762	-2,284	-3.46%	-2,389	105
Non Fife & Other Healthcare Providers	82,403	82,403	82,403	82,136	-267	-0.32%	-267	0
Financial Flexibility & Allocations	21,712	10,468	10,468	-663	-11,131	-106.33%	-11,131	0
Health Board	419,285	432,832	432,832	426,081	-6,751	-1.56%	-13,328	6,577
Integration Joint Board - Core	357,941	381,823	381,823	383,277	1,454	99.92%	-1,443	2,897
Integration Fund & Other Allocations	12,646	1,779	1,779	0	-1,779	-100.00%	-1,779	0
Sub total Integration Joint Board Core	370,587	383,602	383,602	383,277	-325	-0.08%	-3,222	2,897
IJB Risk Share Arrangement	0	0	0	6,975	6,975	0.00%	6,975	0
Total Integration Joint Board	370,587	383,602	383,602	390,252	6,650	1.73%	3,753	2,897
Total Expenditure	789,872	816,434	816,434	816,333	-101	-0.01%	-9,575	9,474
IJB	-38,513	-48,092	-48,092	-48,092	0	0.00%	0	0
Health Board	-24,360	-37,383	-37,383	-37,501	-118	0.32%	-118	0
Miscellaneous Income	-62,873	-85,475	-85,475	-85,593	-118	0.14%	-118	0
Net position including income	726,999	730,959	730,959	730,740	-219	-0.03%	-9,693	9,474

- 3.3 As reported each month, the earlier 'Financial Performance against Trajectory' graph shows the initial trajectory plan profiling savings delivery towards the latter half of the year; whilst the agreed gross 2018/19 efficiency savings target of £23.985m was removed from opening budgets on a recurring basis on an even spread, hence the flatter line. The removal of savings targets facilitates the further analysis each month of run rate performance as distinct from savings delivery performance. In totality the outturn position is driven by both unmet savings targets and run rate performance, offset by non recurring financial flexibility.

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a net overspend of £8.315m for the year to date. This reflects an overspend in operational run rate performance of £1.946m, and unmet savings of £6.369m. Within the run rate performance, pay is overspent by £2.366m. 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 and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging.
- 4.2 Work has already started within the service to identify efficiency savings opportunities for the new financial year and beyond.

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an underspend of £1.359m for the 12 months as a result of run rate performance. Savings have been delivered in full for this financial year. The run rate net underspend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance. The position in March includes the cost of winter maintenance pressures; and QMH refurbishment of residences, mortuary repairs and fire door repairs.

Corporate Services

- 4.4 Within the Board's corporate services there is an underspend of £2.284m. This comprises an underspend on run rate of £2.389m as offset by unmet savings of £0.105m. Further analysis of Corporate Directorates is detailed per Appendix 3.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided outwith NHS Fife is underspent by £0.267m. Further detail is attached at Appendix 4.

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 were subsequently held in a central budget and have been subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 5 allows an assessment of financial flexibility both in year, and forecast for the year end outturn, to be reflected in the position. 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.
- 4.7 The most significant balances of financial flexibility reported at month 12 continue as reported in previous months and include: slippage on medicines which meet the horizon scanning criteria; the release of major trauma commitments; pay consequential funding which has been agreed nationally; and the release of the prior year underspend. There have been no additional financial flexibility sources identified in month.

Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an underspend of £0.325m for the year. This position comprises an underspend in the run rate performance of £1.433m; release of forecast unspent allocations (financial flexibility) of £1.779m for ADP, Primary Care Improvement Fund, and s15 Mental Health funding; together with unmet savings of £2.897m. The underlying drivers for the run rate underspend are vacancies in community nursing, health visiting, school nursing,

community and general dental services across Fife Wide Division. In addition, spend on Sexual Health & Rheumatology biologic drugs continue to materialise at a lower rate than expected due to some significant price reductions; and a higher than anticipated Hepatitis C drug rebate. The aforementioned underspend is partly offset by cost pressures within GP prescribing (albeit this has again improved); unmet savings targets; complex care packages and bank and agency usage across East Division community hospitals.

- 4.9 The health component of the Partnership improved in during the second half of the year, however the social care position deteriorated. After management actions the resulting outcome is a total IJB overspend of £9.236m. As detailed in Table 2 below, this total overspend results in a transfer of costs of £6.975m from Fife Council to NHS Fife (being the difference between the underspend on the delegated health budget of £0.325m and the health risk share (72%) of the overall overspend ie £6.650m). It is important to acknowledge that this compares with a total transfer of costs of £2.289m in the opposite direction from NHS Fife to Fife Council across the two previous financial years.

Table 2 : Risk Share Calculation

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Fife	5,114	4,278	3,547	2,795	576	22	-325
Social Care	5,834	6,309	6,903	7,630	8,833	9,747	9,561
Subtotal	10,948	10,587	10,450	10,425	9,409	9,769	9,236
Less Management Actions	-2,760	-2,760	0	0	0	0	0
Total	8,188	7,827	10,450	10,425	9,409	9,769	9,236
72% of total	5,895	5,635	7,524	7,506	6,774	7,034	6,650
Risk share adjustment (transfer of cost from Fife Council to NHS Fife)	784	1,357	3,977	4,711	6,198	7,012	6,975

Income

- 4.10 A small over recovery in income of £0.118m 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. This highlights the key financial challenges as being the risk share impact of the social care overspend and non delivery of efficiency savings.

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	342,729	342,729	340,437	-2,292
GP Prescribing	72,293	72,293	74,448	2,155
Drugs	33,414	33,414	31,216	-2,198
Other Non Pay	365,314	365,314	364,013	-1,301
IJB Risk Share	0	0	6,975	6,975
Efficiency Savings	-7,137	-7,137	-93	7,044
Commitments	9,821	9,821	-663	-10,484
Income	-85,475	-85,475	-85,593	-118
Net underspend	730,959	730,959	730,740	-219

Pay

- 5.2 The overall pay budget reflects an underspend of £2.292m. There are underspends 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.
- 5.3 Against a total funded establishment of 7,726 wte across all staff groups, there were 7,790 wte staff in post in March.

Drugs & Prescribing

- 5.4 Across the system, there is a net overspend of £0.043m on medicines of which an overspend of £2.155m is attributable to GP Prescribing and an underspend of £2.198m relating to sexual health and rheumatology drugs. The GP prescribing position is based on informed estimates for February and March, and is endorsed by the Director of Pharmacy

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively underspent by 1.301m. The overspends in equipment service contracts and property maintenance are offset by underspends within energy, medical supplies and purchase of healthcare.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board last March highlighted the requirement for £23.985m gross cash efficiency savings to support financial balance in 2018/19 prior to pay consequential funding of £4.426m. Further progress on savings has been made with around 71% of the annual target being identified in year. The extent of the recurring / non recurring delivery for the year is illustrated in Table 4 below. Of the £23.985m gross target, £8.503m has been identified on a recurring basis (including £4.426m pay consequential funding), with a further £8.436m in year only, which will add to the additional savings requirement in the next financial year. A further analysis of the table below can be found in Appendix 6 to this report.

Table 4 : Savings 2018/19

Savings 2018/19	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	11,732	1,973	5,610	7,583	4,149
Pay Consequentials	2,426	2,426	0	2,426	0
Health Board (Gross)	14,158	4,399	5,610	10,009	4,149
Integration Joint Board	7,827	2,104	2,733	4,837	2,990
Pay Consequentials	2,000	2,000	0	2,000	0
IJB (Gross)	9,827	4,104	2,733	6,837	2,990
Sub Total	23,985	8,503	8,343	16,846	7,139
IJB Additional Benefit	0	0	93	93	-93
Total Savings	23,985	8,503	8,436	16,939	7,046

7 Key Messages / Risks

- 7.1 A robust and definitive assessment of the forecast outturn has proved to be extremely challenging this year, even more so than in previous years, given the issues highlighted in the section above. As such the risk assessment on the Financial Sustainability of the Board Assurance Framework has been held as 'High' over the latter part of the year. Whilst a break even position is reported, subject to external audit review, this has only been achievable through robust management of non recurring funding and other financial flexibility.
- 7.2 The risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board presented a specific challenge for financial management and reporting within NHS Fife during the year. In particular, it impacted on the extent to which the Director of Finance could provide Board members with overt and robust assurance on the likely year end forecast throughout the financial year. This is a matter of financial governance and consequently, as we move to the new financial year, consideration should be given to a review of the terms of the Integration Scheme, to remove this clause. The Finance, Performance & Resources Committee agreed at their March meeting to support the Director of Finance and Chief Executive in entering discussion with colleagues on this matter

8 Recommendation

- 9.1 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 underspend of £0.219m for 2018/19 (subject to external audit review)

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Opening Allocations	636,964			636,964	
	April Adjustments		3,973		3,973	
	June Adjustments	1,036	524	4,758	6,318	
	July Adjustments	312	2,114	-720	1,706	
	August Adjustments		-28	6,426	6,398	
	September Adjustments	5,832	1,814	41,014	48,660	
	October Adjustments			406	406	
	November Allocations		667	1,163	1,830	
	December Allocations		34	1,196	1,230	
	January Allocations	-2	-779	-9	-790	
	February Allocations		231	125	356	
	March Allocations					
	Recharges for GJNH SLA			3	3	SLA Adjustment
	Non- Medical Prescribing Training			17	17	Training costs
	Total Core Revenue Allocation	644,142	8,550	54,379	707,071	

Appendix 2 – Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,099
Donated Asset Depreciation	99
Impairment	4,000
AME Provision	-715
IFRS Adjustment	4,877
Non-core Del	3,200
Depreciation from Core allocation	12,303
Total	26,863

Anticipated Non Core Revenue Resource Limit

	March £'000
Donated Asset Depreciation	2
Impairment	-2,976
Depreciation	-36
AME Provision	35
Total	-2,975

Appendix 3 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	11,428	11,428	11,365	-63
Nhs Fife Chief Executive	200	200	235	35
Nhs Fife Finance Director	4,615	4,615	4,317	-298
Nhs Fife Hr Director	3,153	3,153	3,114	-39
Nhs Fife Medical Director	5,708	5,708	5,484	-224
Nhs Fife Nurse Director	3,949	3,949	3,829	-120
Nhs Fife Planning Director	2,165	2,165	1,869	-296
Legal Liabilities	13,780	13,780	13,331	-449
Public Health	2,116	2,116	2,053	-63
Early Retirements & Injury Benefits	16	16	-55	-71
External & Internal Audit	162	162	156	-6
Regional Funding	506	506	464	-42
Annual leave	0		-648	-648
Depreciation	18,248	18,248	18,248	0
Total	66,046	66,046	63,762	-2,284

Appendix 4 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	91	91	69	-22
Borders	42	42	46	4
Dumfries & Galloway	23	23	48	25
Forth Valley	2,951	2,951	3,126	175
Grampian	334	334	321	-13
Highland	125	125	218	93
Lanarkshire	107	107	150	43
Scottish Ambulance Service	94	94	100	6
Lothian	28,316	28,316	26,670	-1,646
Greater Glasgow	1,536	1,536	1,551	15
Tayside	38,018	38,018	37,934	-84
	71,637	71,637	70,233	-1,404
UNPACS				
Health Boards	8,289	8,289	9,347	1,058
Private Sector	1,145	1,145	1,611	466
	9,434	9,434	10,958	1,524
OATS	1,267	1,267	882	-385
Grants	65	65	63	-2
Total	82,403	82,403	82,136	-267

Appendix 5 – Financial Flexibility and Allocations

	Financial Flexibility at 31 March £'000
Financial Plan	
Drugs	2,747
Complex Weight Management	50
Adult Healthy Weight	104
Trainee Growth	70
National Specialist Services	268
Band 1's	310
Low pay	89
Apprenticeship Levy	40
Land Registration	32
Major Trauma	1,318
Unitary Charge	141
Junior Doctor Travel	199
Consultant Increments	293
Discretionary Points	77
NDC	135
Financial Flexibility	1,115
Subtotal Financial Plan	6,988
Allocations	
Health Improvement	13
Depreciation	-752
Pay Consequentials	2,426
Distinction Awards	3
Neonatal Expenses Fund	3
Carry Forward underspend 2017/18	1,494
National Cancer Strategy	46
Qfit	93
DEC Melanoma Funding	18
NSD Risk Share rebate	136
Subtotal Allocations	3,480
Total	10,468

Appendix 6 - Efficiency Savings

Health Board Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	292	1,258	1,550	5,929	2,177	5,302
Drugs & Prescribing	1,547	490	1,116	1,606	-59	1,260	287
Workforce	2,976	513	2,571	3,084	-108	760	2,216
Procurement	1,368	340	69	409	959	366	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	368	78	333	411	-43	228	140
Workstream Total	14,158	1,973	5,610	7,583	6,575	5,051	9,107
Fin. Mngmnt./Corp. Initiatives	-2,426	0	0	0	-2,426		-2,426
Total Health Board savings	11,732	1,973	5,610	7,583	4,149	5,051	6,681

IJB Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	0	120	0	120	-120	120	-120
Drugs & Prescribing	1,250	1,250	0	1,250	0	1,250	0
Workforce	90	154	277	431	-341	154	-64
Procurement	110	110	0	110	0	110	0
Other	8,377	470	2,456	2,926	5,451	470	7,907
Workstream Total	9,827	2,104	2,733	4,837	4,990	2,104	7,723
Fin. Mngmnt./Corp. Initiatives	-2,000	0	0	0	-2,000	0	-2,000
Sub Total	7,827	2,104	2,733	4,837	2,990	2,104	5,723
IJB Additional Benefit	0	0	93	93	-93	0	0
Total IJB savings	7,827	2,104	2,826	4,930	2,897	2,104	5,723

