Staff Governance Committee

03 July 2020, 10:00 to 12:00
MS Teams

Agenda

1. Apologies for Absence

M Wells

2. Declaration of Members' Interest and Chair's Opening Remarks

M Wells

3. Minutes of Previous Meetings held on 6 March and 18 June 2020

(enclosed)

M Wells

🗎 Item 3 Minutes 060320 (2).pdf	(7 pages)
🗎 Item 3 Minutes 061820.pdf	(4 pages)

4. Action List

(enclosed)

M Wells

🗎 Item 4 Action List 03072020.pdf	(1 pages)

5. MATTERS ARISING

6. COVID-19 UPDATE

6.1. Workplace and Workforce

(enclosed)

L Douglas

🗎 Item 6.1 Staff Governance Committee - Workplace Workforce Paper.pdf	(5 pages)

7. MOBILISING OUR WORKFORCE

7.1. Workforce Strategy Update

(enclosed)

L Douglas

🗎 Item 7.1 Staff Governance Workforce Strategy Update - 3 7 20.pdf	(3 pages)

8. QUALITY, PLANNING & PERFORMANCE - COVID-19

8.1. Integrated Performance & Quality Report

(enclosed)

S Fraser

🗎 Item 8.1 SBAR SG Committee.pdf	(3 pages)
🗎 Item 8.1 IPQR Jun 2020.pdf	(45 pages)

8.2. Recruitment Update

(enclosed)

R Waugh

🗎 Item 8.2 Recruitment Activity Update - 3 7 20.pdf	(3 pages)

8.3. Staff Wellbeing Update

(enclosed)

R Waugh

Item 8.3 Staff Health and Wellbeing Update incl Promoting Attendance - 3 7 20.pdf	(14 pages)

9. GOVERNANCE

9.1. Board Assurance Framework Workforce Sustainability

(enclosed)

L Douglas

Item 9.1 Board Assurance Framework - 3 7 20.pdf	(4 pages)
Item 9.1 Appendix 1 - NHS Fife Board Assurance Framework (BAF) V22 0 240620 - Workforce Sustainability.pdf	(1 pages)
Item 9.1 Appendix 2 - BAF Risks - Workforce Sustainability Linked Operational Risks as at 23 June 2020.pdf	(7 pages)

9.2. Staff Governance Annual Statement of Assurance 2019/20

(enclosed)

M Wells

Item 9.2 SBAR SG Annual Assurance Statement.pdf	(2 pages)
Item 9.2 Staff Gov Annual Statement of Assurance 201920.pdf	(16 pages)

9.3. Staff Governance Committee Revised Annual Workplan

(enclosed)

B Anderson

Item 9.3 Staff Governance Committee Revised Annual Workplan.pdf	(4 pages)

9.4. Internal Audit Governance Checklist

(enclosed)

G MacIntosh

Item 9.4 Internal Audit Governance Checklist SG.pdf	(4 pages)

10. INTERNAL AUDIT REPORTS - FOR NOTING

10.1. Audit Report B22A.20 Review of Workforce Strategy Implementation

(enclosed)

R Waugh

Item 10.1 Audit Report B22A - Review of Workforce Strategy Implementation.pdf	(3 pages)
Item 10.1 Appendix 1 - B22A-20 Review of Workforce Strategy Implementation.pdf	(13 pages)

11. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS - FOR INFORMATION

11.1. Minute of the Area Partnership Forum dated 18 March and 20 May 2020 (unconfirmed)

(enclosed)

Item 11.1 Mins APF 180320 V0 1.pdf	(6 pages)
Item 11.1 Mins APF 200520 V0 1 unconfirmed.pdf	(6 pages)

11.2. Minute of the Acute Services Division & Corporate Directorates LPF dated 20 February and 11 June 2020 (unconfirmed)

(enclosed)

Item 11.2 Mins ASD & CD LPF 200220.pdf	(9 pages)
Item 11.2 Mins ASD & CD LPF 110620 unconfirmed.pdf	(10 pages)

12. ISSUES / ITEMS TO BE ESCALATED

13. ANY OTHER BUSINESS

14. DATE OF NEXT MEETING: 4 SEPTEMBER 2020, via MS Teams (TBC)

MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 6TH MARCH 2020 AT 10:00AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Margaret Wells, Non Executive Director **(Chairperson)**
Eugene Clarke, Non Executive Director
Wilma Brown, Employee Director
Christina Cooper, Non Executive Director
Alistair Morris, Non Executive Director
Andy Verrecchia, Co-Chair, Acute Services Division LPF
Simon Fevre, Co-Chair, Health & Social Care LPF

In Attendance:
Bruce Anderson, Head of Staff Governance
Andy Mackay, Deputy Chief Operating Officer (deputising for Morag Olsen, COO, Acute Services)
Claire Dobson, Title needed (deputising for Nicky Connor, Director of Health & Social Care)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Mairead MacLennan, BMS Professional Manager (Quality & Training)
Helen Bailey, PA to Director of Workforce (minute taker)

NO. HEADING ACTION

15/20 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone, in particular Dr Mairead MacLennan and introductions were made round the table.

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.

16/20 APOLOGIES FOR ABSENCE

Apologies were received from members Carol Potter, Nicky Connor (Claire Dobson was deputising), Helen Buchanan, Morag Olsen (Andy Mackay was deputising), Rhona Waugh

17/20 DECLARATION OF MEMBERS' INTERESTS

None.

18/20 DEVELOPMENT PRESENTATION: RESILIENCE

Dr Mairead MacLennan, BMS Professional Manager, Quality and Training, gave a presentation on Personal and Team Resilience and discussed the outcome of some resilience training and its impact upon her department's working. The Chair thanked Dr MacLennan for the useful update. The presentation will be circulated. **HB**

19/20 MINUTES OF PREVIOUS MEETING HELD ON 17 JANUARY 2020

Simon Fevre requested correction of typo on Page 4, near end of page, change Mrs Fevre to Mr Fevre. **HB**

With the above correction the minutes were **approved**.

20/20 ACTION LIST

The Chair reported that all actions are completed or otherwise covered on the agenda.

21/20 MATTERS ARISING

None.

22/20 GOVERNANCE

22.1 Board Assurance Framework (BAF)–Staff Governance Risks

The Chair requested that the usual covering SBAR accompanying the BAF paper in future should highlight any issues, changes or new risks. Linda Douglas stated this will be provided at future meetings and reported no significant changes to the BAF. Linda Douglas reported that she had a very helpful session on risks with Yvonne Chapman and work progresses on bringing back a more comprehensive report in terms of workforce risks.

The Chair and Alastair Morris asked for clarification of connected risks being discussed at several governance committees and where ownership sat. Linda Douglas stated the ongoing work is looking at connectedness where required and the session will help to mitigate and map this.

The Committee **noted** the content, **approved** the risk ratings of the BAF and **noted** the further work being undertaken to look at risks.

22.2 Review of Committee's Terms of Reference

Gillian MacIntosh gave an update on the ongoing national review taking place on Terms of Reference and stated that the terms were here for members to consider and approve, as part of the year-end process. Simon Fevre stated that his previous position remains that he would not approve the Terms of Reference as they currently stand with regards to the subject of nominated deputies for non executives.

Eugene Clarke asked for clarification at 4.2 of the wording regarding the nomination of a member in the absence of a chair and suggested it be more specific regarding it being a non executive member. The Chair stated this is being reviewed by Scottish Government as a standard document and Gillian MacIntosh clarified she will look at these points and reiterated this is part of a suite of documents being looked at nationally.

Wilma Brown stated it is also difficult releasing staff side staff members to be nominated deputies to attend this meeting. The Chair stated she understood that but stressed the importance of staff side representation at this meeting, which the current wording of the remit sought to ensure.

The Chair stated it was important to make sure the committee was functional and membership remained as consistent as possible and to ensure staff side representation is enabled as much as possible

The Chair noted that the majority of the Committee agreed the Terms of Reference but noted that Staff Side members do not agree with the inclusion of Section 2.2 and requested it be removed because of the difficulty in practically fulfilling it. The Chair stated that it was critically important that staff side is represented and asked that this is further considered outwith this meeting so that a resolution can be brought to the next meeting.

The Chair stated that the Terms of Reference were **considered and approved** with the exclusion of Section 2.2.

22.3 Committee Self-Assessment Report

The Chair referred to the summary provided in the SBAR and Gillian MacIntosh thanked everyone for completing the questionnaire. The SBAR provides a summary of this exercise going forward and Gillian MacIntosh informed members of ongoing work on meeting paper templates, Development Sessions with presentations and training. Eugene Clarke welcomed this approach.

The Committee **discussed** the actions going forward and the Chair **noted** the outcome of the self assessment exercise.

22.4 Annual Accounts – Progress on Audit Recommendations

Gillian MacIntosh spoke to the SBAR, which summarised the recommendations emerging from the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19 and the actions progressed to date.

The Committee **noted** the actions taken to date, particularly in respect of to the recommendations related to areas under its remit.

Note: Linda Douglas was required to leave the meeting.