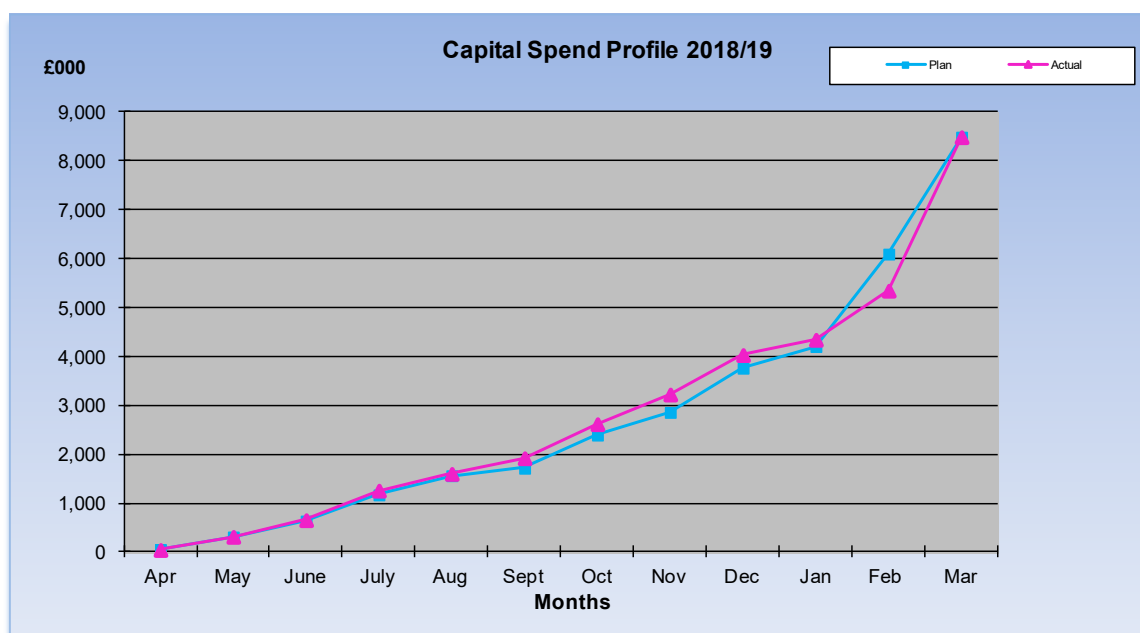
NHS Fife Efficiency Savings	2018/19 Target	2018/19 Rec	2018/19 Non-Rec	2018/19 Total	2018/19 O/s	2019/20 Rec	2019/20 O/s
Service Redesign	7,479	412	1,258	1,670	5,809	2,297	5,182
Drugs & Prescribing	2,797	1,740	1,116	2,856	-59	2,510	287
Workforce	3,066	667	2,848	3,515	-449	914	2,152
Procurement	1,478	450	69	519	959	476	1,002
Infrastructure	420	260	263	523	-103	260	160
Other	8,745	548	2,789	3,337	5,408	698	8,047
Workstream Total	23,985	4,077	8,343	12,420	11,565	7,155	16,830
Fin. Mngmnt./Corp. Initiatives	-4,426	0	0	0	-4,426	0	-4,426
Sub Total	19,559	4,077	8,343	12,420	7,139	7,155	12,404
IJB Additional Benefit	0	0	93	93	-93	0	0
Total NHS Fife savings	19,559	4,077	8,436	12,513	7,046	7,155	12,404

NHS Fife Efficiency Savings Target Reconciliation	
	2018/19
	£,000
NHS Workstream Total	14,158
IJB Workstream Total	9,827
Gross NHS Fife Efficiency Target	23,985
HB Pay Consequentials	(2,426)
IJB Pay Consequentials	(2,000)
Net NHS Fife Efficiency Target	19,559

Performance Drill Down – Capital Expenditure

Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).</i>
In year position	£8.479m spend at Month 12
Outturn position	£8.481m spend



Previous 3 Months	Jan 2019	Feb 2019	Mar 2019
Capital			
Actual	£4.339m	£5.341m	£8.479m
Plan	£4.562m	£6.547m	£8.481m
Outturn position	£8.400m	£8.459m	£8.481m

Commentary

The total Capital Resource Limit for 2018/19 is £8.459m supplemented by a NBV allowance of £22k giving a total available of £8.481m. The capital position for the 12 months to March shows investment of £8.479m an under spend of £2k, equivalent to 99.98% of the total allocation.

1. INTRODUCTION

This report provides an overview on the capital expenditure position as at the end of March 2019, based on the Capital Plan 2018/19, as approved by the NHS Board on 14 March 2018. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. This report has changed slightly to reflect the meeting schedules of both the Board and FP&R. On 1 June 2018 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. On 3 December 2018 NHS Fife received an additional allocation of £1.466m for the

purchase of the MRI at Victoria Hospital. On 31 December 2018 NHS Fife's Capital Allocation was adjusted for the transfer to revenue schemes actioned during the year (£0.478m). On 1 February the board received a further allocation of £0.027m for Forensic Examinations at QMH. On 1 March the board received an allocation for equipment for the Forensic Examination at QMH £0.058m - an adjustment of (£0.009m) has been made for a National Decontamination Capital contribution.

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 – moving of dental unit access road currently in discussion – Property will not be sold in 2018/19;
- Forth Park Maternity Hospital – Contract concluded – planning application awaited – Property will not be sold in 2018/19
- Fair Isle Clinic – Property back on market – Property will not be sold in 2018/19;
- Hazel Avenue – Sold 2018/19;
- ADC – Currently in process of being marketed;
- Hayfield Clinic – Sold 18/19; and
- 10 Acre Field – Land sold 2018/19

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value – it has been declared surplus and is in the process of being valued.

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

3.1 Details of the expenditure position across all projects are attached as Appendix 2. 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 £8.479m or 99.98% 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:

Information Technology	£1.039m
Minor Works	£0.832m
Statutory Compliance	£2.600m
Equipment	£3.696m
Anti-Ligature Works	£0.138m
Forensic Unit	£0.075m
Vehicles	£0.060m

4. CAPITAL EXPENDITURE OUTTURN

4.1 At the end of the financial year the Board has spent the Capital Resource Limit in full albeit a £2k under spend; slippage on the boiler decentralisation project at Queen Margaret Hospital is being utilised to complete Phase 4 of the Medium Temperature Hot Water project at the Victoria Hospital.

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 31 March 2019 of £8.479m and delivery of the capital resource limit target (subject to external audit review).

Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2018/19	Board Approved 14/03/2018 £'000	Cumulative Adj to Feb £'000	Mar Adj £'000	Mar Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		59		59
Capital Equipment		122		122
Statutory Compliance		655	(316)	339
Condemned Equipment		36		36
Total Community & Primary Care	0	873	(316)	557
Acute Services Division				
Capital Equipment		3,385	98	3,482
Minor Capital		716	57	773
Statutory Compliance		2,537	(280)	2,257
Condemned Equipment		55		55
Total Acute Service Division	0	6,693	(125)	6,567
Fife Wide				
Minor Work	498	(498)		
Information Technology	1,041		(2)	1,039
Backlog Maintenance/Statutory Compliance	3,586	(3,586)		
Condemned Equipment	90	(90)		
Scheme Development	43		(1)	42
Fife Wide Equipment	2,036	(2,036)		
Fife Wide Contingency Balance	100	50	(12)	138
Fife Wide Vehicles		60		60
Forensic Unit QMH		86	(11)	75
Decontamination Adjustment		(9)	9	
Capital to Revenue Transfers		(478)	478	
Total Fife Wide	7,394	(6,500)	462	1,355
Total NHS Fife	7,394	1,065	20	8,479

Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2018/19

CAPITAL PROGRAMME EXPENDITURE REPORT - MARCH 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2018/19 £'000
<u>COMMUNITY & PRIMARY CARE</u>			
Statutory Compliance	328	339	339
Capital Minor Works	59	59	59
Capital Equipment	122	122	122
Condemned Equipment	36	36	36
Total Community & Primary Care	546	557	557
<u>ACUTE SERVICES DIVISION</u>			
Capital Equipment	3,433	3,482	3,482
Statutory Compliance	2,285	2,257	2,257
Minor Works	773	773	773
Condemned Equipment	55	55	55
Total Acute Services Division	6,546	6,567	6,567
<u>NHS FIFE WIDE SCHEMES</u>			
Information Technology	1,041	1,039	1,039
Scheme Development	41	42	42
Contingency	150	138	138
Vehicles	60	60	60
Forensic Examination Service	74	75	75
Total NHS Fife Wide	1,366	1,355	1,355
TOTAL ALLOCATION FOR 2018/19	8,459	8,479	8,479

Section B:3 Staff Governance

Sickness Absence HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate for the 12 months ending February was 5.39%, a decrease of 0.01% when compared to the position at the end of January. During the first eleven months of FY 2018/19, sickness absence was 5.39%, a decrease of 0.27% when compared with the equivalent period of FY 2017/18.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, improvements have been seen in recent months despite an increase in the monthly absence rates from August to January.

iMatter local target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

The 2018 iMatter survey involved 800 separate teams of staff across NHS Fife and the H&SCP. Each team was expected to produce an Action Plan, with a completion date of 12th November. By the completion date, 344 Action Plans (43%) had been completed. This has increased slightly to 377 (47%) at the end of March.

The next cycle of iMatter, which will enable a further assessment of performance in this area, will commence in April.

Assessment: The 2018 survey achieved a response rate of 53%, 9% less than the 2017 response rate, and because it is below the 60% threshold for production of a Board report, there is no published EEI score. However, the Board Yearly Components Report which details the answers provided to every question in the questionnaire by the 53% of staff who responded are in every case either improved or the same as 2017.

TURAS local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Monthly reporting is now available for Turas, and the completion rate is currently 32%.

Assessment: It is recognised that a significant number of reviews occur in the January-March period, so the current performance figure will increase as reviews undertaken in February and March are recorded. This will be addressed with the implementation of a recovery plan for the rolling year going forward. The recovery plan will be agreed at EDG, with milestones for improvement to return to the 80% compliance agreed by directors.

Management Referrals local target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 3 of 2018/19, 76.8% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days.

Assessment: This is below the agreed target, but represents a significant improvement from the previous quarters, and was achieved after the service cleared additional work relating to Exposure Prone Procedures. The current 95% target will require to be continually monitored should it be the case that resources require to be redirected to other agreed organisational priorities (e.g. annual flu vaccination programme).

Redeployment local target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 3 of 2018/19, 67% of jobs identified were investigated (with an initial decision over suitability made), a reduction of 16% on Quarter 2. Performance in this indicator varies, subject to number of staff of the redeployment register and their particular circumstances, although we continue to exceed the local target.

Supplementary Staffing local target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 3 of 2018/19, 74.9% of staffing requirements were met via the Nurse Bank, slightly reduced on the performance during Quarter 2.

Pre-Employment Checks local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 3 of 2018/19, nearly 350 individuals within various staff groups were offered employment throughout NHS Fife, with 67% of pre-employment checks being completed within 21 working days, a 9% reduction compared to the previous quarter.

Further analysis on pre-employment checks completed within Quarter 3 identified delays were caused by external factors including applicant's not returning paperwork timeously. On receipt of the required documentation, checks were processed in a timely manner by the service.

There was a higher proportion of instances where pre-employment checks were not completed within 21 working days during December, which may be due to a reduced availability of applicants and referees during the festive period.

Performance Summary

National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Feb 19	5.39%	12 months to Jan 19	5.40%	↑	5.39%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

Local Targets

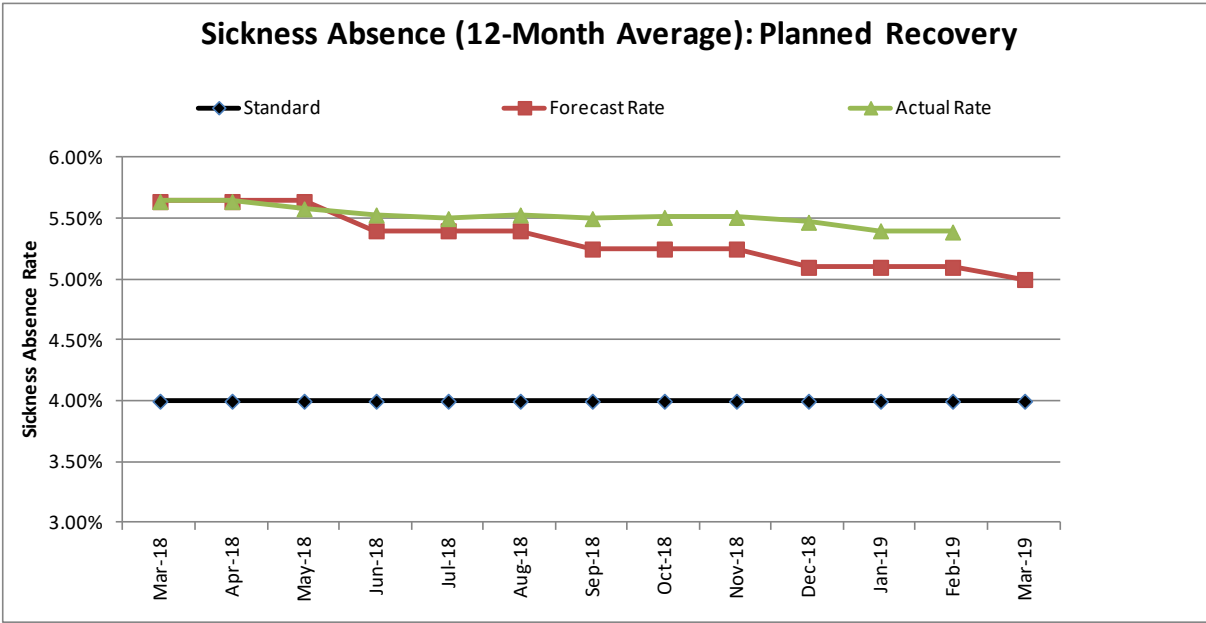
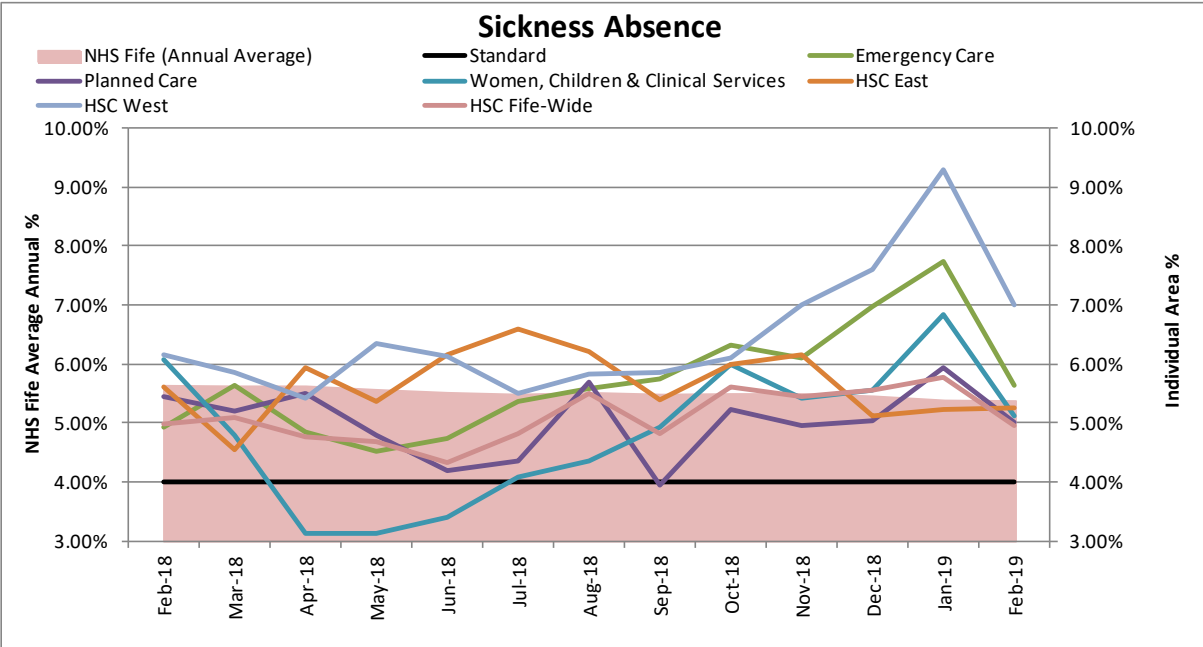
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel

Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	83.3%	↓
	RED	Supplementary Staffing	Clinically Effective	80.0%	Oct to Dec 2018	74.9%	Jul to Sep 2018	77.5%	↓
		Pre-Employment Checks	Safe	80.0%	Oct to Dec 2018	67.0%	Jul to Sep 2018	76.1%	↓
		Management Referrals	Safe	95.0%	Oct to Dec 2018	76.8%	Jul to Sep 2018	48.3%	↑
		iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Mar 2019	32.0%	12 months to Feb 2019	31.0%	↑

Sickness Absence

Measure	We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)	
Current Performance	5.39% for 12-month period covering March 2018 to February 2019	
Scotland Performance	5.39% for 2017/18 (data published annually)	



Previous 3 Reporting Periods	Dec 2017 to Nov 2018		Jan 2018 to Dec 2018		Feb 2018 to Jan 2019	
	5.51 %	↔	5.47%	↑	5.40 %	↑
Current Issues	The main reasons for sickness absence in 2018/19 were anxiety, stress and depression, other musculoskeletal problems and injury / fracture.					
Context	Sickness absence was higher month-on-month in 2017/18 when compared to 2016/17. However, absence rates have been significantly lower in 8 of the 11 months to date of 2018/19 when compared to 2017/18.					

Key Actions for Improvement	Planned Benefits	Due By	Status
East Division Sickness Absence Review	Improvement in the rates of sickness absence within the East Division in 2017/18	Mar 2019	Complete
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service (Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing	Mar 2019	Delayed Revised to Apr 2019
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting (Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from March 2019.)	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Mar 2019	Delayed Revised to Apr 2019
Formation of a short life working group to explore challenges and opportunities relating to an ageing workforce (the group has now met on three occasions and an Action Plan is being implemented)	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2019	Delayed Revised date TBD
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health	Mar 2019	Delayed Revised date TBD
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	On Track
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	On Track
West Division Sickness Absence Review	Improvement in the rates of	Mar 2020	On Track

	sickness absence within the West Division in 2019/20.		
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PAUL HAWKINS
Chief Executive
17th April 2019

Prepared by:
CAROL POTTER
Director of Finance

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH MARCH 2019 AT 13:30 PM IN STAFF CLUB, VICTORIA HOSPITAL KIRKCALDY

Chair: Paul Hawkins, Chief Executive

Present:

Bruce Anderson, Head of Staff Governance
 Wilma Brown, Employee Director
 Kevin Egan, UNITE
 Simon Fevre, British Dietetic Association
 Paul Hayter, UNISON
 Joy Johnstone, FCS
 Wendy McConville, UNISON
 Leigh Murray, RCN
 Barbara Anne Nelson, Director of HR
 Alison Nicoll, RCN

Louise Noble, UNITE
 Lynne Parsons, College of Podiatry
 Julie Paterson, Divisional General Manager –
 Fife-wide, H&SCP (on behalf of Michael Kellet)
 Carol Potter, Director of Finance
 Ellen Ryabov, Chief Operating Officer
 Andrew Verrecchia, UNISON
 Rhona Waugh, Head of Human Resources
 Mary White, RCN

In Attendance:

Shirley Ballingall, Equality and Participation Co-ordinator (Item 23/19)
 Janet Melville, Personal Assistant (minutes)

		Actions
23/19	EQUALITY MAINSTREAMING INTERIM PROGRESS REPORT 2019	
	<p>Ms Ballingall indicated that this draft report is an interim progress report with the full report due in 2021. A lot of positive feedback and innovative ideas for improvement had been received during the consultation period; however, Ms Ballingall advised she is happy to take further comments. The final progress report will go to the Executive Directors Group for approval, prior to publication in April 2019.</p> <p>Mrs Brown noted her disappointment at the lack of interest in the Deaf Awareness and Hearing Link Communication Session she had attended. Ms Ballingall advised work is ongoing towards a sustainable training programme.</p> <p>Mr Fevre suggested that, within the appendix, there could be more detailed information on progress and achievements to date.</p> <p>Mr Hawkins thanked Ms Ballingall for her update.</p>	
24/19	APOLOGIES	
	<p>Mr Hawkins welcomed everyone to the meeting and the following apologies were noted: Mr Andy Fairgrieve, Mr Michael Kellet (Ms Paterson), Ms Dona Milne, Ms Susan Robertson, Ms Gillian Tait.</p>	
25/19	MINUTES OF PREVIOUS MEETING AND ACTION LIST	
	<p>The minutes of the meeting held on 23rd January 2019 were accepted as a true and accurate record. All updates were noted on the action list.</p>	

26/19	MATTERS ARISING		
	a)	Exposure Prone Procedure (EPP) Mrs Waugh reported that 579 staff have undergone checks; with 17 Nurses and 7 Medics who have been appointed by Occupational Health and are working within the required parameters. Ms Nelson advised that there is no longer a back log, and going forward, appropriate risk assessments are in place.	
	b)	Perfect Attendance Letter arrangements Mrs Waugh informed colleagues that the letters are in hand and will be issued as soon as possible. The slight delay is due to prioritising the implementation of eESS modules.	RW
	c)	Home Computing update Mrs Potter talked to the paper, drawing colleagues attention to it taking a wider view on Employee Benefit Schemes in general, not only computing. Mrs Potter advised there is a procurement framework in place should there be an appetite to progress (after eESS goes 'live'). Mrs Brown suggested bringing a 'next steps' paper to the May 2019 meeting. Mrs Waugh reminded the Forum that there is already a Childcare Voucher scheme in place; and a new Cycle to Work cohort is scheduled to commence after Easter 2019.	CP
	d)	Pool Care Use update Mr Fevre acknowledged that the proposed meeting to discuss Pool Car Use had not taken place. Mr Fevre suggested that there has not been sufficient promotion of the scheme or enough work done to encourage out of hours use (the cars are mainly booked out between 9.00am and 5.00pm); the culture shift required to regularly use pool cars has not materialised. Mr Hawkins requested that Mr Fairgrieve and Mr Fevre meet urgently to resolve these issues so that the pool cars are fully utilised, otherwise the facility will be withdrawn. Mrs Potter highlighted that the Pool Car Policy is overdue for review. Mr Fairgrieve to take this forward.	AF/SF AF/ JR
	e)	ePayslip Communication Mrs Potter advised that the draft communication (a step by step guide on the digital payslip) has been shared with APF Staff Side colleagues and will be circulated to the APF members in due course. One main query was whether it is possible to switch between the electronic and paper payslip e.g. when an individual is on maternity leave or long term sick leave.	CP/ JM
	f)	Staff (Non-)Smoking Policy update There was no update. Mr Anderson to follow up with Mr Paul Madill.	BA
	FINANCE WORKSHOP		
	Mrs Brown raised the matter of the recent workshop being poorly		

	attended by Staff Side colleagues. After some discussion, it was suggested that the format of the event didn't allow for an adequate amount of interaction and discussion to address current 'live' issues; it consisted mainly of presentations by management. Mr Hawkins proposed that Mrs Potter, Mrs Ryabov, Mrs Paterson and Mrs Brown meet to design the next workshop to be held in 3 months time.	CP/ER/JP/WB
27/19	FINANCE REPORT	
	Mrs Potter reported that the mid-range forecast based on the position to the end of January indicates a £3m overspend, although a best case scenario (based on certain assumptions) would be closer to breakeven. Pressures continue within the Acute Division (winter challenges) and GP Prescribing. However, there is an under-spend in other Community; and in Estates & Facilities and Corporate, efficiency savings have been made. Mrs Potter indicated that there was a significant financial pressure arising from the risk share agreement between NHS Fife and Fife Council for the treatment of the overspend on the Health & Social Care Partnership. She confirmed that the target for the year end remains being on or near to budget for the 2018/19 financial year.	
	APF noted the report.	
28/19	HEALTH & SOCIAL CARE INTEGRATION UPDATE	
	Mrs Paterson advised that the consultation on the Fife Mental Health Strategy for 2019 to 2023 had resulted in a huge number (1140) of responses from members of the public and all groups of staff. The draft Strategy has been compiled taking into account feedback received and will now be submitted to the appropriate governance groups for approval. Mrs Paterson indicated that there was positive feedback following the Out of Hours Workshop and the preferred option for North East Fife will go to the Integrated Joint Board (IJB) in April 2019 for discussion/ approval.	
	APF noted the update.	
29/19	ACUTE SERVICES DIVISION UPDATE	
	Mrs Ryabov provided the following update: <ul style="list-style-type: none"> • There were no major issues for escalation following the Local Partnership Forum meeting on 28 February 2019. • Attendance at Fire training, following the recent incident, has reached 90%. A report on the incident will be finalised this week and circulated to the appropriate personnel. Mrs Ryabov assured colleagues that lessons will be learned and the key findings acted upon. • Happy to report that the Health & Safety Executive (HSE) has removed the Improvement Notice in relation to Sharps. • Work is ongoing to improve rates of attendance at all mandatory 	

	<p>training; staff will be released as required.</p> <ul style="list-style-type: none"> Similarly, colleagues will be encouraged to participate in PDPs (TURAS) and iMatter Action Planning. <p>Mrs Brown advised she had received an email which raised concerns from staff about their own health with regards to the Decontamination Unit giving off fumes and not being deep cleaned. Mrs Brown agreed to forward the email to Mrs Ryabov to enable her to look into the matter.</p>	WB/ ER
	APF noted the update.	
30/19	REGIONAL WORKING UPDATE	
	<p>Ms Nelson reported that:</p> <ul style="list-style-type: none"> Implementation of the Lead Employer model for 'Dentists in Training' has been deferred until September 2020 in order to have adequate time to iron out system issues encountered with rolling out 'Doctors in Training'. The Project Board is looking at costings of option appraisals with Regional Medical & Nursing Banks and for eRostering. A Test of Change will take place within East Region. Work is ongoing with the regional approach to Recruitment: the implementation of JobTrain is scheduled for July-September 2019. Ms Nelson reassured the Forum that stakeholder workshops will be held and staff engagement is a priority. 	
	APF noted the update.	
31/19	ATTENDANCE MANAGEMENT/ WELL AT WORK	
	<p>Attendance Management</p> <p>Mrs Waugh advised that the report covers the first 10 months of the financial year to date and gives an overview of the rolling 12 months. As requested at prior meetings, performance against trajectory is now on page 1; the scale of the WTE hours lost on page 4; and overall hours lost on page 5. The Board absence rates rose to 5.89%/ 6.43% for December/ January reflecting the seasonal increase seen in previous winters, while the 5.39% year-to-date figure is 0.29% lower than last year. In specific areas, Acute Services has been >5% from October 2018; H&SCP at or in the 5% range; while Corporate Services showed the most fluctuation in terms of %. The graphs on pages 2-6 illustrate the trends in terms of short and long term absence; long term absence continues to be of most concern. Mrs Waugh highlighted that 'mental health' is the main reason for the high rate of absence.</p> <p>Mrs Waugh listed a few of the current actions for Attendance Management/ Well at Work:</p> <ul style="list-style-type: none"> The first <i>All About You – Supporting Staff Health and Wellbeing</i> newsletter appeared in Dispatch today: Mrs Waugh welcomed any feedback colleagues may have. The bid and plan for Year 2 of <i>Going Beyond Gold</i> has been submitted. A Promoting Attendance Event is planned for end April/ beginning May 2019. Staff Side colleagues are invited to 	RW/ CP