22.5 Annual Workplan 2020/21

Bruce Anderson referred to the Staff Governance Committee Annual Workplan 2020/21, which documents the standing items to be discussed at the forthcoming committee meetings.

The Committee **approved** the workplan.

22.6 Whistleblowing Standards

Bruce Anderson referred to the National Whistleblowing Standards issued in draft form, which had been circulated to the Committee and gave an update on progress of this working draft, processes to be followed, responsibility of individuals and reporting.

Discussions will take place with the incoming Non Executive with responsibility for Whistleblowing, Katy Miller.

Eugene Clarke enquired about future training and Alastair Morris enquired if the Non Executive with responsibility for Whistleblowing should be a standing member of the Staff Governance Committee. Gillian MacIntosh clarified that these discussions are currently underway in relation to the placing of the new Non Executive member on committees etc.

The Committee **noted** the contents of this report and the National Whistleblowing Standards.

23/20 PERFORMANCE

23.1 Integrated Performance & Quality Report (IPQR)

The Chair referred to the Sickness Absence status in the SBAR and a more detailed discussion on this will take place under Item 8.2.

Wilma Brown stated it was disappointing that the only indicator featured is staff absence, when there are so many positive staff achievements taking place, and requested some positive issues are presented in the IPQR. Alastair Morris reiterated this. The Chair agreed and noted this for escalation.

The Committee **noted** and **discussed** the IPQR

23.2 Attendance Management Update

Bruce Anderson reported on the sickness absence rate for January 2020, which was 6.59% and the Internal Audit report on Attendance Management. Wilma Brown raised concern at the resilience of staff, the difficulties recruiting to vacancies, and discussions around policies regarding staff retiring and returning to work.

Points raised to be escalated were from an audit perspective regarding what are we doing differently from a year ago to achieve the 4% target, use of policies to enable people to return to work and managers having sufficient time to apply and implement the policies. The Chair asked these to be raised with Linda Douglas and subsequently EDG to consider what actions can be taken.

The Committee **noted** the outcome of the recent internal audit and **noted** the risk identified as the Committee's responsibility and the current range of actions being undertaken to address this. This issue will be raised with the Director of Workforce and EDG. **BA**

23.3 Well at Work update

Bruce Anderson gave an update, as documented in SBAR, of the ongoing activities in place and planned to support the Board's ongoing commitment to staff health and wellbeing.

Wilma Brown commented on the uptake of the activities and initiatives and stated that there required to be more involvement with the staff about what they want to engage in.

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

23.4 iMatter Update and Health & Social Care Staff Experience Report 2019

Bruce Anderson reported on the highlights, e.g. high response rate, but recognised improvement required for action plan completion. Members discussed; the importance of managers using this useful tool; the span of control, and the opportunity to look at the concept of hierarchical management.

The Committee **noted** the update and encouraged more to be done around action planning.

24/20 STAFF GOVERNANCE STANDARDS

24.1 Draft Staff Governance Action Plan

Bruce Anderson referred to the first draft of the Staff Governance Action Plan for 2020/21 and the content. This will be presented to the APF for consultation process and will return to this Committee for final sign off in May 2020.

Alastair Morris emphasised the importance of aligning organisational plans (operational and governance) to meet strategic outcomes. Linda Douglas referred to the AOP, connectivity, challenges and risks.

Simon Fevre stated the action plan is owned by APF and as such by staff side/staff.

The Chair thanked Bruce Anderson and asked if some the points raised today could be incorporated.

The Committee **considered** the content of the draft Action Plan and suggested items for inclusion be identified. Bruce Anderson, Linda Douglas and Simon Fevre to look at any adjustments to be made based on the discussion had. **LD/BA SF**

24.2 Staff Governance Monitoring Return 2019 – 2020 update
Bruce Anderson gave a verbal update on the monitoring report, nothing to report and this will be brought back when appropriate.

The Committee **noted** this.

25/20 ITEMS FOR INFORMATION / NOTING

- Minutes & Action List of the APF (22.01.20)
- Minutes of Acute Services Division & Corporate Division LPF (19.12.19)
- Minute of H&SCP LPF (29.01.20)

These items were **noted**.

26/20 ISSUES TO BE ESCALATED

12.1 To the Board in the IPQR and Chair's Comments

The following items would be highlighted to the Board's next meeting:

- Development session on workforce issues
- Terms of Reference – concern about deputy
- IPQR increase in staff absence rate
  doesn't reflect positives
  absence management – how we improve and policy alignment
  time for managers to apply/implement policies
  iMatter – importance of completion

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27/20 ANY OTHER BUSINESS

Eugene Clarke raised concern regarding the impact of the coronavirus and asked about the provision of VC facilities, appropriate training and resources and any issues of confidentiality.

Christina Cooper discussed NHS Fife and Partnership technology and who leads on this.

Linda Douglas stated that queries regarding digitally enabled services are referred to in the Digital Strategy. Regarding the practical question being addressed, this can be limited by technology and nature of meetings, but Linda Douglas stated she was confident our workforce know how to use it and can use it adeptly.

28/20 **DATE OF NEXT MEETING**

Friday 1st May 2020 at 10:00 am in Staff Club, VHK.

Fife NHS Board

MINUTE OF THE SPECIAL STAFF GOVERNANCE COMMITTEE MEETING HELD ON 18 JUNE 2020 AT 1:30 PM, VIA MS TEAMS

MARGARET WELLS
Chair

Present:

Margaret Wells (Chair)
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Christina Cooper, Non-Executive Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum
Katy Miller, Whistleblowing Champion Non-Executive Director
Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Andy Verrecchia, Co-Chair, Acute Local Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Andy Mackay, Deputy Chief Operating Officer
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Rhona Waugh, Head of Human Resources
Paula King, Corporate Services Manager (Minutes)

1. WELCOME / APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, in particular Katy Miller, the Board's new Non-Executive Whistleblowing Champion as a member of the Committee, and Kirsty Berchtenbreiter, Head of Workforce Development, who would be routinely in attendance at meetings.

There were no apologies for absence.

2. DECLARATION OF MEMBERS' INTERESTS

None.

3. COVID-19 BRIEFING SESSION

The Chair paid tribute to everyone working in NHS Fife and the Fife Health & Social Care Partnership for stepping up to the mark during the Covid-19 Pandemic. Of particular note was the enormous organisation and speed required to respond to the emergency situation by the Management Team, Partnership and staff, to pull together to work in challenging and different circumstances, often in different roles. This has been greatly appreciated. The briefing session today, and the substantive agenda for the July 2020 Staff Governance Committee, will be focused on the response to Covid-19 and what that means as NHS Fife begins to remobilise its services. The Committee's workplan will be revised accordingly to deal with the situation. The Chair again recorded thanks and asked that these be cascaded throughout the organisation.

3.1 COVID-19 Governance Update

The Chief Executive referred to the paper, which provided a summary of the governance arrangements implemented within NHS Fife since mid-March 2020, to provide assurance on the operational structures established in consequence of the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency.

Attention was drawn to page 3, para 3 of the paper, which described the command structure put in place. Gold Command initially met seven days per week, to work through a series of issues for escalation, but has now reduced its frequency of meetings to weekly, whilst routine management meetings have been resumed. Appendix A sets out the detail of the structure. Appendix B provides an oversight of the Remobilisation Group and regular reports would be submitted through the Committees on remobilising services, noting that partnership working is embedded in all aspects.

From a staff-side perspective, Mr Fevre believed that the right people were on the right groups at the right time and that NHS Fife was responsive to issues raised by the partnership, with no barriers to raising issues. All matters had been taken forward, progressed / actioned appropriately and arrangements had worked well.

The Staff Governance Committee **noted** the arrangements put in place for continued governance during the pandemic period and **noted** the report.

3.2 COVID-19 Workforce Update

Linda Douglas spoke to the paper, which provided an update on the current position with regards to the Covid-19 Pandemic and also outlined the planned arrangements for the remobilisation of NHS Fife's workforce. She thanked colleagues for their helpful input.

In the presentation that followed, Linda Douglas provided further detail of the work undertaken to mobilise the workforce at the start of the pandemic and post peak activity, into the stage we are at now and into the future. The slides gave an overview of the effort from the people of Fife, students and colleagues to respond to the emergency situation and the work undertaken around the specific areas of Induction, Training and Learning; Staff Wellbeing and Support; Occupational Health activity; Staff Planning and Resilience; and Guidance and Communication.

Staff Wellbeing and Support was one of the most celebrated aspects of the work undertaken during the pandemic. Of particular note was the introduction of staff "hubs", which had received positive feedback from a recent staff survey, and efforts would be made to build on this going forward. An update paper would be prepared for the next Staff Governance Committee in July 2020.

Action: RW

In terms of the additional workforce, Helen Buchanan recorded thanks to the 204 nursing students that had joined NHS Fife at a time when it was thought things would be very difficult for the NHS in Scotland. Students were appointed with non-supernumerary status and worked in all areas of the hospital. A small number of individuals had registered to "return to practice" and had been located in the most appropriate placements. A virtual workforce deployment hub had been created to manage demand on the service, returners and formal national campaigns, and supply and demand continues to be managed through this hub.

In response to questions, Linda Douglas confirmed that a lessons-learned review will be considered. A short survey had been undertaken as part of the remobilisation of services, which captures what went well, what did not go so well and what could be done differently, emphasising the need to continue to support staff and their wellbeing into the future. A number of decisions will need to be made around, for example, the psychology service provided to staff, as the routine work of the psychologists lessened during Covid-19, but this now returns to normal practice. Feedback and engagement will continue to be sought from staff and will act as evidence in continuing with the Healthy Working Lives Gold Award accreditation.

The pandemic had driven the organisation to move quickly to make decisions to support staff and their wellbeing. Staff felt valued by the public and by the organisation, and it was important for this to carry on. The need to build on the creation of the dedicated hubs for staff, and for these to be available to cover all bases, was emphasised, not only for the help and support they offer, but serving to bring people together and break down barriers between different staff groups. Carol Potter stated that a paper would come forward in July about organisational values, linking into the culture, behaviours, etc. of the organisation, and she gave a commitment that staff and their wellbeing remained an ongoing priority for NHS Fife.

Andy Verrecchia took the opportunity to share his own personal experience of working in his substantive role in Theatres during the pandemic, and he wished to formally record thanks to the organisation for making him feel safe, valued and supported at all times.

The Chair thanked Linda Douglas for the report and the presentation, which showed the enormous amount of work done in a short time. The Chair commended staff for their efforts and thanked those who applied to join NHS Fife at this particularly difficult time. Communication remained critical as services remobilised and it was important to keep staff engaged and valued moving forward.

The Staff Governance Committee **noted** the content of the paper.

4. ANY OTHER COMPETENT BUSINESS

None.

5. **DATE OF NEXT MEETING:** 3 July 2020 at 10:00 am, via MS Teams. A pre-meeting for Non-Executive Members would commence at 9:30 am, via MS Teams.

TABLE OF ACTIONS from
STAFF GOVERNANCE COMMITTEE MEETING
held on 06 MARCH 2020 and 18 JUNE 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
6.03.20				
18/20	Circulate presentation on Resilience	HB		Circulated on 9.03.20
19/20	Amend typo on minute of 17.01.20	HB		Completed
22/20.1	Amend SBAR accompanying BAF to highlight any issues, changes or new risks	LD		Paused due to Covid19
22/20.2	Consider section 2.2 of the Terms of Reference outwith meeting	LD		Completed subject to outcome of National Review
23/20.2	Discuss recent internal audit issues with the Director of Workforce and EDG	BA		Completed
24/20.1	Look at adjustments to be made to draft Staff Governance Action Plan	LD/BA/SF		Paused due to Covid19
26/20	Items to be highlighted to the Board	MW		Presented to Board 8.04.20
18.06.20				
3.2	Submit paper on Staff Wellbeing to next meeting	RW	25.06.20	On July agenda

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Workplace and Workforce**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Bruce Anderson, Head of Staff Governance**

1. Purpose

This is presented to Staff Governance Committee Members for:

- Awareness and Discussion

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to provide Staff Governance Committee members with an overview of the workplace and workforce issues which have been managed to date and to highlight the anticipated priorities in the re-mobilisation of workforce as the Covid-19 Pandemic moves through the recovery phases led by the Joint Mobilisation Plan for Fife.

2.2 Background

2.2.1 Staff Resourcing

The initial response to the pandemic delivered successful recruitment campaigns in four streams of activity to increase staffing capacity these were the Friends & Family, Retirees & Returners, NES Portal Returning Registrants and Increasing Nurse Bank capacity Campaigns. The Nurse Bank Campaign within 8 weeks increased capacity by 370 additional workers. 643 Telephone interviews were conducted with 643 candidates for the Friends & Family and Retirees & Returners campaigns in a 3 week period. The Recruitment and Selection process was revised with development of Virtual Recruitment Process. An abbreviated pre employment process to expedite safer pre employment checking requirements achieved 318 employment checks completed to date. The learning from this has informed our future working practices and abbreviated pre-placement checks will continue as a more efficient process in the immediate future.

Deployment of the supplementary workforce continues to be centrally co-ordinated by the Virtual Workforce Deployment Hub chaired by the Workforce Directorate, in conjunction with the Silver Control Teams and with input from professional and service leads, to ensure allocation is prioritised by greatest service need. The role of the hub continues to evolve identifying areas of the existing workforce that may be mobilised to assist changing service demand. NHS Fife as a pilot Board for the Test and Protect Programme has accessed the Virtual Deployment Hub to allocate colleagues from our existing workforce.

The capacity for deployment of the supplementary workforce or the reallocation of existing staff through the Virtual Hub will remain an ongoing contingency requirement in the event of cluster outbreaks of Covid-19 in the Board area, the impact of a team of colleagues being required to isolate through Test and Protect activity or any other significant increase in Covid-19 outbreaks.

Recruitment activity which had been paused at the beginning of the pandemic has restarted with increasing volume of vacancy management activity to support services restarting. The paper at 8.2 of the agenda provides a comprehensive report on recruitment activity.

2.2.2 Induction and Staff Learning Arrangements

The redesigned ‘Fast-track’ virtual induction programme continues to deliver essential learning ensuring new starts can quickly and confidently commence in their role. To date:

- 230 applicants supported to complete Fast Track Induction
- 9 elearning modules redesigned
- The training materials, which include video’s and e-Learning modules, are on LearnPro and 833 applicants have been registered on Learnpro

The success of the virtual learning is now reshaping our long term induction process and future training delivery. The new Test and Protect service has seen all staff engaged trained virtually in collaboration with service managers and the Learning and development trainers.

2.2.3 Communications and Guidance

NHS Fife continues to publish regular updates of the Manager and Staff Guidance to set out what is expected of NHS Fife Staff and Managers in terms of Scottish Government directive, HR policies, local arrangements and the deployment of staff. These documents are designed to inform our workforce and work alongside our local resilience arrangements. The staff link app accessed by more than 5000 colleagues provides the latest news, information and guidance from across NHS Fife. The success of the app provides a communication platform which not only benefits staff receiving and responding quickly to important information specific to the Covid-19 pandemic but all future communications and engagement activities.

2.3 Assessment

2.3.1 Quality / Patient Care

Central co-ordination of the deployment of the COVID-19 supplementary workforce and existing workforce continues to ensure demands for supplementary staffing in parts of the system are considered based on clinical need, current / predicted absence levels and workforce modelling.

2.3.2 Colleagues Returning to their Workplace

The health and safety of patients and colleagues remains paramount and we continue to follow the latest Scottish Government advice on safely working in our workplaces, giving careful consideration to what alterations may need to be made, including physical distancing, cleaning and hygiene. Service Managers are looking at how colleagues are engaged within the workplace and how a blended approach, which may involve continued home working for some staff groups, may work. A dedicated group has been set up to advise and support service managers in assessing and ensuring all workplaces across the organisation meet the latest advice.

Guidance from this group has been published on staff link. The Returning to the Workplace Guidance and Support for Employees and Managers for Returning to the Workplace during COVID-19 has been developed and published on StaffLink.

The creativity and flexibility of colleagues who have been able to continue in their workplace has been invaluable in learning what is possible as we work to adapt to take account of Covid-19.

It is important that colleagues who may have anxieties about returning to their workplace have the opportunity to discuss these. A significant amount of work has taken place to ensure the workplace environment takes account of current (and changing) guidance and through this ensure the wellbeing and continued health and safety of all NHS Fife employees in the workplace.

2.3.2 Workforce

The impact of care and educational establishment closures on staff with children has been significant. The role of parent(s)/carer(s) in care and home schooling of children whilst balancing their work and other home responsibilities will have been demanding.
It is positive news for many colleagues in this situation that the Schools resume from 11 August. In Fife education services plan to resume on the 12th August for Nursery and Primary school age children and 17th August for Secondary school pupils. This remains subject to the continued reduction in the prevalence of the virus and the government advice on social distancing planned within Schools.

Ensuring our colleagues with school age children continue to be supported so that they remain able to perform their work responsibilities is key to service delivery as remobilisation continues. This isn't data we would routinely hold, however we encourage staff to provide this information. Through eESS many staff will have recorded their childcare responsibilities. The Workforce directorate is reviewing that data and seeking to add to it to establish the number of colleagues who will be impacted if the nurseries/schools return in anything other than a full-time basis. This data will be used to plan for any long term impact on workforce capacity or in the event of cluster outbreaks requiring schools to reintroduce restricted pupil numbers or temporary closures.

This data will inform workforce planning activities and the work of the Virtual Deployment Hub, in assigning the additional supplementary workforce if there are service gaps form a reduction in available staffing.

Public Health have been working closely with the Virtual Deployment Hub to resource the new “Test and Protect” (formerly Test-Trace-Isolate-Support) Programme, where the workforce needs cannot be met from the existing Public Health team. The Virtual Deployment Hub has initially identified and deployed employees who have been home shielding to undertake the contact tracing roles, similar to the approach of other Boards.