	<p>participate.</p> <ul style="list-style-type: none"> Absence rates in each ward and department will be assessed and improvement plans prepared. West Division is of particular concern – Ms Claire Dobson is meeting with her team and staff side representatives to discuss ways of reducing absence. The Absence Record Form is being reviewed to make it more structured. From April 2019, Tableau will enable managers to obtain accurate and detailed local absence figures. A new NHSS trajectory will be issued for all Boards, who are required to reduce absence rates by 0.5% from 1 April 2019. <p>Multigenerational Issues/ Working Longer Short Life Working Group</p> <p>Mrs Waugh indicated that the two main areas of work being focussed on by the Group are to establish if there is a correlation between working 12 hour shifts and absence rates/ other issues; and the standard Exit Questionnaire is being modernised in order to gather relevant data to inform future recruitment and retention (not presently done).</p>	
	APF noted the report.	
32/19	iMATTER UPDATE	
	<p>Mr Anderson highlighted another 'good news' story he had received which will be written up and circulated. It was agreed it is heartening to note that iMatter does make a difference. Mr Anderson went onto say that Communications have drafted a strategy to support the roll out of iMatter this year (May 2019).</p> <p>Ms Nelson requested colleagues proactively encourage managers and staff to participate in iMatter so that a Board Report is generated this year. It was noted that iMatter can be discussed as part of regular team meetings, there is no need to arrange a 'special' meeting.</p> <p>Mr Anderson stressed the importance of managers confirming their team composition together with providing accurate email addresses in order that everyone receives the iMatter questionnaire and the opportunity to voice their opinion.</p>	<p>BA/ JM</p> <p>All</p>
	APF noted the report.	
33/19	DIGNITY AT WORK UPDATE	
	<p>Mr Anderson conceded that progress is slower than desired. However, the request for Confidential Contacts has been prepared and is ready for advertising; and training date(s) have been arranged. Mr Anderson advised he is liaising with Communications regarding the 'launch' of Dignity at Work and related topics.</p>	BA/ WB
	APF noted the update.	
34/19	WORKFORCE STRATEGY	
	Ms Nelson confirmed that a detailed timeline has been established to ensure the Workforce Strategy is ready for submission to the relevant	

	committees, although due to the tight timeframe, comments from APF colleagues may have to be sought electronically. Additional national Workforce Strategy Guidance which must be taken into account has yet to be issued. Ms Nelson went on to say that the Strategy incorporates, and a lot of work is going on with regard to, the Youth Employment agenda, including: engagement with the 18 Developing the Young Workforce High School Coordinators, attending and holding Career Events, increasing the number of opportunities open to Apprentices and continuing to offer observational placements within NHS Fife. Communications are preparing resources to brand and promote NHS Fife as an 'Employer of Choice', and ensure a more cohesive approach.	
	APF noted the update.	
35/19	BREXIT UPDATE	
	Ms Nelson reaffirmed that the Brexit Short Life Working Group has been disbanded. The work undertaken is being taken forward by the Brexit Assurance Group and relevant scrutiny committees to ensure appropriate governance is in place and risks are addressed.	
	APF noted the update.	
20/19	ITEMS FOR NOTING	
	The following items were noted for information by APF: a. ASD & CD LPF minutes – 16 th January 2019 b. NHS Fife Well at Work Group minutes – 6 th February 2019 (unconfirmed).	
21/19	AOCB	
	The ' <i>Once for Scotland</i> ' Workforce Policies Programme - Briefing Note March 2019 was tabled. Ms Nelson explained that the report advises progress to date with regard to preparing HR policies on an NHS Scotland-wide basis. It is planned to issue the Once for Scotland policies as quickly as possible and, for ease of access, to also have the policies available electronically.	
22/19	DATE OF NEXT MEETING	
	The next APF meeting will be held on Wednesday 22 nd May 2019 at 13:30 hrs in the Staff Club, Victoria Hospital.	

**AREA PARTNERSHIP FORUM
ACTION LIST as of 20th March 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; recruit and train Confidential Contacts	21.11.18 Ongoing
23.01.19	04/19	Perfect Attendance Letter	RW	Arrange for letter to be sent to eligible staff	20.03.19 Delay due to prioritisation of eESS
20.03.19	26/19 c)	Employee Benefits Scheme	CP	Bring 'next steps' paper to May APF	
20.03.19	26/9 d)	Pool Car Use	AF/SF AF/ JR	Review Pool Car Use and prepare improvement plan Review Pool Car Policy	
20.03.19	26/9 e)	ePayslip Communication	CP/JM	Circulate ePayslip Communication to APF members	
20.03.19	26/9 f)	Staff (non-) Smoking Policy	BA/ JM	Request update from Mr Paul Madill	20.03.19 emailed
20.03.19		Financial Workshop	CP/ER/JP/ WB	Design future workshop	
20.03.19	29/19	Acute Services Division	ER	Investigate Decontamination Unit workings	
20.03.19	30/19	Attendance Management	RW/ CP	Arrange Promoting Attendance Event	25.03.19 date set for event (29.04.19) and invitations sent out
20.03.19	32/19	iMatter	BA/ JM All	Circulate iMatter 'good news' story Encourage iMatter participation	
20.03.19	33/19	Dignity at Work	BA/ WB	Arrange Dignity at Work launch	

CLOSED ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
21.10.16	75/16	AOB	MH, RW	To discuss issues surrounding the performance of the Staff Wellbeing & Safety service at EDG.	Dr Hannah is leading a review of OH services 23.06.17 review concluded, report back to APF on September 06.09.17 final report will be ready for next meeting 01.11.17 update given to APF meeting.
21.04.17	21.17	Attendance Management	RW	Update on survey back to APF	23.06.17 Survey launched, closes at end of July and a report back to APF on September 06.09.17 was on the agenda for discussion
21.04.17	21.17	Attendance Management	David Kerr	To prepare basic foundation for managers	23.06.17 on agenda for discussion. David asked to prepare paper for other roles that recognises national work
21.04.17	21.17	Attendance Management	RW	To deliver an workshop to EDG concentrating on an area of the LJB	23.06.17 date confirmed, invite to all APF members, update to APF on September
21.04.17	24/17	Proposed changes in NHS Fife Board dates	WB	To join working group and represent APF	23.06.17 on agenda for discussion
23.06.17	30/17	Matters Arising	JR AF	To bring an update on Pool Cars to APF	06.09.17 on agenda for discussion 01.11.17 AF to contact comms to raise profile
23.06.17	30/17	Matters Arising	DK	To prepare a paper for APF on passport for staff	06.09.17 on agenda for discussion
23.06.17	37/17	National Shared Services	BAN	To prepare a slide presentation on subject for APF	06.09.17 on agenda for discussion A presentation will be circulated for comments and feedback -done
06.09.17	49/17	Matters Arising	BAN	To circulate presentation on Staff Passport	01.11.17 update on Staff Passport given, a presentation will be presented at next meeting 03.01.18 update ready for next meeting 07.03.18 update ready for next meeting 23.05.18 BA provided an update
01.11.17	67/17	H&SCP update	JP	To ask Claire Dobson to present Hub plans to APF	03.01.18 update ready for next meeting PH to discuss with MK 07.03.18 Workshop on community hubs to be discussed

					23.05.18 MK gave a presentation
03.01.18	05/18	H&SCP update	MK	To request a written update if no one can attend meeting	23.05.18 MK agreed
03.01.18	13/18	AOB	JR	Will give a verbal report about Shared Services	07.03.18 AF delivered an update
07.03.18	16/18	Minutes	BAN/SF/ AV	To meet and identify which meetings to cover for Mrs Brown (Co-chair)	completed
07.03.18	17/18	Matters Arising	CD	Ms Dobson to give update on community hubs	23.05.18 MK gave an update
07.03.18	17/18	Matters Arising	JG/SF	To work on comms message to staff around pool car use	11.12.18 Complete
07.03.18	18/18	Finance Report	PH/JG	To meet Staffside reps for comment on service reviews	23.05.18 Complete
07.03.18	26/18	HR polices for agreement	BAN	Prepare and deliver report on number of staff on fixed contacts	23.05.18 BA provided an update
07.03.18	27/18	Staff Lottery	CP/BAN/ SF/ PHayter	To meet and work on message to staff about joining committee	18.07.18 New Staff Lottery Committee has met and reenergised the Staff Lottery
07.03.18	29/18	AOB	AF	To tackle issues around staff parking	11.12.18 Complete – no anticipated end date
23.05.18	36/18	EPP	RW	Check and advise if 6 week target met	18.07.18 Complete
23.05.18	41/18	iMatter Update	BA	Provide iMatter update for EDG	18.07.18 Complete
23.05.18	47/18	Workforce Strategy	All	eMail comments on draft Workforce Strategy to Brian McKenna	18.07.18 Complete
23.05.18	47/18	Workforce Strategy	BMcK	Compose Executive Summary of the Strategy for display on the Intranet	19.09.18 Complete
23.05.18	33/18	Staff Passports	BA	Circulate Staff Passport to APF members for comment	19.10.18 Circulated to APF members and HR colleagues
18.07.18	56/18	Home Computing	CP	Consider feasibility of running the Home Computing scheme	23.01.19 Complete
18.07.18	64/18	Workforce Strategy	JM	Circulate to APF members the final draft version of the Workforce Strategy	18.07.18 Complete
18.07.18	65/18	EPP	RW	Provide verbal update at next APF on EPP screening figures	19.09.18 Complete
18.07.18	66/18	NHS 70th Anniversary	EDG	Write to Communications to thank them for their proactive work	11.12.18 Complete

		Events			
18.07.18	68/18	HR Policy	BA	Provide appropriately worded message to launch the Voluntary Retirement & Return to Part Time Working Policy	<u>24.07.18</u> Complete
18.07.18	70/18	Medical Rep	RW	Seek Medical Representative for APF meetings	<u>19.07.18</u> Complete
18.07.18	63/18	Dignity at Work	BA/ SLWG	Set up SLWG to look at areas detailed in 41/8 above.	<u>19.09.19</u> Complete
19.09.18	Present -ation	Nurse Bank	KB	Bring update on new Nurse Bank System to APF 21 November 2018	<u>21.11.18</u> 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	<u>11.12.18</u> Complete
19.09.18	78/18	Regional Working Update	All	Print off copies of 'Common Ground' for those without computer access	<u>21.12.18</u> 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	<u>21.11.18</u> – 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	<u>11.10.18</u> Complete
19.09.18	80/18	iMatter	All	Encourage all iMatter Team Leaders to undertake Action Planning with staff	<u>11.12.18</u> Complete
19.09.18	81/18	Dignity at Work	BA	Provide update on DAW SLWG progress at next APF (21 November 2018)	<u>21.11.18</u> Complete
19.09.18	87/18	HR Policy Update	BA	Amend HR25 Policy as discussed and circulate to APF electronically for approval	<u>12.11.18</u> Complete – no comments received
21.11.18	Present -ation	NHS Credit Union	WB/ Comms	Roll out of NHS Credit Union Awareness Sessions	<u>23.01.19</u> Complete - dates arranged.
21.11.18	93/18	EPP	RC/ KB	Follow up staff requiring EPP check	<u>23.01.19</u> Complete
21.11.18	95/18	PCES	PH/ FE	Take forward accommodation issues affecting PCES staff	<u>11.12.18</u> Update provided <u>23.01.19</u> 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	<u>23.01.19</u> Complete – discussions with staff.

21.11.18	99/18	iMatter	BA	Circulate the Paediatric OT Team 'good news story'	<u>12.12.18</u> Complete
21.11.18	102/18	Staff Governance	All	Email updates for the Staff Governance Action Plan to Mr Anderson	<u>11.12.18</u> Complete
18.07.18 21.11.18	67/18 104/18	Staff (non-) Smoking Policy	BA	Bring draft policy to the next APF meeting	<u>23.01.19</u> – 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	<u>23.01.19</u> 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	<u>23.03.19</u> Complete - Workshop held 18 March 2019
23.01.19	04/19	Exposure Prone Procedure	EDG	Timescale for completion to be agreed by EDG	<u>23.03.19</u> 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	<u>20.03.19</u> 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	<u>20.03.19</u> Complete
23.01.19	14/19	Workforce Strategy	All JM	Comment on Guidance for Workforce Planning document Circulate National Workforce Plan feedback	<u>20.03.19</u> Complete <u>01.02.19</u> Complete
23.01.19	17/19	'Once for Scotland' Events	WB/JM	Circulate dates of forthcoming events	<u>06.02.19</u> 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	<u>23.03.19</u> Complete

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 28 FEBRUARY 2019 AT 2.00
PM IN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL, KIRKCALDY.**

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Ellen Ryabov (ER), Chief Operating Officer
 Gemma Couser (GCo), General Manager, Women, Children & Clinical Services
 Miriam Watts (MW), General Manager – Emergency Care
 Andrew Fairgrieve (AF), Director of Estates, Facilities & Capital Services
 Craig Webster (CW), H&S Manager
 Susan Young (SY), HR Team Leader
 Gordon Cuthbert (GC), Head of Management Accounting & Performance
 Conn Gillespie (CG) – Unison
 Paul Hayter (PH) – Unison
 Leigh Murray (LM) - RCN
 Louise Noble (LN) - Unison

In Attendance:

Kathryn Brechin (KB), Head of Nursing (Quality) (for L Campbell)
 Gillian McKinnon (GMck), Personal Assistant to Chief Operating Officer

	Action
<p>1 WELCOME & APOLOGIES</p> <p>AV opened the meeting by welcoming everyone.</p> <p>Apologies were received from Lynn Campbell.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 15 NOVEMBER 2018</p> <p>The Minutes of the Meeting held on 15 November 2018 were accepted as an accurate record.</p> <p>AV advised due to the lack of available venues the dates for these bi-monthly meetings had been changed. The dates are now better spaced out and no longer take place the day after the meeting of the Area Partnership Forum.</p>	
<p>3 ACTION LIST</p> <p>3.1 <u>Fire Training Update</u></p> <ul style="list-style-type: none"> GCo advised as part of the ward moves under site utilisation 	

Ward 9 (Gynaecology) fire training was now completed. GCo advised the same piece of work should be undertaken within ECD wards and would take this as an action to work with MW.

GCo/MW

- AF advised latest fire training figures for Acute had increased to 90% with an NHS Fife position of 82%.

Cars being stickered at QMH

- AF advised there had been no change and continues to be a problem. Cars parked illegally still require to be stickered.
- PH confirmed Orthotic staff were now putting official stickers on illegally parked cars and this action can now be closed.
- AF confirmed discussions were ongoing to purchase land behind the South Laboratories from Miller Development and land at the top of Whyteman's Brae from Fife Council for additional car parking. Fife Council have agreed in principle with two caveats.

GMcK

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report

- CW advised there has been a big push on sharps training/awareness as part of compliance issues for HSE Improvement Notices. Progress has been made but there remain some issues.
- CW advised a conference call with the HSE has been scheduled for 4 March 2019 and there would be a push to close off the Improvement Notices. A follow-up HSE visit is scheduled for 19 March 2019.
- CW advised SharpsBox Talk is available through the H&S Intranet pages and the H&S Team continue to work with staff within maternity but there had been difficulties in getting staff in one place to undertake training. GCo confirmed that next week's Directorate meeting would be used for training and confirmed all training would be completed by the end of March.
- CW advised there still remained a gap in training of medical colleagues and this was being pursued and followed up.
- ER asked CW to ensure a list was compiled detailing the medical and nursing staff who have been trained.
- CW advised the NHS Fife Sharps Strategy Group has had its first meeting. There remains some gaps in nominations and the HSE have insisted on medical representation which is being pursued through discussions with Drs McKenna and Cavanagh. AF advised this had been discussed by EDG and this action had been left with Dr McKenna. A paper would be taken to EDG on 4 March 2019. CW to make ER aware if no medical representation is received.