2.3.4 Staff Health & Wellbeing

The Staff Wellbeing Hubs at various locations throughout the Board are being well utilised and appreciated by staff. Virtual yoga and mindfulness classes are available for staff to access online offering an opportunity for staff to pause, rest and feel refreshed. A Staff Wellbeing Resource pack has been developed to ensure that staff are kept up-to-date with the resources that are available to support them during the COVID-19 Pandemic. The resource pack is complemented by a revamped Staff Well@Work Handbook.

Recent work with the Wellbeing Hubs includes the identification of an alternative location for the hub on the Victoria Hospital site. With the Maggie’s Centre being returned to the owners, we have provided a Hub within the Staff Club building. Work will continue to support the hubs albeit the support will be scaled to reflect the changing environment and reduction in donations.

The above is a short summary of Staff wellbeing activity, the paper at 8.3 of the agenda provides a comprehensive report.

2.3.5 Workforce Development

In addition to the fast track induction process, a range of online learning resources have been brought together, tailored to suit both clinical and non-clinical roles. The content is being reviewed regularly and updated when improved learning resources become available. Work is currently underway to reshape both the induction process and the future training delivery to ensure our staff continue to be inducted and trained effectively.

2.3.6 Financial

The additional work generated by COVID-19 activites, now and in the future will be reflected in our financial plans.

The supplementary workforce recruited in response to the COVID-19 pandemic have been clearly identified and the appropriate cost centre, as established by Management Accounts, used to ensure we can monitor costs.

2.3.8 Risk Assessment / Management

All risks are currently being managed and we have recognised the revisions to existing risks to reflect COVID-19 and generated, in some instances entirely new risks related to the COVID-29 Pandemic. All risks are managed through our robust risk management arrangements via DATIX. All risks are reported through the COVID-19 command structures on a monthly basis.

2.3.9 Equality and Diversity, including health inequalities

N/A

2.3.10 Other Impact

N/A

2.3.11 Communication, Involvement, Engagement and Consultation

Staff Support and Wellbeing Group, Employee Director, Workforce Directorate Senior Leadership Team, Workforce Leadership Team and Associate Directors of Nursing.

2.3.12 Route to the Meeting

This paper has been considered by the above groups and the Director of Workforce and the EDG Gold Command Team as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Committee members are asked to note the content of this paper.

3. List of Appendices

None

Report Contact: **Linda Douglas, Director of Workforce**
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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Workforce Strategy Update**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Brian McKenna, HR Manager**

1. Purpose

This is presented to the Committee for:
- Assurance

This report relates to a:
- Government policy / directive and legal requirement

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

2. Report Summary

2.1 Situation

This paper provides an overview of the Workforce Planning arrangements within NHS Fife following the outbreak of the COVID-19 pandemic and resultant public health emergency.

2.2 Background

Revised Workforce Planning guidance, received in December 2019, detailed changes to the existing arrangements across NHS Boards, Integrated Authorities and Local Authorities. The guidance introduced the following requirements:

- A three yearly Workforce Planning cycle, with NHS Boards publishing their first 3 year workforce plans by 31 March 2021. Integrated Authorities, through HSCPs, who had published a three year workforce plan were encouraged to maintain their workforce plan publication schedule.

- Completion of an Annual Workforce Planning Reporting template in the intervening years between publication of the full 3 yearly workforce plans. Integrated Authorities who maintained their existing publication schedule would be required to complete the new template in 2021.

- Continuation of the requirement to submit workforce projections by 30 June each year, as part of the process to establish a national picture of likely trends across all staff groups.

NHS Fife published its Workforce Strategy in 2019, covering a three year period between 2019 and 2022. The revised guidance required the current three yearly cycle to be changed with a new Workforce Planning cycle being introduced for the period 2021 to 2024. Although there was no requirement to publish a Workforce Strategy or annual Workforce Strategy update in 2020 the Workforce Projections exercise was to be undertaken.

2.3 Assessment

Nationally the formal Workforce Planning arrangements have been paused and / or suspended following the outbreak of the COVID-19 pandemic. NHS Boards and Integrated Authorities are being asked to consider how best to re-introduce and re-mobilise services in a post COVID-19 setting, and as the uncertainties this presents are addressed, it is recognised the commitments detailed within the national Health and Social Care Workforce Plan may need to be re-assessed and possibly reprioritised within the context of the ‘new’ normal.

This led to notification in May 2020 that the Workforce Projections exercise for 2020 was formally suspended, and discussions continue within the National Workforce Planning Group over the feasibility of introducing the revised 3 yearly workforce planning cycle across NHS Scotland in 2021.

Locally, the Strategic Workforce Planning Group is now meeting virtually. Services are being supported to consider the workforce implications of any changes being considered as part of the next phase of their mobilisation plans. Work is being undertaken by the Planning and Performance Department, in conjunction with Finance and Human Resources, to ensure information collated as part of the local mobilisation planning process can be used to influence financial, service and workforce planning considerations post COVID-19. It is acknowledged that there have been significant changes since the Workforce Strategy and associated action plans were prepared and these will need to be refined to take account of any changes in models of service delivery, as a result of COVID-19. This will also assist with addressing the Internal Audit recommendations contained within Audit Report B22A/20 – Review of Workforce Strategy Implementation.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The requirement to submit the annual workforce projections has been suspended for 2020. Discussions continue on the prioritisation of the workforce priorities detailed within the Health and Social Care Workforce Plan, and ton the feasibility of introducing the revised three yearly workforce planning cycle will be introduced from 2021.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Group members are asked to note the content of this paper for assurance and information.

The Staff Governance Committee is invited to review the arrangements put in place for continued workforce planning during the pandemic period and reflect on their appropriateness.

3. List of Appendices

N/A

Report Contact: **Linda Douglas, Director of Workforce**
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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**3 July 2020**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This is presented to the Staff Governance Committee for:

- Discussion

This report relates to the:

- Annual Operational Plan (AOP), as impacted by the Joint Fife Mobilisation Plan (JFMP)

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the Staff Governance (SG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of April 2020.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the bi-monthly meetings of the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

The May meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings are restarting from July.

2.3 Assessment

Due to the COVID-19 pandemic, this report has been updated on a 'data only' basis since March, with all open Improvement Actions being marked as 'ON HOLD'. We have restarted the process of updating existing Improvement Actions and identifying new ones which reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. The Exec Summary Assessment in Pages 6 to 8 of the report summarise this impact, while Appendix 1 provides more detailed information on the predicted recovery of key services.

The Staff Governance aspect of the report covers Sickness Absence, and its current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.89% for 2019/20 TBC for 2020/21 (4.00% is the LDP Standard)	4.54% in April 2020 (better than 2019/20 target, but may be misleading in view of way that COVID-19-related absence is being reported)

2.3.1 Quality/ Patient Care

Refer to the Exec Summary for details on how the COVID-19 pandemic has affected service performance throughout NHS Fife.

2.3.2 Workforce

The report has been compiled by the Planning & Performance Team (PPT) with the support of Managers across the range of NHS Fife services.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

All current risks are related to the COVID-19 pandemic.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April.

Standing Committees and Board Meetings were cancelled in May, but are scheduled to restart in July, and the June IPQR will be available for discussion at each.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 30th June. It was then authorised for release to Board Members and Standing Committees.

2.4 Recommendation

The SG Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the level of Sickness Absence and the caveats around this

3 List of appendices

None

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Fife Integrated Performance & Quality Report

Produced in June 2020

Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
  - Operational Performance
  - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

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

I. Executive Summary

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

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP will require significant rework before it can be agreed with the SG. As such, it cannot currently be reflected in the IPQR.

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown. This issue of the IPQR includes the initial proposals for these actions.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY.

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

In addition to measures which consistently achieve/exceed the Standard performance (IVF Treatment Waiting Times – regional service delivered by NHS Tayside - Antenatal Access and Drugs & Alcohol Treatment Waiting Times), there was notable improvement (almost certainly attributable to the lockdown) in the following areas during the last reporting period:

- 4-Hour Emergency Access Standard achieved for the first time July 2019 – attendance almost 60% less at VHK than in April 2019, resulting in far fewer 4-Hour breaches than in previous months
- 18 Weeks RTT Standard achieved for first time since September 2016 – number of patients treated in April was almost 75% less than in April 2019
- Significant reduction in % Bed Days Lost due to patients in delay as a result of a 50% fall in the number of patients in delay across ASD and the Community Hospitals
- Smoking Cessation - highest monthly quit number of year recorded in January 2020
- Sickness Absence – lowest monthly absence rate since June 2018, possibly positively impacted by guidelines around reporting Coronavirus-related absence from work

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 3 (10%) within upper quartile, 19 (66%) in mid-range and 7 (24%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