4.2 RIDDOR Update

- CW presented the Datix/RIDDOR SBAR Update report.
- CW advised the H&S Team reviews all incidents recorded in Datix which are recorded as 'yes' or 'not yet known' under RIDDOR. The table shows the incidents which have not been amended following requests by the H&S Team.
- ER asked whether additional or more specific training was required for staff to determine what is RIDDOR reportable. KB advised if staff are unsure whether an incident is RIDDOR reportable they usually indicate 'not yet known'. Unfortunately there is no prompt on the system to return to this section at the end of the process and written legislation has some ambiguity.
- KB agreed to review the outstanding incidents to update and close them off accordingly.

KB

4.3 Items for Escalation

- There were no items for escalation.

4.4 ASD / CD Health & Safety Committee Discussion

- CW advised after the November ASD & CD Local Partnership Forum it had been agreed this meeting was the most appropriate forum to discuss Health and Safety as there were representatives from Acute, Corporate and staff side in attendance.
- CW advised following the November meeting discussions had indicated that there was a desire in convening a specific Health & Safety Committee to cover Acute Services Division and Corporate Directorates, rather than overloading this Agenda, and to this end an email was sent out asking for nominations to cover all of the areas already represented on the Local Partnership Forum. H&SCP have a separate Health & Safety Committee.
- CW advised following the email sent AV had advised it had been agreed for health and safety to be part of this Agenda for a year and to see how it fitted into the structure of the meeting and it was his opinion that we should proceed with the trial as agreed.
- AF advised the health and safety discussion at today's meeting had taken some time but the last meeting had been quite slick, therefore he did not have any issues with either of the options.
- LM noted that if health and safety was to be discussed at this meeting then health and safety representatives would require to be invited to attend.

- ER advised that it would not be possible to undertake all the business of Health and Safety at this forum and agreed a separate Acute/Corporate Directorates Health & Safety Committee should be set up and CW to prepare a Constitution/Terms of Reference and to ask for appropriate representation.
- AF advised any issues arising from the Acute/Corporate Directorates Health & Safety Committee could be escalated to this meeting. CW would still be welcome to attend this meeting providing a Health & Safety update and to raise any issues for escalation.

4.5 New Policies / Procedures

- CW advised the NHS Five Health and Safety Policy has been released by the General Policy Group. There were no major changes made.

4.6 Policies / Procedures coming out for Consultation

- CW advised a number of policies/procedures were currently being revised. They would then go out for consultation before submission to the General Policies Group.

5 STAFF GOVERNANCE 2018/19

A Well Informed

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

- ER advised the December 2018 Performance Review Report was available for information.
- ER advised over the last 4 weeks the A&E performance had improved. There had been a number of flow issues in the last few weeks and discussions are ongoing with H&SCP colleagues regarding flow, discharges and reducing our surge capacity.
- ER advised she had attended with Paul Hawkins a meeting with Scottish Government colleagues to discuss waiting list funding for next year. Our allocation has still to be confirmed but it is clear the funding allocation for waiting list monies next year is likely to be significantly short of the bid we submitted. GMs have been asked to review their original bids and consider any new work/priorities and provide a priority list.
- ER advised we were not managing to meet the TTG standard.
- ER advised we are meeting standards within Cancer, with the exception of lung.
- ER advised our 18 Week RTT performance was poor when

compared to outpatient performance and TTG, however all standards were currently being revised and further work within this area was required.

- ER advised that NHS Fife has a funding gap of circa £2.5m going into 2019/2020 and an underlying deficit brought forward which makes things extremely challenging. This challenge will need to be met by securing savings from transformation services. Some specialties have a long length of stay and a Transformation and Efficiency Group is being set up to work with staff to look at doing things differently.
- GC confirmed the January position showed an £8.5m overspend with projection of £9.5m overspent at the year end. Corporate and Estates and Facilities Directorates both have an underspend with a projected £1.6m underspend at the year end.
- ER advised the data included in the Performance Packs would be reviewed and revised going forward.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- SY advised the NHS Fife position at December 2018 was 5.89%, Acute 5.90% (157 WTE loss), Corporate 6.17% (81 WTE loss).
- SY advised Planned Care was the lowest area within Acute, followed by Women and Children at 5.57% and Emergency Care at 6.97%.
- SY advised long term absence was higher than short term absence.
- SY advised anxiety/stress/depression continues to be the highest reason for sickness absence within Acute and Corporate Directorates.
- SY advised the Multi-Generational Issues/Working Longer Group met on 5 February 2019 to discuss specific actions on data in respect of 12 hour shifts and exit interviews.
- SY advised the Cycle to Work Scheme will be re-launched in May 2019.
- SY advised a focussed Management Attendance Workshop would take place in March/April 2019.
- SY advised the Attendance Management Resource Pack is currently being revised.
- AV noted stress/anxiety/depression was the top reason for sickness absence but advised this was not always work related with staff having stresses outwith work. NHS Fife has been working alongside the NHS Credit Union who have over the last three weeks undertaken road shows on every site within Fife to offer a range of savings accounts and loans to NHS staff and their families. This has been a great success

with an increased uptake of 63% and may have a small part in dealing with staff sickness absence.

- AF advised sickness absence within Estates had risen last month and benchmarked against other Boards and NHS Fife continues to be in the middle of the pack.
- GCo advised a refresh of the Review and Improvement Panels was taking place as it was felt there was not enough opportunity to discuss individual cases with Managers and changes to be made to this process.
- GCo advised resilience training has been delivered to Laboratories staff and there has been a reduction in short term absence. This training will be rolled out to other service areas.
- PH advised he had recently attended the Good Conversations Course and had found this to be very beneficial.

5.3 Feedback from NHS Fife Board & Executive Directors

- AV advised EDG continue to discuss the financial position, including forecasting and CRES savings.
- ER advised new discussions are taking place regarding the Primary Care OOH services and an opportunity for the public to reconnect in these discussions.
- ER advised the Public Session of the Annual Review had taken place on 15 February 2019 in Dunfermline. This had been positive and in comparison to other NHS Boards, NHS Fife was doing well and closer to meeting standards. One issue raised had related to ward details on the Intranet being out of date following the recent ward moves. Kirsty Macgregor is in the process of updating the website to ensure the information contained is accurate.
- AF advised Alan Wilson has been appointed as Project Director to lead the development and delivery of a new Elective Orthopaedic Centre for NHS Fife. Car Park K has been earmarked for this project with car parking to being provided elsewhere.

6 B Appropriately Trained

6.1 Training Update

- AF advised he and Barbara-Anne Nelson (BAN) had attended a meeting to discuss statutory/mandatory training figures. The job family is being reviewed with clear actions and a further paper would be taken by BAN to EDG.
- GCo confirmed the WCCS Directorate performance had improved since November/December 2018. The Directorate will continue to maintain this performance and release of staff for training. There are some concerns regarding V&A training and this is being picked up with teams.

- ER advised compliance against statutory and mandatory training would be reviewed through the Staff Governance Board.
- AF advised work was ongoing to work through the manual handling training backlog.
- CW advised Stuart Armstrong was the only V&A Trainer and continued to train staff locally within individual wards and train trainers.
- AF advised Estates and Facilities staff complete their training over a 2-day period and compliance figures are high.
- ER asked whether HR holds training data for mandatory training. SY to check to see what level of detail Bruce Anderson holds.
- PH advised training information used to be available within the Performance Review Packs. ER advised there would be a review of the data included in the PR Packs and a dashboard included with training information discussed at the Staff Governance Board together with fill rates for nursing staff.

SY

6.2 **Turas Update**

- AF confirmed this was ongoing and from feedback received staff feel this is a much easier system to use.
- KB advised the discussion around the 3 questions is more meaningful to staff.
- AF advised mandatory training information should also be included within Turas.

7 **C Involved in Decisions which Affect Them**

7.1 **Staff Briefings & Internal Communications**

- ER advised a Staff Briefing Session had taken place but the recent Pop-up Briefing Session had been cancelled.
- ER asked if these sessions were still meaningful for staff as only 20 members of staff had attended the last Staff Briefing Session in the Lecture Theatre and whether we should consider producing a Newsletter for staff that were unable to attend in person.
- PH advised the same staff appeared to attend the briefings in the Lecture Theatre and felt it was more meaningful to meet staff within their individual ward areas or departments.
- KB advised perhaps giving staff advanced notice of topics for discussion would encourage more staff to attend. It would also be useful to provide an update on the financial position, current pressures and clinical safety issues.
- GC advised providing a briefing on alternative sites would be useful but we would need to ensure this was appropriately facilitated from the QMH site.

- ER/AV agreed to discuss further.

ER/AV

7.2 **Staff Governance Action Plan 2018/19**

- AV advised in the past the lowest 5 scoring items from the staff survey / iMatter have been used in the Action Plan, but we also need to reflect on items that we are doing well.
- ER advised a review of governance structures was currently taking place and the Action Plan should be progressed via the Staff Governance Committee.
- AV advised usually once a year the Staff Governance Board would dedicate a meeting to discuss and populate the Action Plan, but as the November 2018 meeting had been cancelled this had not happened.
- AV advised he would arrange to meet with Bruce Anderson and ER to finalise the Action Plan before its submission to the APF and feed into the NHS Fife submission to the Scottish Government.

AV

7.3 **iMatter**

- GCo advised NHS Fife's uptake of Action Plans was the lowest in Scotland therefore it was important to engage with staff and work with teams in a positive and meaningful way. It was important to encourage teams to think creatively and to make the discussion more informal. It was noted there were probably a number of discussions taking place but these were not being documented.
- LM advised she was the RCN representative on the National group and advised some NHS Board undertook iMatter in a different way and used different resources, but this was the only opportunity staff had to feedback and highlight issues to their employer. iMatter is different to the staff survey which was undertaken once a year.
- AF advised a meeting was taking place this week with a discussion around Action Plans. It was important to ensure staff are released for iMatter as this was as important as statutory training.
- PH confirmed the portering staff have received increased communication and regular meetings with the Support Services Manager are taking place and positive feedback has been received.
- CG advised it was disappointing when staff did not receive a team report, but would still be able to complete an Action Plan.
- AF advised NHS Fife has submitted an exemplar good news story to the Scottish Government. Further staff communication around good news stories was required.
- ER advised consideration should be given to the possibility of allocating an executive sponsor to support teams and could be

considered going forward and as part of the re-launch of iMatter.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes

- GCo advised the current focus is to identify a final and sustainable location for Ward 9 and engagement sessions with teams are currently taking place at different times of the day to accommodate staff.
- ER advised discussions were ongoing to designate Ward 13 as a planned for discharge ward with senior therapy lead and junior doctor support. Dr Cargill is overseeing this from a clinical perspective. MW advised this would enable us to proactively manage the discharge of patients quicker and provide a better patient experience.
- AF advised meetings are taking place to look at resolving the issues with the medium temperature hot water pipes. This is being progressed in liaison with ER together with clinical input required. This will take a number of years to resolve but there will be no cost to NHS Fife.

9 E Provided with an Improved & Safe Working Environment

9.1 Well at Work Update

- The Well at Work Update was noted, for information.
- AV questioned the title of the 'Death Cafe' but MW advised this was a well known term but required to be publicised appropriately.

9.2 ASD & CD Well at Work Minutes

- The ASD & CD Well at Work Minutes of 29 October 2018 and 29 January 2019 were noted, for information.

9.3 Capital Projects Report

- The Capital Projects Report was noted, for information.

9.4 Adverse Events Report: February 2018 to January 2019

- The Adverse Events Report for the period February 2018 to January 2019 was noted, for information.

9.5 Violence & Aggression Reports

- The Violence and Aggression Reports for the period covering

1 October – 31 December 2018 were noted, for information.

10 LAUDRY REVIEW UPDATE

- AF advised a summary update had been circulated for information.
- AF advised there has been for a number of years a Shared Service Initiative to review and consolidate 8 laundries into 4 and discussions are ongoing.
- AF advised he was not supportive of the Initiative as NHS Fife has one of the most efficient, cheapest and most productive laundries in Scotland. NHS Fife also services NHS Forth Valley.
- AF advised the laundry staff have been briefed and SY advised the NHS Fife laundry currently employs 32 members of staff and they would require to be redeployed.
- It was noted there is zero sickness absence within our laundry with the Manager affording flexible working to its staff.
- AV advised a final business case is expected by April/May 2019 with projected savings of £2.5m but organisation change and transport costs have not been factored in.
- CG advised for those who have not seen the laundry he would recommend a visit.

11 ISSUES FROM STAFF-SIDE:

11.1 Overtime/Bank Shift ban post-sick leave

- AV advised he had been asked on behalf of KE to raise the issue of an overtime/bank shift ban post sick leave.
- LM advised she agreed this should be applied if staff had been off for a significant period of time. e.g. 6 months, but if a member of staff had only been off sick for one day then this should not apply and perhaps this was something that could be included within the Attendance Management Training.
- KB advised she had reviewed the nurse bank guidance which states that staff cannot work on the nurse bank whilst off sick, but does not provide guidance about work following a period of absence. Similarly the Absence Management Policy does not have any guidance related to expectations regarding staff undertaking additional hours of work, during or following a period of sick leave. KB agreed it would be useful to prepare some guidance to support Line Managers.
- SY advised a consistent approach was required and each case should be considered on an individual basis. This issue was not just relevant to the nurse bank but for any department. It would be helpful when staff phone in sick they should be reminded they would be unable to pick up any bank shifts until they were back to their substantive hours and SY agreed to pick this up with Rhona Waugh to incorporate into training.

SY

11.2 **Ward 4**

- AV advised he and Wilma Brown had recently visited Ward 4 (previously Ward 12) to discuss the increased workload and concerns raised over the allocation of annual leave and management of off duty rotas.
- KB advised AV had raised concerns regarding staffing levels and following discussion with Norma Beveridge temporary staff had been identified to support the ward.
- MW confirmed conversations with the HoN had taken place and staff were being supported and a meeting of senior staff would take place next week to look at these challenges and actively look at options.
- PH asked it would be helpful that any decisions made take into account the medium/long term working of the ward.

11.3 **ENT Ward**

- LM advised staff were made aware at the end of January regarding the opening of a short stay surgical unit and concerns have been raised regarding new starts not receiving proper induction training.
- KB noted that there had been a number of changes for the ward recently with the new SSSU and a move to a 7-day ward but advised there has been a strong CNM presence in this area to support the transition, and KB would highlight with the PCD team the ongoing concerns.

KB

12 **MINUTES FOR NOTING**

12.1 **Capital Equipment Management Group Minutes: 6 September & 4 October 2018**

- The Capital Equipment Management Group Minutes of 6 September and 4 October 2018 were noted, for information.

13 **HOW WAS TODAY'S MEETING?**

It was felt the meeting had lasted too long.

13.1 **Issues for Next Meeting**

- There were no new issues for the next meeting.

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

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

14 ANY OTHER COMPETENT BUSINESS:

14.1 Staff Health & Wellbeing

- SY advised Staff Health and Wellbeing had reverted to the title of Occupational Health.

14.2 Electronic Employee Support System (eESS)

- SY advised the new Electronic Employee Support System (eESS) goes live on 1 April 2019.
- SY advised Manager and Employee Training Packs and LearnPro Modules are available on the Intranet.

14.3 Waste Management Contingency

- KB wanted to acknowledge the work and leadership led by AF's team to mitigate risk and clinical safety. This had been a huge piece of work and had been well managed.
- AF advised the Scottish Environmental Protection Agency (SEPA) had been on site yesterday to receive feedback.

15 DATE OF NEXT MEETING

Thursday 25 April 2019 at 2.00 pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2019/280219

TABLE OF ACTIONS
ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
28-02-19 Item 3.1	<u>Fire Training Update</u> As part of the ward moves under site utilisation the same piece of work should be undertaken within ECD wards and GCo to work with MW.	GCo/MW	Update at next meeting	
28-02-19 Item 4.2	<u>RIDDOR Update</u> KB agreed to review the outstanding incidents to update and close them off accordingly.	KB	Update at next meeting	
28-02-19 Item 4.4	<u>ASD / CD Health & Safety Committee</u> It was agreed a separate Acute / Corporate Directorates Health & Safety Committee should be set up and CW to prepare a Constitution/Terms of Reference and to ask for appropriate representation.	CW	Update at next meeting	
28-02-19 Item 6.1	<u>Training Update</u> SY to check to see what level of detail Bruce Anderson holds for mandatory training.	SY	Update at next meeting	
28-02-19 Item 7.1	<u>Staff Briefings & Internal Communications</u> ER/AV agreed to discuss staff briefings and internal communications further.	ER/AV	Update at next meeting	
28-02-19 Item 7.2	<u>Staff Governance Action Plan 2018/19</u> AV advised he would arrange to meet with Bruce Anderson and ER to finalise the Action Plan before its submission to the APF and feed into the NHS Fife submission to the Scottish Government.	AV	Update at next meeting	

28-02-19 Item 11.1	<u>Overtime/Bank Shift ban post-sick leave</u> SY advised a consistent approach was required and each case should be considered on an individual basis and agreed to pick this up with Rhona Waugh to incorporate into training.	SY	Update at next meeting	
28-02-19 Item 11.3	<u>ENT Ward</u> KB to highlight with the PCD Team the ongoing concerns.	KB	Update at next meeting	

**MINUTES OF THE REMUNERATION SUB-COMMITTEE MEETING (ED) HELD ON
TUESDAY 19TH MARCH 2019 AT 14:00 HRS IN ROOM 521, HAYFIELD HOUSE**

Present:

Mrs Tricia Marwick, Chair, NHS Fife (chairperson)
Mr Paul Hawkins, Chief Executive, NHS Fife
Mrs Wilma Brown, Employee Director, NHS Fife
Dr Les Bisset, Non Executive Director, NHS Fife
Mr Martin Black, Non Executive Director, NHS Fife

In Attendance:

Ms Barbara Anne Nelson, Director of Workforce
Mrs Helen Bailey, PA to Barbara Anne Nelson (minute taker)

NO.	HEADING	ACTION
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	DECLARATION OF MEMBERS' INTERESTS	
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	None reported.	
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01/19	APOLOGIES FOR ABSENCE	
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	None reported.	
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02/19	MINUTES OF PREVIOUS MEETING	
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	The full minutes and edited minutes of the previous meeting held on 19 th March 2019 were <u>reviewed</u> and <u>approved</u> .	
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03/19	MATTERS ARISING	
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	Nothing to report.	
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04/19	EXECUTIVE/SENIOR MANAGER APPRAISAL PROCESS	
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	The Director of Workforce confirmed that arrangements have been put in place for reviews and the facility is available in TURAS to do end of year review. A reminder is being sent out regarding reviews in April. These will be reported through the normal process.	
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05/19	PCS(ESM) 2019/1 CIRCULAR	
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	The Director of Workforce briefed the members on this circular in respect of Executive and Senior Manager Cohort	
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Performance, it brings the current arrangements up to date and also links to the previous paper on Leadership and Talent Management and the Good Practice Guide.

The principles for appraisal remain the same in terms of setting objectives. The Director of Workforce updated members on the upcoming awareness sessions for Chairs and Chief Executives in April which they will be attending.

The Director of Workforce confirmed that NHS Fife's framework and timetable ensures arrangements are in place for the objective setting, mid year reviews, end of year review and next year objectives.

A Non Executive Director referred to the Talent Management paper and asked for clarification on recruitment to executive level post being nationally-led. The Director of Workforce stated that it is intended that this may apply in the future when there would be a talent pool or succession planning pool identified for the overall benefit of NHS Scotland. Members discussed the efficacy of a talent pool.

The Director of Workforce addressed the points in the SBAR confirming each point being carried out and the Remuneration Sub-Committee **noted** the content of the circular and all the points on the SBAR.

**06/19 FIXED TERM ADDITIONAL RESPONSIBILITY
ALLOWANCE**

The Chief Executive gave an update on the proposed building of the Orthopaedic Centre. A member of Estates will lead the operational delivery of this but stressed the importance of having a Senior Responsible Officer (SRO) to push the project forward within the required timescales and financial framework. This will involve being involved in many more national meetings. The Chair also reiterated the importance of having an SRO on this project who will be accountable for delivery on time and on budget.

Members discussed and analysed this proposal and the conditions, including appraisals, delivery and how this will be managed and monitored.

The Sub-Committee endorsed this proposal in recognition of the additional responsibility outlined. Ms Nelson will issue a letter and instruction to Payroll.

**Director of
Workforce
(DoW)**

07/19 CESSATION OF STATUTORY POSTS

The Director of Workforce advised the Sub-Committee that due to a statutory change two roles within the Board have ceased.

This situation is brought to Remuneration Sub-Committee to ask if members are content to delegate authority to the Chief Executive and Director of Workforce to progress this matter providing a further report as appropriate.

Members discussed the various options being looked at, the reasons for the posts ceasing and the seeking of alternatives within the areas detailed.

Members agreed delegated authority for the Chief Executive and Director of Workforce to progress this matter and report back to this Sub-Committee.

CE/DoW

08/19 REMUNERATION SUB-COMMITTEE ANNUAL REPORT 2018/19

The Annual Report was reviewed and agreed by the members and signed off by the Chair

09/19 TERMS OF REFERENCE

The Director of Workforce reported that Remuneration Sub-Committee Terms of Reference was submitted to Staff Governance Committee and some changes were suggested.

The Chair raised the question of why the Remuneration Sub-Committee was a sub-committee of the Staff Governance Committee and not a sub-committee of the Board.

The members discussed the technicalities of the accountability of the current arrangements and it was agreed that The Director of Workforce would look into this and report back as appropriate.

DoW

10/19 DATES OF FUTURE MEETINGS

Noted.

11/19 AOCB

There were no matters raised under AOCB.

12/19 DATE OF NEXT MEETING

Thursday 9th May 2019 at 10:00 hrs in Paul Hawkins' office.

**Health & Social Care Local Partnership Forum (H&SC LPF)
Wednesday 6th March 2019
Committee Room 1, 5th Floor, Fife House, Glenrothes**

Present: Simon Fevre, Staffside (Chair)

Michael Kellet, Director of Fife Health & Social Care (Co-Chair)
Eleanor Haggett, Staffside (Co-Chair)
Debbie Thompson, Joint Trades Union Secretary
Kenny McCallum, Unison Fife
Hazel Williamson, Communications Officer, HSCP
Julie Paterson, Divisional General Manager (Fife Wide)
David Heaney, Divisional General Manager (East)
Claire Dobson, Divisional General Manager (West)
Jen McPhail, Chief Finance Officer
Mary Whyte, RCN
Gillian Tait, RCN
Bruce Anderson, HR Head of Staff Governance, NHS Fife
Lynne Parsons, Society of Chiropractors and Podiatrists
Wendy McConville, Staffside, Unison Health
Wilma Brown, Employee Director, NHS Fife
Sharon Adamson, RCN
Louise Noble, Unison Health
Scott Wilson, Unison Fife
Audrey Valente, Business Partner Finance, Fife Council

Apologies Lorna Sheriffs, Unison Fife
Karen Rennie, HR Services, Fife Council
Evelyn McPhail, Director of Pharmacy
Susan Robertson, Unite
Jacqui Balkan, Workforce Planning Manager, NHS Lothian
Sharon McKenzie, Head of Human Resources, Fife Council

Minute prepared by: Sally Howley, MSO to Michael Kellet

		ACTION
1.	<u>Apologies</u> Apologies received as above.	

2.	<p>Previous Minutes</p> <p>Accepted</p>	
3.	<p>Matters Arising (not already on agenda)</p> <p>Update on eESS – MK confirmed that there is an H&SCP representative on this now.</p> <p>WB confirmed eESS going live on 01.04.19 and it is important that staff with no online access go through their managers. Managers and staff will have access to limited fields (managers – change of grade, staff – amendments to some personal info). This area is being developed.</p> <p>CD stated that Super Users within the Partnership had been identified and authorised. Helen Fernie is the rep.</p>	
4.	<p>Finance Update</p> <p>4.1 Draft Budget, Timeline & Next Steps</p> <p>JMcP updated that there had been an IJB Development session on the draft budget yesterday (05.03.19). Papers from this meeting were distributed to Forum members for information purposes and to form part of the budget/savings discussions.</p> <p>Time line for budget is:</p> <ul style="list-style-type: none"> • Fife Council budget on 21.02.19 • NHS Fife budget on 27.03.19 • IJB budget on 28.03.19. <p>JMcP stated that the budget gap is currently £14.6m. Identified savings = £9.033m.</p> <p>Budget gap and savings were discussed, the following was noted.</p> <p>Pharmacy – GP Prescriptions savings aspect (£1.2m) – looked at realistic prescribing, Care Home efficiency/stocks & Consultants prescribing.</p> <p>DT suggested that Home Care look at their client's prescriptions in relation to stock piling and report back. Had this been considered within the savings area?</p> <p>DH confirmed that Cindy Graham, Andrea Smith & Evelyn McPhail were looking into this area.</p> <p>Action Point</p> <ul style="list-style-type: none"> • DH to report back at next meeting 	DH

DH, CD & JP discussed savings around CRES and other identified savings in relation to their divisions. Each giving the background, process and highlighting stakeholders' involvement when required, that were considered as part of the savings exercise.

The following was noted:

East

CRES

- Looking at non front-line managerial/admin vacancies and supplies and achieve through monthly review of key areas

Charging

- Review of current charging for Community Alarm systems and Meals on Wheels service with proposals to increase these.
- The proposed increases are under the average charged across Scotland. Fife Council to decide.

Older Peoples Redesign

- Options considered for providing day services in Newport-on-Tay/St Andrews (St. Davids & Leng).
- Fife Council stand-alone day centres (compressed days - 5 day to 4 day service).
- Residential care – Matthew Fyfe House, Dunfermline and Ladywalk House Anstruther.

A discussion took place regarding the challenges of cost of care packages and the funding gap in relation to the High Cost Care packages, and a proposal for a maximum indicative budget.

Fife-Wide

CRES

- Division will achieve the committed Vacancy Factor target through ongoing monthly review of key areas.
- In addition, further efficiency savings will be made mainly from Sexual Health and FRDU Drugs.

Estate Rationalisation (Community Support Services)

- Forward Centre building will cease March 2019
- St Clair's Centre will provide the building based service