Indicator Summary

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

Benchmarking	
🟢	Upper Quartile
🟡	Mid Range
🔴	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Apr-19	58	Mar-20	23	Apr-20	26	↓	N/A			
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	↔	YE Dec-19	1.02	🔴	1.00
	N/A	Inpatient Falls	5.97	Month	Apr-19	7.42	Mar-20	7.94	Apr-20	7.77	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Apr-19	1.60	Mar-20	1.33	Apr-20	1.73	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Apr-19	0.50	Mar-20	1.06	Apr-20	1.02	↑	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑	QE Dec-19	2.3%	🔴	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Apr-19	16.9	Mar-20	11.4	Apr-20	10.6	↑	YE Dec-19	13.5	🟡	16.2
	N/A	SAB - Community	N/A	Quarter Ending	Apr-19	14.3	Mar-20	6.5	Apr-20	13.1	↓	YE Dec-19	10.5	🟡	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Apr-19	4.5	Mar-20	10.3	Apr-20	10.6	↓	YE Dec-19	8.8	🟢	13.3
	N/A	C Diff - Community	N/A	Quarter Ending	Apr-19	4.4	Mar-20	1.1	Apr-20	2.2	↓	YE Dec-19	4.0	🟡	4.7
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Apr-19	51.7	Mar-20	47.9	Apr-20	43.9	↑	YE Dec-19	43.1	🟡	39.3
	N/A	ECB - Community	N/A	Quarter Ending	Apr-19	27.5	Mar-20	28.0	Apr-20	26.1	↑	YE Dec-19	35.5	🟢	43.7
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-19	78.1%	Mar-20	71.8%	Apr-20	68.0%	↓	2018/19	70.7%	🔴	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-19	44.7%	Mar-20	34.7%	Apr-20	24.7%	↓	2018/19	49.1%	🟡	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Mar-19	100.0%	Feb-20	100.0%	Mar-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access		Month	Apr-19	94.7%	Mar-20	91.8%	Apr-20	96.8%	↑	Apr-20	96.8%	🟡	94.9%
	100%	Patient TTG (Ongoing Waits)		Month	Apr-19	88.5%	Mar-20	83.1%	Apr-20	57.3%	↓	Mar-20	83.2%	🟢	64.4%
	95%	New Outpatients Waiting Times		Month	Apr-19	98.0%	Mar-20	95.2%	Apr-20	74.8%	↓	Mar-20	95.2%	🟢	74.9%
	100%	Diagnostics Waiting Times		Month	Apr-19	99.8%	Mar-20	97.8%	Apr-20	46.3%	↓	Mar-20	97.9%	🟢	75.8%
	95%	Cancer 31-Day DTT		Month	Apr-19	89.9%	Mar-20	97.6%	Apr-20	94.5%	↓	QE Dec-19	97.7%	🟡	96.5%
	95%	Cancer 62-Day RTT		Month	Apr-19	84.4%	Mar-20	85.9%	Apr-20	67.5%	↓	QE Dec-19	89.6%	🟡	83.7%
	90%	18 Weeks RTT		Month	Apr-19	80.9%	Mar-20	84.3%	Apr-20	90.1%	↑	Dec-19	82.0%	🟡	78.9%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	🟡	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-19	7.5%	Mar-20	9.6%	Apr-20	5.6%	↑	QE Dec-19	7.2%	🟡	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-19	65	Mar-20	58	Apr-20	24	↑	Apr-20	6.42	🟡	7.47
	80%	Antenatal Access	80%	Month	Aug-18	87.5%	Jul-19	84.2%	Aug-19	86.6%	↑	2018/19	91.3%	🟢	87.6%
	473	Smoking Cessation	473	YTD	Jan-19	81.9%	Dec-19	87.9%	Jan-20	92.4%	↑	YT Sep-19	91.5%	🟡	91.1%
	90%	CAMHS Waiting Times		Month	Apr-19	72.3%	Mar-20	83.1%	Apr-20	67.0%	↓	QE Mar-20	76.0%	🟡	65.1%
	90%	Psychological Therapies Waiting Times		Month	Apr-19	66.1%	Mar-20	78.4%	Apr-20	62.0%	↓	QE Mar-20	70.1%	🟡	77.6%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	↓	YT Dec-19	51.8%	🟡	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-19	95.5%	Jan-20	87.1%	Feb-20	96.1%	↑	QE Dec-19	96.0%	🟡	95.0%
	N/A	Dementia Post-Diagnostic Support		Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑	2017/18	86.8%	🟡	72.5%
	N/A	Dementia Referrals		Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑	2017/18	55.3%	🟢	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Apr-19	73.1%	Mar-20	72.1%	Apr-20	80.3%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	May-19	N/A	Apr-20	N/A	May-20	+£2.839m		N/A			
	N/A	Capital Expenditure	£7.394m	Month	May-19	N/A	Apr-20	N/A	May-20	£1.280m		N/A			
Staff Governance	4.00%	Sickness Absence		Month	Apr-19	5.42%	Mar-20	5.46%	Apr-20	4.95%	↑	YE Mar-20	5.49%	🟡	5.31%

d. Assessment

The Executive Summary Assessment currently focuses, where possible, on the impact of the COVID-19 pandemic on services.

<table>
<tr><th>Clinical Governance</th><th>Standard / Local Target</th><th>Last Achieved</th><th>Target 2020/21</th><th colspan="2">Current Performance</th><th colspan="2">Benchmarking Period and Quartile</th></tr>
<tr><td>HSMR</td><td>1.00</td><td>N/A</td><td>N/A</td><td>YE Dec-19</td><td>1.02</td><td>YE Dec-19</td><td>🔴</td></tr>
<tr><td colspan="8">The annual HSMR for NHS Fife was unchanged during the final quarter of 2019, and remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</td></tr>
<tr><td>Inpatient Falls (with Harm)
Reduce falls with harm by 20% by December 2020</td><td>2.16</td><td>Apr-20</td><td>2.16</td><td>Apr-20</td><td>1.73</td><td>N/A</td><td>N/A</td></tr>
<tr><td colspan="8">The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.</td></tr>
<tr><td>Pressure Ulcers
50% reduction by December 2020</td><td>0.42</td><td>Never Met</td><td>0.42</td><td>Apr-20</td><td>1.02</td><td>N/A</td><td>N/A</td></tr>
<tr><td colspan="8">Assessing the impact of COVID-19 on performance is difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. A brief deep dive exercise of data to date has is being undertaken to identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.</td></tr>
<tr><td>Caesarean Section SSI
We will reduce the % of post-operation surgical site infections to 2.5%</td><td>N/A</td><td>QE Dec-19</td><td>2.5%</td><td>QE Dec-19</td><td>2.3%</td><td>QE Dec-19</td><td>🔴</td></tr>
<tr><td colspan="8">In response to the COVID-19 pandemic and the resultant increased demand on IPCTs, the CNO issued a letter on 25th March stating that there would be a temporary pause on all Surgical Site Infection surveillance. This remains the case until further notice.</td></tr>
<tr><td>SAB (MRSA/MSSA)
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022</td><td>18.8</td><td>QE Apr-20</td><td>19.5</td><td>QE Apr-20</td><td>10.6</td><td>YE Dec-19</td><td>🟡</td></tr>
<tr><td colspan="8">Infection control surveillance has continued throughout the COVID-19 pandemic. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).</td></tr>
<tr><td>C Diff
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022</td><td>6.5</td><td>QE Jun-19</td><td>6.7</td><td>QE Apr-20</td><td>10.6</td><td>YE Dec-19</td><td>🟢</td></tr>
<tr><td colspan="8">Infection control surveillance has continued throughout the COVID-19 pandemic. Despite a much-reduced bed occupancy rate throughout the Acute and Community hospitals), the C Diff infection rate has remained fairly static, although infection numbers are low.</td></tr>
<tr><td>ECB
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022</td><td>33.0</td><td>Never Met</td><td>36.6</td><td>QE Apr-20</td><td>43.9</td><td>YE Dec-19</td><td>🟡</td></tr>
<tr><td colspan="8">Infection control surveillance has continued throughout the COVID-19 pandemic. Prior to this, an Exception Report was received from HPS in relation to the number of ECB in the final quarter of 2019. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).</td></tr>
<tr><td>Complaints - Stage 2
At least 75% of Stage 2 complaints are completed within 20 working days</td><td>N/A</td><td>Never Met</td><td>65%</td><td>QE Apr-20</td><td>24.7%</td><td>FY 2018/19</td><td>🟡</td></tr>
<tr><td colspan="8">During the early onset of COVID-19, Patient Relations were advised that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. While the clinical services aimed to respond, there have been significant delays and a reduced complaint workload. Responding to complaints in line with the timescales of the National Complaint Handling Procedure has therefore suffered.</td></tr>
</table>