Maximum Indicative Budget for Adults

- Partnership supporting within a maximum support budget not exceeding £78k

	<p>Total Mobile</p> <ul style="list-style-type: none"> Extended to Adult Care allowing real time billing. <p>Service User Holiday Costs</p> <ul style="list-style-type: none"> Service Users, supported by Adult Resources (in house), will bear the costs of their holidays. <p>Transformation</p> <ul style="list-style-type: none"> Reduce the Community Support Service (Adult Day Service) to support only those who meet the critical eligibility criteria <p>A discussion took place around funding/charges in relation to children's (up to 26yrs) packages. Children are transferred over from Education & Children's Service at 16yrs to the Partnership. There is no further funding available to the Partnership for inherited packages.</p> <p>JP stated that this is a national issue and Chief Officers are looking at this through the CFO network.</p> <p>West CRES</p> <ul style="list-style-type: none"> Controlled recruitment to vacant posts and procurement of supplies achieve through monthly review of key areas <p>Fife Community Equipment Partnership</p> <ul style="list-style-type: none"> Training up Stores team in order to bring refurbishment of equipment in house <p>Budget Re-alignment from Long Term and Residential Care Budget</p> <ul style="list-style-type: none"> Three years underspend of this budget re-aligned to Care at Home budget <p>SF queried the transparency of the global Management review/local review. MK stated work is still ongoing and along with Staff Side, each division will be reviewed.</p> <p>SF asked what was happening in relation to recruitment and asked what process was involved, he was concerned that it was change by stealth. Recruitment needs to link in with safe service.</p> <p>DT stated a fresh policy is required.</p> <p>Action Point MK to discuss at SLT and bring back a paper to next LPF meeting on 01.05.19</p>	<p>MK</p>
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5.	<p>Transformation</p> <p>Joining Up Care Consultation Update</p> <p>Community Hospital DH updated that an action group meets weekly to review & progress actions in order to finalise the Care Model. JMcP leads on finance for this and the project plan/timeline up to the IJB meeting in June 2019, has been set out.</p> <p>There are two stakeholder events planned in March/April. Stocktake – invited chairs from IJB & NHS Clinical Governance Committees to participate.</p> <p>PCES/OOHs CD updated that two OOHs workshops are organised in March (Cupar and Glenrothes) where attendees from across Fife have been invited. In addition, consultation is ongoing with various Community Councils, Communities, and GP Clusters in order to collate their suggestions into the process. The Partnership will take the viable option to April's IJB.</p> <p>SF asked for update on PCES accommodation. GT confirmed that feedback from staff confirmed that the arrangement was working very well. CD stated that there will be no change to this at the moment and that work was ongoing with colleagues with respect to long term arrangements. It was agreed that staff needed to be kept updated on this.</p> <p>CD confirmed that the pressures on the service are still extremely challenging. An Escalation Plan is in place which has been sent to the Management Team.</p> <p>Action</p> <ul style="list-style-type: none"> • Comms update out to staff to inform on the continuation of the current PCES accommodation until the end of the Contingency • GT to get sight of Escalation Plan <p>Mental Health Redesign JP updated that progress was ongoing with a workshop organised for 02.04.19. This will look at the Hub at QMH with a view to further develop in order to take out to rest of Fife.</p> <p>Workforce Plan DH stated that the minutes of the meeting held on 11.02.19 will be out next week. The group will focus on the Action Plan and he confirmed that the work is continuing to progress. A discussion took place around the strands for Joined Up Care and the</p>	<p>CD CD</p>
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	<p>importance of Working Groups being organised and taking a planned approach, ensuring capture of changes at local level and with local staff. DH confirmed that groups do this</p> <p>The next meeting is 25.03.19 where the action plan will be updated and specific dates agreed.</p> <p>Mental Health JP updated on the Mental Health Strategy Engagement Event held on 01.02.19. Feedback was received from 1200 people and the first draft is available. This will be sent out to all for comment with the final Strategy finalised April/May. JP noted that there had been good feedback especially from the Police in particular.</p>	
6.	<p>LPF Action Plan</p> <p>BA stated that the year-end review will be presented in May.</p> <p>Action</p> <ul style="list-style-type: none"> • HW to send comms part to BA • BA will send out year-end review for comments <p>BA updated on TURAS. Lower percentage than the old system. Staff are registering but not using the system. A discussion took place around how to re-engage staff and the difficulties of releasing staff for training. In house core training programme needs to be reviewed.</p>	<p>HW BA</p>
7.	<p>Workforce Strategy MK stated that the Year One Action Plan had been approved by IJB.</p> <p>The Workforce & OD Strategy meeting is being held on 08.03.19 and the One Year Action Plan will be tabled for this meeting to discuss how to monitor, progress and implement the plan.</p> <p>SF commented that there had been a lot of work done for this but wanted to know if there were any gaps in relation to recruitment and retention. MK stated that work was still in progress.</p>	
8.	<p>Absence/Attendance Management</p> <p>BA stated that January figures had been challenging – well above 6% as a Board – with Flu type virus absences being the cause which impacted on services.</p>	

	<p>Currently focusing on Return to Work, confidence for managers, and following processes/procedures.</p> <p>A discussion took place in relation to attendance management across partnership areas, review and actions taken in order to work towards good outcomes.</p> <p>Occupational Health referral processes in both council and NHS Fife were discussed in relation to mental health absences. Concerned with staff perception of these types of referrals especially with regard to seeing it as a 'stigma'. Concerns as well for these services being swamped if immediate referrals are in place as part of the process within the organisations.</p> <p>BA stated that staff can refer to OHSAS at any time.</p>											
9.	<p>Health & Safety</p> <p>Health & Safety Forum minute 05.02.19</p> <p>MK updated on the Deep Dive reports and stated that there was one planned for Violence and Aggression. SF stated that there was good work being done in the group.</p> <p>JP updated that the Mental Health Board was looking across wards.</p>											
10.	<p>iMatter Update</p> <p>BA informed that updates were still on track.</p> <table><tr><td>Week commencing</td><td>Action</td></tr><tr><td>22.04.19</td><td>Email out to managers to check personnel/reset team details (4 week window for this work with no extension to this time frame)</td></tr><tr><td>20.04.19</td><td>Questionnaire to staff</td></tr><tr><td>17.06.19</td><td>Questionnaire returned by</td></tr><tr><td>24.06.19</td><td>Managers reports available</td></tr></table> <p>Comms will be sent out in the next few weeks to promote this exercise.</p> <p>Action</p> <ul style="list-style-type: none">• Share comms with HW <p>It was recognised that Home Care staff will not have access to emails BA happy for questionnaires to be printed off and handed out at local meetings.</p>	Week commencing	Action	22.04.19	Email out to managers to check personnel/reset team details (4 week window for this work with no extension to this time frame)	20.04.19	Questionnaire to staff	17.06.19	Questionnaire returned by	24.06.19	Managers reports available	<p>BA</p>
Week commencing	Action											
22.04.19	Email out to managers to check personnel/reset team details (4 week window for this work with no extension to this time frame)											
20.04.19	Questionnaire to staff											
17.06.19	Questionnaire returned by											
24.06.19	Managers reports available											

	<p>BA reported on the Child & Young People OT team 'best' story success, using tech to connect staff. The team, young people involved and their parents, have been invited to the NHS Scotland event. Comms will publicise within NHS Fife and will be reported to IJB.</p>	
11.	<p>Divisional Updates</p> <p>Fife Wide</p> <p>JP reported on the Mayfield Unit's accreditation by The Royal College of Psychiatrists who had commended the high level of care provided by staff to stakeholders. JP stated that the staff had worked really hard to ensure high standards of care were provided and commented on the great morale within the team. BA confirmed that this achievement had been published in NHS Fife Dispatches.</p> <p>Action</p> <ul style="list-style-type: none"> • The success of Mayfield Unit, and the accreditation to be brought to IJB <p>JP highlighted staff retirements:</p> <p>Margaret Pirie (48 years' service) Catherine Cheshire Susan Fisher</p> <p>And acknowledged that these would have an impact on the service.</p> <p>At the recent Scottish Sensory and Equality Awards event, Fife Sensory Impairment Sub Group, for the 'See Hear' Strategy, had come runner-up for an award. This was in recognition of the partnership working with the Third Sector.</p> <p>JP updated on the Children's Inspection – final report due during first week in April.</p> <p>EAST</p> <p>DH updated that there had been a recent meeting with the unions to discuss mileage claims by Home Care staff working out with their normal patch. These discussions had been constructive. It had been agreed that quarterly liaison meetings would be re-introduced to provide a forum for areas of concerns to be discussed.</p> <p>KMcC agreed that the meeting had been good and collaborative.</p> <p>WEST</p> <p>CD updated that the Housing Minister had recently visited the Shelter</p>	JP

	<p>project within the discharge HUb/ VHK. HSCP are supporting this as part of our earlier intervention work.</p> <p>Marie Curie – work is being done on an exciting, innovative model of care in conjunction with PCES colleagues at Glenrothes Hospital and Care Watch, a private provider. This collaborative approach will be officially launched in April 2019.</p> <p>PCES – Contingency will be reviewed at the end of August 2019.</p> <p>Highlighted that Fiona MacKenzie (Clinical Services Manager, Fife Specialist Palliative Care & In-Patients) is retiring in June. This post will be advertised.</p> <p>Dr. Drew Smart has resigned with Dr. Akbar starting on 18.03.19.</p>	
12.	<p>AOCB</p> <p>MK acknowledged that it was JMcP's last LPF meeting, prior to her leaving post, and thanked her for her support and wished her well in her new position.</p>	
13.	<p>Date of Next Meeting</p> <p>Wednesday 1st May - 10.00am</p> <p><i>Future schedule of meetings.</i></p> <p><i>Wednesday 26th June - 10.00am</i></p> <p><i>Wednesday 4th September - 10.00am</i></p> <p><i>Wednesday 16th October - 10.00am</i></p> <p><i>Wednesday 11th December - 10.00am</i></p>	

**NHS Board
Staff Governance Committee**

DATE OF MEETING:	8 May 2019
TITLE OF REPORT:	Strategic Objectives 2019/20
EXECUTIVE LEAD:	Carol Potter, Director of Finance and Performance
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

Purpose of the Report (delete as appropriate)		
	For Decision	

SBAR REPORT

Situation

The Strategic Objectives 2018/19 for NHS Fife were agreed at the Board meeting in May 2018. The objectives describe what NHS Fife aims to achieve in the year and is the start of the strategic planning process and will be based around NHS Fife's Strategic Framework and aligned to the Clinical Strategy.

This paper provides the committee with a review of the Strategic Objectives for 2018/19 and also looks forward to 2019/20 with proposed objectives to be approved by the Board.

Background

The formal review of the Strategic Objectives 2018/19 was undertaken to close out the process for 2018/19. Each objective had a lead director who was asked to consider:

- (1) A review of their objectives for 2018/19
- (2) Any gaps in the objectives that required any additional objectives for 2019/20
- (3) Any objectives that were completed or no longer relevant and should be removed from 2019/20 objectives.

Through the process of reviewing and updating the corporate objectives between 2018/19 and 2019/20, a number of changes have been made and these are documented in this section. New objectives have been added where gaps were identified and any current objectives that have been completed or not longer relevant have been removed.

Assessment

The summary of the review of the corporate objective 2018/19 ensures that strategic planning is in place and progress and achievements made against the strategic objectives provides assurance to the board that adequate governance in place.

The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person Centred, Clinically Excellent, Exemplar Employer and Sustainable.

Quality

Good progress has been made to further embed good governance in clinical practice. Further development of the Quality Report during 2018/19 continues to provide assurance to the Board and the introduction of Quality Reports for Acute and Health & Social Care brings the governance to an operational level. The publication of the Quality of Care Review process in

2018 will result in a review for all aspects of governance and this will be progressed during 2019/20.

National directives/programmes have been successfully implemented with the introduction of Duty of Candour supported by local policy and systems, Excellence in Care programme becoming more embedded in the organisation and the End of Life Standards now in place across Fife.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2019/20.

Ref	Objective
1.5	Create and nurture a culture of person centred approach to care
1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board
2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status
3.8	Implement statutory safe staffing across all wards in accordance with new legislation

On review, the following objectives from 2018/19 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations	Completed

Operational Management

During 2018/19, alternative models of care were developed to provide sustainability within the health and social care systems. The transformation programmes, some in year 2 and 3, have seen significant change in how services are delivered. In Acute, the introduction of the front door frailty model and discharge hub has seen changes to admission and discharge patterns along with the development work of setting up community hubs and the introduction of a care coordination approach focused on frail and vulnerable individuals. The new GP contract focuses support by a multi disciplinary team based in practices.

Access standards continue to be challenging. The monthly Integrated Performance Report (IPR) and monthly Performance Reviews in Acute provide assurance that performance is being monitored and managed appropriately. Delivery of access targets relies on additional funding from the Scottish Government to provide extra capacity and going forward into 2019/20, these challenges remain.

The following new objectives have been identified for 2019/20.

Ref	Objective
4.7	Deliver agreed targets for performance delivery
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance
4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.

The following objective has been added.

Ref	Objective	Status
3.7	Jointly develop and deliver an East RDP to improve service and financial sustainability	No longer relevant

Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

In terms of corporate governance, NHS Fife is well placed against the Blueprint for Governance demonstrating best practice in specific aspects.

The following new objective has been identified:

Ref	Objective
4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre

The following objective has been removed as it has been completed and the appropriate governance is now in place.

Ref	Objective	Status
1.7	Review and enhance the governance and supporting business model for charitable funds	Completed

Workforce

The Workforce Strategy published in 2018/19 is aligned with NHS Fife's Clinical Strategy and overviews the workforce across health and social care. Assurance can be given that appropriate measures are in place to ensure that staff are well informed, trained and professionally accredited staff and the iMatter tool ensure that staff are listened to. These measures now form part of the Staff Governance section in the Integrated Performance Report.

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

The following objective had been identified as a gap and has been added.

Ref	Objective
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies

1 Summary

The review of the corporate objectives for 2018/19 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives are set out and presented using the Strategic Framework aims: person centred, clinically excellent, exemplar employer and Sustainable and is aligned to the Clinical Strategy.

Recommendation

The Staff Governance Committee are asked to:

- Note the review of the strategic objectives for 2018/19
- Consider and agree the proposed strategic objectives for 2019/20

Objectives: (must be completed)	
Healthcare Standard(s):	Applies to all standards
HB Strategic Objectives:	Provide a review of the Board's strategic objectives last year and proposes 19/20 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	Includes review of financial objectives
Risk / Legal:	Includes review of risk objectives
Quality / Patient Care:	Includes review of quality of care objectives
Workforce:	Includes review of workforce objectives
Equality:	Fully incorporated in the organisation's objectives

NHS Fife Strategic Objectives 2018/19



NHS Fife Strategic Objectives 2018/19																		
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2018/19	Executive Objectives											
							CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC		
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues				S	L						S	
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	S	L					S		
					1.3	Reduce Health Inequalities in terms of access and services. Implement Local Outcome Improvement Plan for Fife	*					L			S			
					1.4	Improving equalities – Public Duties Act					L			S				
					1.5	Realising Realistic Medicine – implementation within NHS Fife linked to transformation & sustainability	*			S	S	L	S					
					1.6	Review and enhance the governance and supporting business model for charitable funds		L	S	S	S	S	S	S	S	S		
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L	L			S			L		
			CLINICALLY EXCELLENT	<ul style="list-style-type: none">Work WITH you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board			S		L	L						
					2.2	Maintain and audit the system of Safe & Effective Medicines Management				S	L	L						
					2.3	Fully implement the organisational duty of candour requirements	*			S	S	L				L		
					2.4	Reduce Healthcare Acquired Harm, including facilities				S	L	L	S	L		S		
					2.5	Continue to refine the NHS framework for risk management and keep the Board Assurance Framework up to date		S	S	S	L	S	S	S	S	S		
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	S	L	S	S	S	S	S		
					2.7	Work to develop and embed systems & services to reduce avoidable admissions (linked to sustainability objective)	*				L		S			L		
					2.8	Ensure End of Life Care Standards are consistently applied across all areas and aligned with national recommendations				S	L	S				S		
		EXEMPLAR EMPLOYER	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Develop a workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S		L	S			
				3.2	Develop arrangements which support effective Talent Management and Success Planning requirements				S			S	S	L	S			
				3.3	Continue to develop policies and plans which support promoting attendance at work and the health and well being of the workforce						S		L					
				3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	S	L	S			
				3.5	Ensure NHS Fife has the appropriate infrastructure to continue to meet professional standards for all staff		S	S	S	S	S	S	S	L	S			
				3.6	Implement the iMatter staff engagement tool and use feedback to develop an action plan		S	S	S	S	S	S	S	L	S			
				3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy	*			L						L			
		SUSTAINABLE	<ul style="list-style-type: none">Optimise resource for health & wellbeingEnsure cost effective and within budgetIncrease efficiency & Reduce WasteService redesign will ensure cost effective, lean and minimise adverse variationOptimise use of property & assets with our partners	4.1	Develop a Transformation plan for NHS Fife to deliver the triple aim	*	L	L	S	S	S	S	S	S	S	S		
				4.2	Jointly develop and deliver an East RDP to improve service and financial sustainability	*	L	L	L			S						
				4.3	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L	S			S			L			
				4.4	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	S	L	S	S			
				4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance			L										
				4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S			
				4.7	Deliver effective corporate governance to the organisation		S	L	S	S	S	S	S	S	S			
				4.8	Continue reduction of environmental harm							S	L					
		Safety First																

NHS Fife Strategic Objectives 2018/19

Valve	Ref		Corporate Objectives 2018/19: Person Centred	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Person Centred	1.1	1.1.1 1.1.2 1.1.3 1.1.4	Improve complaints process to respond more effectively and efficiently to patient issues										
	1.2	1.2.1 1.2.2 1.2.3 1.2.4	Improve patient, public and partner engagement and participation with on-going strategic change agenda										
	1.3	1.3.1 1.3.2 1.3.3 1.3.4 1.3.5	Reduce Inequalities in terms of access, services and follow up. Implement the Health & Wellbeing Plan 2015-2020 Provide leadership for Community Planning Embed the Personal Outcomes Approach across NHS & H&SC										
	1.4	1.4.1 1.4.2 1.4.3 1.4.4	Improving equalities										
	1.5	1.5.1 1.5.2 1.5.3 1.5.4 1.5.5	Ensure there is in place a sustainable NMAHP workforce with the appropriate skills to deliver safe, effective and person centred care that supports service redesign and changing approaches to care Support transformative innovation in H&SC Work with EDG and senior clinical leaders to embed the principles of Realistic Medicine into all of our clinical strategy and transformation plans Engage the clinical advisory structures in supporting the ambitions of Realising Realistic Medicine Through the APF, work with staff side to ensure Realistic Medicine is on the partnership agenda.										
	1.6	1.6.1 1.6.2	Develop an action plan interlinked with the transformation and sustainability programme to apply the realistic medicine approach across NHS Fife Support the DoF review and enhance the governance and supporting business model for charitable funds.										

			Corporate Objectives 2018/19: Clinically Excellent	CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Clinically Excellent	2.1	2.1.1	Continue to develop the Quality Report for the Clinical Governance Committee, IPR and Board to reflect broader portfolio – Performance , SPSP, Local & National Policy Changes, Areas of Local Focus										
		2.1.2	Work with operational colleagues to develop the local quality reports for ASD & HSCP										
		2.1.3	Jointly lead the work with IMPACT to add quantitative and qualitative data to the Quality Report to reflect key safety issues in the system										
		2.1.4	Support the development of clinical dashboards that reflect real time performance in the key SPSP safety measures - Ensure this is linked to patient experience data										
		2.1.5	Take into account the national changes to the SPSP programme measures										
	2.2	2.2.1	Maintain a robust system of Safe & Effective Medicines Management across the organisation with internal audit function to ensure ongoing compliance										
		2.2.2	Continue to review all the Safe & Effective Medicines Management Systems and processes										
		2.2.3	Continue to develop and test the audit processes across the range of medicines management to ensure fitness for purpose										
		2.2.4	Ensure the ADTC continues to take oversight of the systems and processes for safe use of medicines										
		2.2.5											
	2.3	2.3.1	Develop the NHS Fife approach to ‘Never Events’/Significant Events - review and update where required systems and processes for reporting, investigation, mitigation and remedial action to ensure robust										
		2.3.2	Review and update if required the process for significant events escalation to CEO and for significant event analysis										
		2.3.3	Implement the revised Adverse Incident policy										
		2.3.4	Review staff training and ensure adequate awareness of relevant policies and procedures										
		2.3.5	Ensure communication and training to support the Duty of Candour are in place										
		2.3.6	Ensure the reporting requirements for Duty of Candour are met for 18-19.										
	2.4	2.4.1	Prevent harm and deterioration – focus on medication related events, review of maternity services, review of surgical procedures										
		2.4.2	Provide assurance for NHS Fife and H&SCP around Public Health activity										
		2.4.3	With the Director of Nursing and Director of Estates & Facilities, work with EDG to ensure our systems and processes for reducing harm are robust and reviewed regularly										
		2.4.4	Ensure risks are reviewed regularly to reduce the likelihood of harm taking place - Ensure Datix incidents inform this review										
		2.4.5	Design any new services to be as safe as possible										
	2.5	2.5.1	Effectively respond to external reviews , policies and public health requirements										
		2.5.2	Provision of public health assurance and activity in relation to access, inequalities, disease prevention, health protection & health improvement										
		2.5.3	Lead Emergency Planning function, review lessons learned from incidents and maintain a programme of training and exercises										
		2.5.4	Support the Director of Nursing in the review of the overarching framework of risk for NHS Fife and provide Board assurance for managing resilience risks										
		2.5.5	Continue to refine the NHS Fife Risk Management Framework working with Health and Social Care										
		2.5.6	Ensure the Board Assurance Framework is regularly updated										
	2.6	2.6.1	Continue to implement Excellence in Care to provide assurance to the organisation and Board of nursing and midwifery care and standards										
		2.6.2	Support the Director of Nursing implement Excellence in Care										
	2.7	2.7.1	Support the Director of Nursing and Director of H&SC to develop and embed systems & services to reduce unavoidable admissions (linked to sustainability objective)										
	2.8	2.8.1	Ensure appropriate clinical input is secured on regional planning groups, particularly in relation to the NMAHP workforce, which may have an impact on clinical services for the population of Fife										
		2.8.2	Support the Director of Nursing implement the End of Life care standards in line with national recommendations										
	2.9	2.9.1	Ensure End of Life Care Standards are consistently applied across all areas and align with national recommendation										
		2.9.2	Review and refine Palliative Care Model for NHS Fife.										

value	Ref		Corporate Objectives 2018/19: Exemplar Employer	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Exemplar Employer	3.1	3.1.1 3.1.2 3.1.3 3.1.4	Publish a workforce strategy which supports the strategic and transformational plans of Fife Support the Director of Workforce develop a workforce strategy which supports the strategic and transformational plans of Fife Develop and implement a delivery plan to achieve the workforce strategy ensuring alignment and collaboration with the LDP and RDP associated work programmes Deliver Public Health specific objectives including Redesign in relation to Regional services										
	3.2	3.2.1 3.2.2 3.2.3 3.2.4	Develop arrangements which support effective Talent Management and Success Planning requirements										
	3.3	3.3.1 3.3.2 3.3.3 3.3.4	Integral to the workforce strategy develop retention and recruitment plans to sustain current workforce with a number of key areas of focus including options for over 50's										
	3.4	3.4.1 3.4.2 3.4.3 3.4.4	Ensure NHS Fife has processes/policies in place to support NMAPS to meet the professional regulatory requirements Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.										
	3.5	3.5.1 3.5.2 3.5.3 3.5.4	Ensure NHS Fife has the appropriate infrastructure and support in place to enable all doctors to continue to meet the professional standards required for good care delivery and medical appraisal and revalidation and comply with the Duty of Candour Embed the requirements for responding to the Duty of Candour Ensure there is the correct infrastructure to enable medical staff to meet the standards required for good care delivery and medical appraisal and revalidation set out by the GMC Deliver the finance directorate transformation programme, build the team and ensure all individuals deliver against their own and team objectives.										
	3.6	3.6.1 3.6.2	Take actions to improve retention and recruitment of clinical staff Ensure the teaching for the graduate entry medical training program is delivered effectively to the GMC standards										
	3.7	3.7.1	Develop and implement an effective internal Communications Strategy										

value	Ref		Corporate Objectives 2018/19: Sustainable	Executive Objectives									
				CEO	DoF	DoPSP	COO	DoN	MD	DoPH	DoE F	HRD	DoHSC
Sustainable	4.1	4.1.1 4.1.2 4.1.3 4.1.4 4.1.5	Develop an NHS Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers Develop a Joint Fife Transformation Plan with 3 outcomes measures of financial, capacity or sustainability improvement and associated timelines/responsible officers Complete systematic review of variance/performance and develop action plan with outcome measures/timescales for delivery Undertake a review of performance and consider options going forward in terms of delivery and affordability Lead the review of procurement and payroll services in support of the regional and national shared services agenda.										
	4.2	4.2.1 4.2.2 4.2.3 4.2.4 4.2.5	Provide senior representation from CEO, DoF, DoPSP, MD, DoPH and COO as required to support the East (H&SCDP) Programme Board Provide Senior Planning and Finance Resource to support the Regional Planning Resource to develop and deliver the RDP Link with National Groups to influence and develop the planning and delivery of the RDP e.g. DoP&SP, DoF, COO’s, NPF, BCE’s, DoN, MD’s etc. Ensure the RDP and LDP are appropriately linked and actions, savings plans and services changes are clearly understood and defined. Support the development of the East of Scotland regional planning and delivery programme										
	4.3	4.3.1 4.3.2 4.3.3	Continue to Implement Clinical Strategy Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services. Provide financial leadership, oversight and scrutiny of medicines expenditure, trends and efficiency across NHS Fife including GP prescribing.										
	4.4	4.4.1 4.4.2 4.4.3 4.4.4	Review existing PFI contract Establish increased oversight and leadership of the Board’s property strategy and underpinning capital programme including PFI contracts and estates rationalisation. Implement revised financial reporting framework and supporting analytical function										
	4.5	4.5.1 4.5.2 4.5.3	Review Acute Services in terms of sustainability- performance, workforce and facilities Develop and implement a finance, eHealth and Estates Strategy in support of the Clinical Strategy and the LDP Develop a robust eHealth, Information & Digital Strategy to support strategic transformation and performance management										
	4.6	4.6.1 4.6.2 4.6.3	Provide financial leadership to the NHS Fife transformation programme and underpinning financial strategy Contribute as a member of the Executive Team and take on leadership roles Support the corporate achievement of our statutory financial targets and deliver these for individual directorates										
	4.7	4.7.1 4.7.2 4.7.3 4.7.4	Implement Clinical Strategy, Annual Operational Plan and Regional Operational Plan Deliver effective corporate governance for the organisation with a specific focus on clinical governance Develop and implement a robust system of corporate governance, recognizing the emerging and changing model required for health and social care services. Develop and implement a modern, timely and fit for purpose financial reporting framework, incorporating weekly reporting and dashboards.										

NHS Fife Strategic Objectives 2019/20



NHS Fife Strategic Objectives 2019/20																	
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2019/20											
							CEO	DoF	COO	DoN	MD	DoPH	DoE F	DoW	DoHSC	DoP	
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Fairness & Transparency	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues			S	L					S		
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda			S	L				S			
					1.3	Reduce Health Inequalities in terms of access and services. To deliver the Local Outcome Improvement Plan for Fife and the Public Health priorities for Scotland in order to prevent and reduce health inequalities in Fife.	*				L			S			
					1.4	Improving equalities – Public Duties Act				L			S				
					1.5	Create and nurture a culture of person centred approach to care	*		S	L	S	S		S			
					1.6	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	*	S	S	S	L	S	S	S	S		
					1.7	Ensure our services are designed to address the needs of people (link to performance / access)	*		L		S	S		L			
					1.8	Agree and deliver refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly		S		S	S		S	L			
			CLINICALLY EXCELLENT	<ul style="list-style-type: none">Work with you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	*	S	S	L	L	S		S	S		
					2.2	Maintain and audit the system of Safe & Secure Use of Medicines Management			S	S	S					L	
					2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	*		S	S	L				S		
					2.4	Reduce Healthcare Acquired Harm			S	L	L	S	S		S		
					2.5	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date		S	S	L	S	S	S	S	S		
					2.6	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care		S	S	L	S	S	S	S	S		
					2.7	Work to develop and embed systems & services to reduce avoidable admissions supporting sustainability and value	*		L		S	S			L		
					2.8	Develop links with St Andrews University medical school through the ScotGEM programme aspiring towards university hospital status	*	S	S		L			S	S		
		Care & Compassion	EXEMPLAR EMPLOYER	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	*		S	S	S	S	S	L	S	S	
					3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements		S	S	S	S	S	S	L	S	S	
					3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies					S		L				
					3.4	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / everybody matters strategy in line with national policy.		S	S	S	S	S	S	L	S	S	
					3.5	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff		S	S	S	S	S	S	L	S	S	
					3.6	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21		S	S	S	S	S	S	L	S	S	
					3.7	Ensure effective staff communications – develop and implement an effective internal communications strategy			L						L		
					3.8	Implement statutory safe staffing across all wards in accordance with new legislation			S	L				S	S		
		Dignity & respect	EXEMPLAR EMPLOYER		4.1	Refresh and embed the Transformation plan for NHS Fife to deliver the triple aim supporting sustainability and value	*	L	S	S	S	S	S	S	S	S	S
					4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan		S	L			S			L	S	
					4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance		S	S	S	S	S	L	S	S		
					4.4	Deliver the Outline Business Case for the Fife Orthopaedic Elective Centre	*	L	S				S				
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance		S	L			S			S		
					4.6	Deliver statutory financial targets		L	S	S	S	S	S	S	S	S	
					4.7	Deliver agreed targets for performance delivery			L	S	S	S		S	L	S	
					4.8	Deliver effective corporate governance to the organisation		L	S	S	S	S	S	S	S	S	
					4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance			S	S	S	S	L		S		
					4.10	Based on the Audit Scotland 2018 Report on Integration and the Ministerial Steering Group Review of Integration, engage with partners to ensure the success of health & social care integration in Fife.		S	S	S	S			S	L		
		Safety First	SUSTAINABLE														