<table>
<tr><th>Finance, Performance & Resources Operational Performance</th><th>Standard / Local Target</th><th>Last Achieved</th><th>Target 2020/21</th><th colspan="2">Current Performance</th><th colspan="2">Benchmarking Period and Quartile</th></tr>
<tr><td>4-Hour Emergency Access
95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment</td><td>95%</td><td>Apr-20</td><td>TBC</td><td>Apr-20</td><td>96.8%</td><td>Apr-20</td><td>🟡</td></tr>
<tr><td colspan="8">Performance against the 4-Hour Emergency Access Standard has improved during the COVID-19 pandemic as a result of the significant reduction in presentations at ED. This, combined with the impact of the Urgent Care Centres, has reduced admission numbers and breaches for bed waits have become rare.</td></tr>
<tr><td>Patient TTG (Ongoing Waits)
All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</td><td>100%</td><td>Never Met</td><td>TBC</td><td>Apr-20</td><td>57.3%</td><td>QE Mar-20</td><td>🟢</td></tr>
<tr><td colspan="8">Performance has been hugely affected during the COVID-19 pandemic, as a result of all non-urgent elective work being paused. The drop in referrals has meant the overall waiting list has remained stable, but the number of patients already waiting more than 12 weeks for treatment has increased by a factor of 5 since March, and recovery to the pre-pandemic position will be a lengthy process.</td></tr>
<tr><td>New Outpatients
95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</td><td>95%</td><td>Mar-20</td><td>TBC</td><td>Apr-20</td><td>74.8%</td><td>Mar-20</td><td>🟢</td></tr>
<tr><td colspan="8">In response to COVID-19, Outpatient services in Fife were suspended week beginning 23rd March, with a limited service available for urgent and urgent suspicion of cancer outpatients only. Whilst the number of patients on list waiting to be seen has remained stable due to reduced referrals, the number of patients waiting over 12 weeks to be seen has increased significantly.</td></tr>
<tr><td>Diagnostics
100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)</td><td>100%</td><td>Apr-16</td><td>TBC</td><td>Apr-20</td><td>46.3%</td><td>Mar-20</td><td>🟢</td></tr>
<tr><td colspan="8">The pausing of non-urgent services from late March due to COVID-19 has resulted in a significant fall in the % of patients waiting no more than 6 weeks for a diagnostics test. While the overall waiting list has remained stable due to a similar fall in referrals, the number of patients waiting more than 6 weeks (particularly for Imaging) has increased to over half of the overall figure.</td></tr>
<tr><td>Cancer 62-Day RTT
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</td><td>95%</td><td>Oct-17</td><td>TBC</td><td>Apr-20</td><td>67.5%</td><td>QE Dec-19</td><td>🟡</td></tr>
<tr><td colspan="8">NHS Fife's response to COVID-19 ensured that cancer services were prioritised and maintained, although public anxiety early on in the pandemic resulted in patients choosing not to attend appointments. A full diagnostic radiology service has been maintained for urgent suspicion of cancer patients, and private sector surgical capacity has been utilised for breast, ENT and urology patients. Nevertheless, performance has fallen significantly during the period</td></tr>
<tr><td>FoI Requests
At least 85% of Freedom of Information Requests are completed within 20 working days</td><td>N/A</td><td>Never Met</td><td>85%</td><td>QE Apr-20</td><td>80.3%</td><td>N/A</td><td>N/A</td></tr>
<tr><td colspan="8">Due to the COVID-19 pandemic, any FOI requests closed between 7th April and 26th May, inclusive, have been subject to a 60-day closure allowance rather than the normal 20 days. The Information Governance & Security Team, who now manage all NHS Fife FOI requests as well as co-ordinating efforts with the Health & Social Care Partnership, have largely been able to improve closure performance during this period.</td></tr>
<tr><td>Delayed Discharge
The % of Bed Days 'lost' due to Patients in Delay is to reduce</td><td>N/A</td><td>Aug-18</td><td>5%</td><td>Apr-20</td><td>5.6%</td><td>QE Dec-19</td><td>🟡</td></tr>
<tr><td colspan="8">Bed days lost due to patients in delay has reduced significantly during the COVID-19 pandemic, a natural result of the actual number of delayed patients reducing by half. The challenge will be to maintain this as normal working resumes.</td></tr>
<tr><td>Smoking Cessation
Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</td><td>100%</td><td>YT May-19</td><td>100%</td><td>YT Jan-20</td><td>92.4%</td><td>YT Sep-19</td><td>🟡</td></tr>
<tr><td colspan="8">Smoking Cessation activities have been impacted by the COVID-19 pandemic as we are unable to conduct face to face support within GP practices and hospital clinics or use the mobile unit to reach our most vulnerable communities. Changes to the service model have been introduced to address the various challenges. The specialist service has agreed to support the pharmacy stop smoking service by undertaking the outstanding follow-ups due now and for the foreseeable future. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Advisors also describe long conversations with clients facing difficult personal circumstances at this time.</td></tr>
</table>

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Apr-20	67.0%	QE Mar-20	●

Perfromance has not been hugely affected so far due to the COVID-19 pandemic, with a drop-off in referrals and continuing work in improved signposting by Primary Mental Health Workers resulting in a fall in waiting times. However, plans for group work will have to be reviwed to reflect new social distancing rules, and the underlying challenge of meeting demand with available capacity remains.

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Apr-20	62.0%	QE Mar-20	●

While performance has not been hugely affected so far due to the COVID-19 pandemic, there has been a drop-off in referrals which is very likely to be reversed during the next few months, above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact on treatment plans.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	May-20	+ £2.839m	N/A	N/A

Following the unprecedented challenges created by the outbreak of the COVID-19 pandemic and the resultant public health emergency, our financial reporting has been expanded to encompass: our 'business as usual' or core position; and COVID-19 additional costs. The validation of additional COVID-19 spend has necessitated an informed desktop assessment to be made of offsetting cost reductions (health costs that have reduced as a result of the COVID-19 response). In parallel, a desktop assessment has been made re potential savings generated, to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Local Mobilisation Financial Template process.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	May-20	£1.280m	N/A	N/A

The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	TBC	Apr-20	4.95%	YE Mar-20	●

Sickness absence levels have fallen in the first two months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will be monitored as we return to 'normal' and restart various Attendance Management activities.

II. Performance Exception Reports

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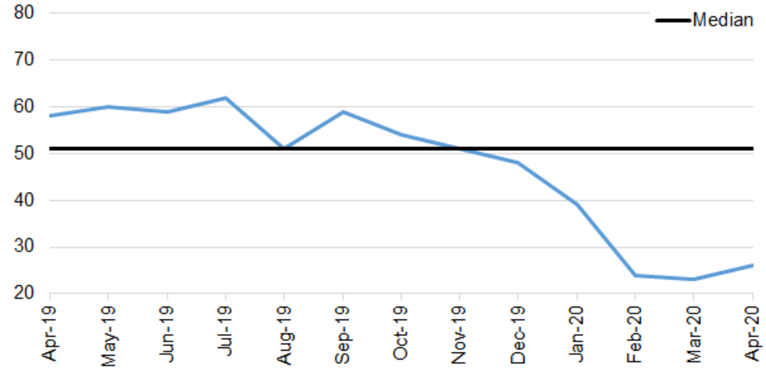
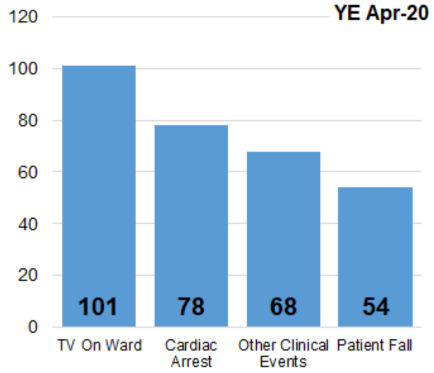
Clinical Governance

Adverse Events

An event that could have caused (a near miss), or did result in, harm to people or groups of people. Harm is defined as an outcome with negative effect.

Major and Extreme Adverse Events





All Adverse Events

	Month	2019/20												20/21
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	**NHS Fife**	1234	1292	1242	1405	1297	1248	1355	1356	1386	1395	1304	1103	875
	Acute Services	537	594	566	562	573	532	659	575	583	616	635	461	367
	HSCP	645	626	629	800	668	670	646	732	766	743	618	619	476
	Corporate	52	72	47	43	56	46	50	49	37	36	51	23	32
CLINICAL	**NHS Fife**	853	935	833	914	833	814	939	889	927	909	920	782	597
	Acute Services	485	551	516	519	517	486	593	534	525	556	573	429	339
	HSCP	356	347	297	380	284	310	320	337	391	335	328	339	240
	Corporate	12	37	20	15	32	18	26	18	11	18	19	14	18

Clinical Governance

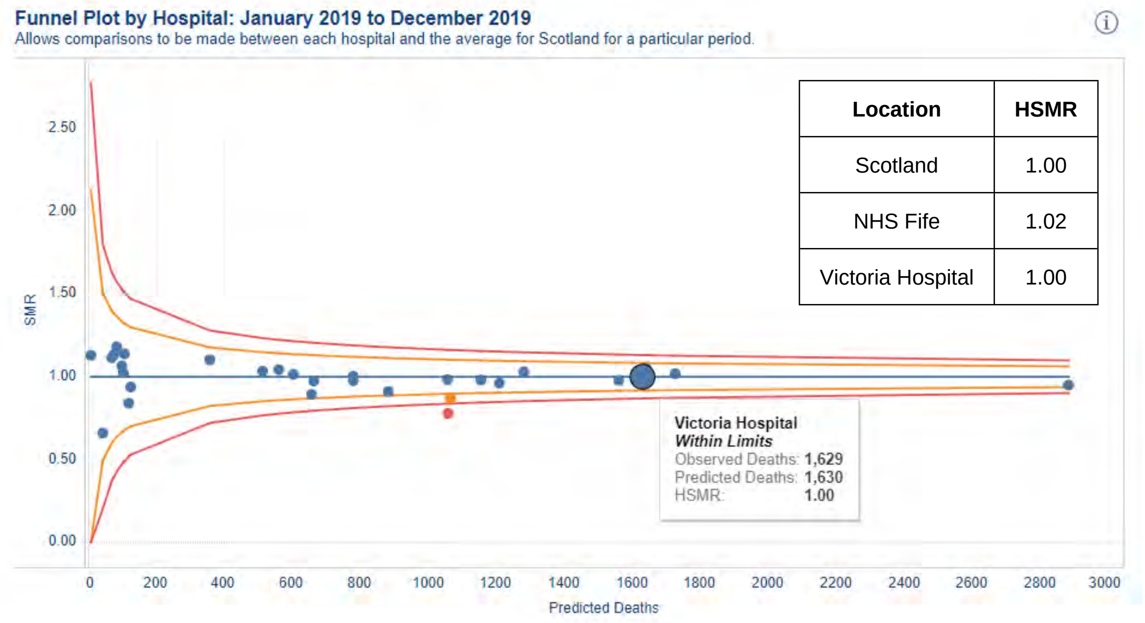
HSMR

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

Reporting Period; January 2019 to December 2019^{p}

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

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.



Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Location	HSMR
Scotland	1.00
NHS Fife	1.02
Victoria Hospital	1.00

Victoria Hospital
Within Limits
Observed Deaths: 1,629
Predicted Deaths: 1,630
HSMR: 1.00

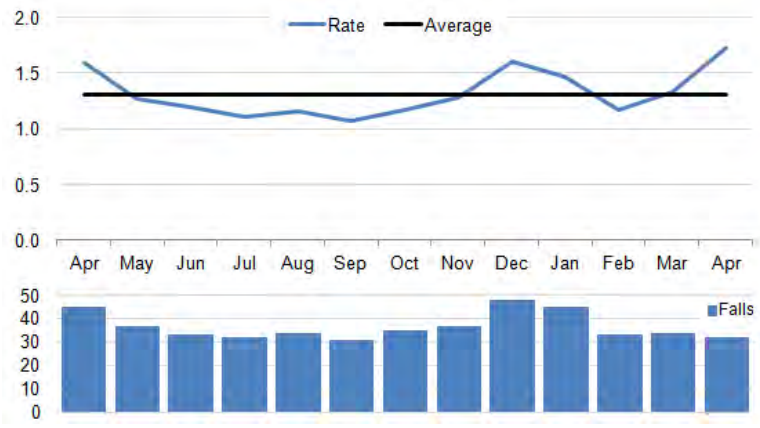
Clinical Governance

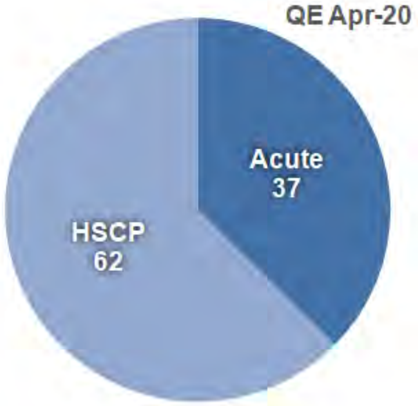
Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2020) = ***2.16 per 1,000 OBD***

Local Performance





Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	1.60	1.26	1.19	1.10	1.16	1.08	1.17	1.28	1.61	1.47	1.16	1.33	1.73
Acute Services	0.94	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93
HSCP	2.14	1.77	1.07	1.51	1.38	1.16	1.48	1.44	2.10	1.89	1.44	1.38	1.61

Key Challenges in 2020/21	The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

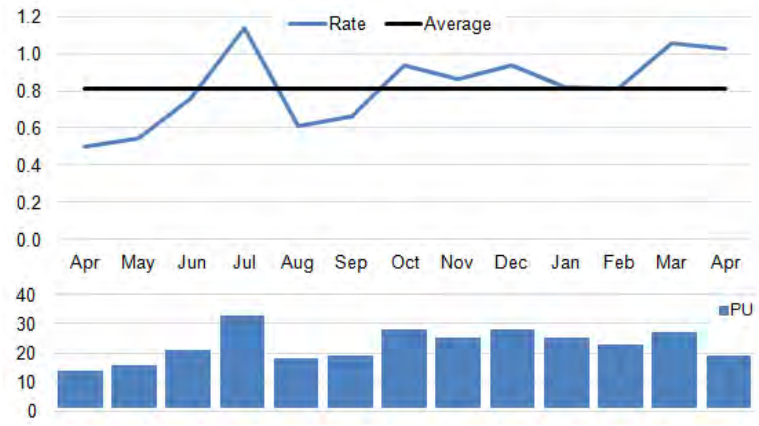
Improvement Actions	Update
20.3 Falls Audit *By* ***TBC***	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit (originally planned for February/March 2020) will be rescheduled later in 2020 with local work continuing to improve practice.
20.5 Improve effectiveness of Falls Champion Network *By* ***TBC***	The Falls Champions Network was anticipated as a regular face to face session to support champions. Challenges in maintaining the network were being explored with some discussion regarding a Fife wide more virtual approach using technology. This discussion will be recommenced in the coming weeks with plans around developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans *By* ***TBC***	Next meeting planned for 12th August with a view to refreshing the group workplan at that time for the coming year.

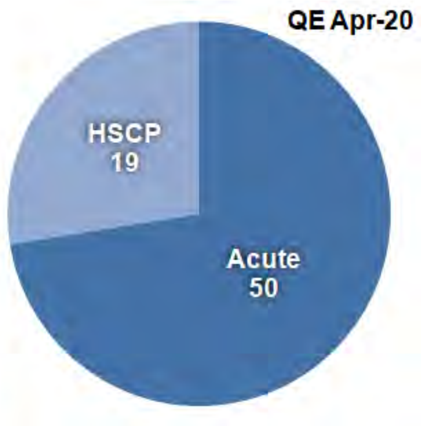
Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2020) = ***0.42 per 1,000 Occupied Bed Days***

Local Performance





Service Performance

Month	2019/20											20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	0.50	0.55	0.76	1.14	0.61	0.66	0.94	0.86	0.94	0.82	0.81	1.06	1.02
Acute Services	0.70	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.40	1.20	1.23	1.94	2.08
HSCP	0.32	0.25	0.33	0.31	0.06	0.39	0.55	0.25	0.56	0.49	0.46	0.46	0.42

Key Challenges in 2020/21	Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

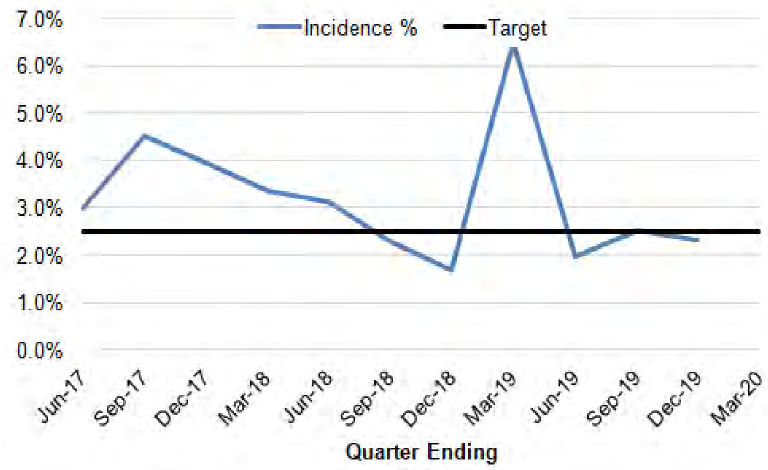
Improvement Actions	Update
20.4 Improve consistency of reporting	Action complete
20.5 Review TV Champion Network Effectiveness *By Sep-20*	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development *By Oct-20*	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU *By Oct-20*	First initial TV Steering meeting held on 2nd June to re-ignite the TV work stream, with next meeting scheduled for 8th July. We are annotating the TV Report Charts to reflected the COVID 19 pandemic to better understand the reasons behind the data and support improvement measures. A “Deep Dive” exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them

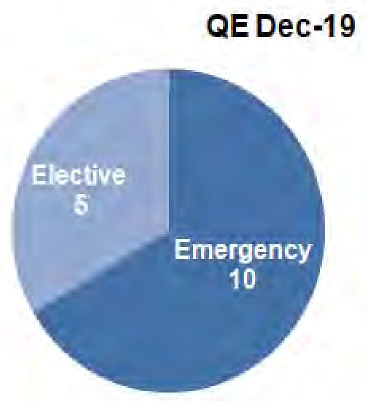
Clinical Governance

Caesarean Section SSI

*To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5**% by March 2021*

Local Performance





Service Performance

Quarter	2017/18				2018/19				2019/20			
Ending	**Jun-17**	**Sep-17**	**Dec-17**	**Mar-18**	**Jun-18**	**Sep-18**	**Dec-18**	**Mar-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21	NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Oct-20* | **ON HOLD**	The most recent scheduled SSI Implementation Group meetings (for April and May 2020) were cancelled due to the pandemic. The next meeting is due to take place on 2nd July, via Microsoft Teams. The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Work continuing as part of routine working, action can be closed

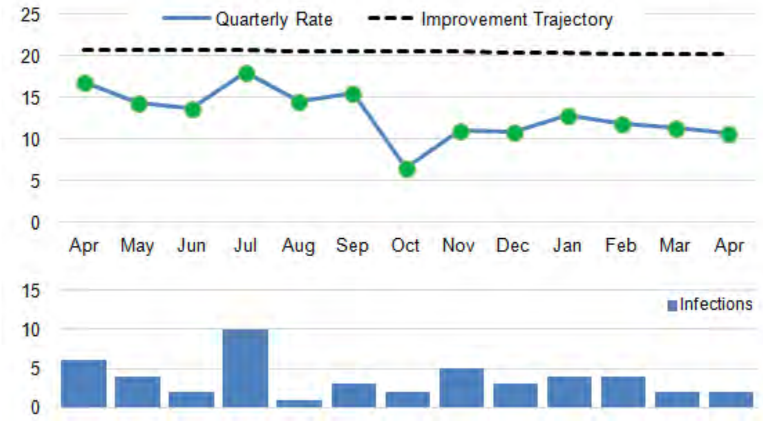
Clinical Governance

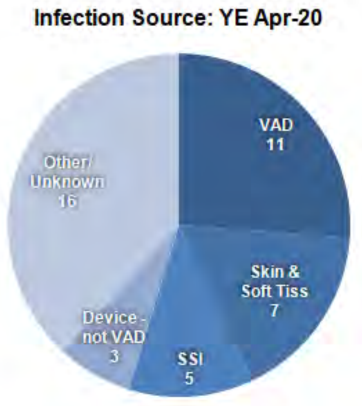
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance





National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	**HCAI Infection Rate (per 100,000 TOBD)**	20.7	22.1	20.9	17.6	15.2	13.5	
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	

Key Challenges in 2020/21	Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects, however future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.
20.2 Ongoing surveillance of all VAD-related infections *By Mar-21*	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met on 25th February. The meeting on 24th April was postponed due to the pandemic but is to meet again on 19th June.
20.4 Optimise comms with all clinical teams in ASD & the HSCP *By Mar-21*	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access at ward level and also to be displayed for public assurance. This has all continued throughout the pandemic.

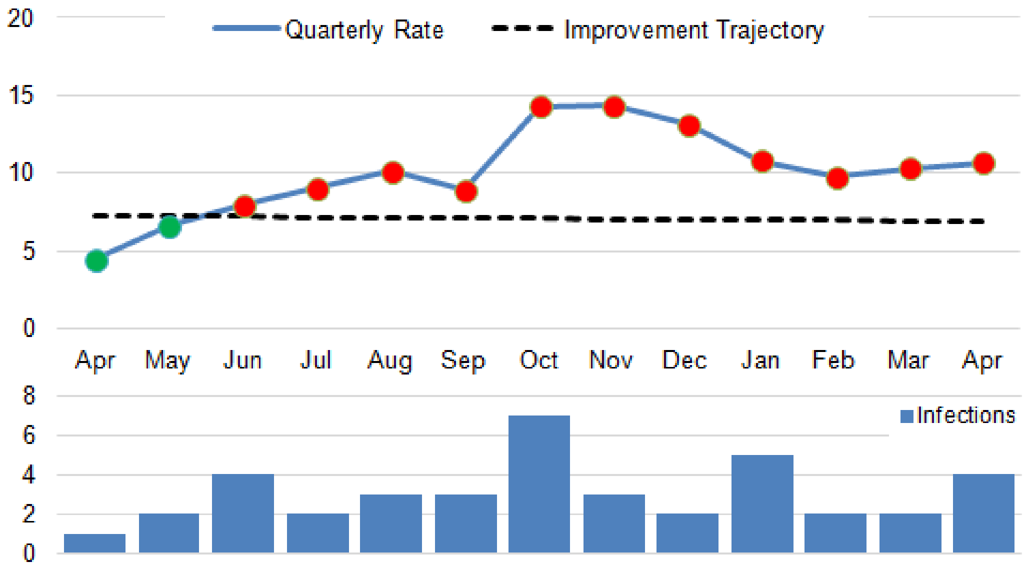
Clinical Governance

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	**HCAI Infection Rate (per 100,000 TOBD)**	7.8	7.3	7.2	8.2	8.6	8.8	
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	

Key Challenges in 2020/21	Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Oct-20*	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (possibly due to the COVID-19 pandemic). Instead, Bezlotoxumab is being used, and this is also used for patients who cannot have or decline FMT. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical & medical director.
20.2 Reduce overall prescribing of antibiotics *By Oct-20*	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP *By Oct-20*	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance.

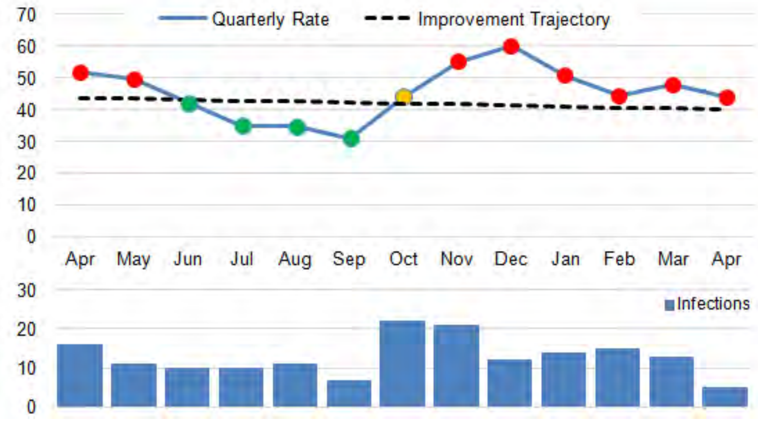
Clinical Governance

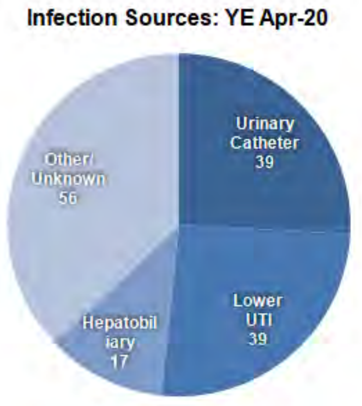
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance





National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	**HCAI Infection Rate (per 100,000 TOBD)**	39.7	44.5	44.0	42.3	40.4	43.1	
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	

Key Challenges in 2020/21	Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

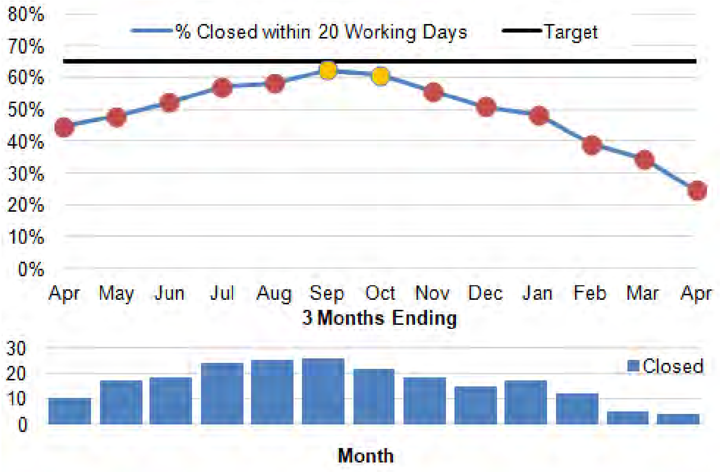
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic.
20.2 Formation of ECB Strategy Group *By Mar-21*	The first meeting of the ECB Strategy Group took place on 13th January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed and is yet to be re-scheduled.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) *By Mar-21*	The UCIG met on 25th February. Significant decisions: • E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) • Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration • Continence/hydration folders have been distributed to all care & residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. • These packs include information & tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder & incontinence care to assist reducing urinary infections/CAUTIs The next UCIG meeting is scheduled for 19th June.

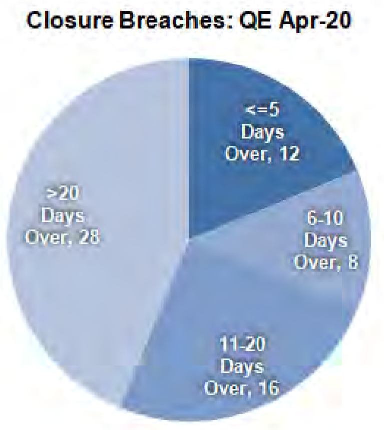
Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
*Improvement Target for 2020/21 = **65%***

Local Performance





Local Performance by Directorate/Division

3-Month Ending	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%	34.7%	24.7%
Ack <= 3 Days (Monthly)	85.7%	100.0%	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.4%	95.0%
ASD	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%	57.1%	55.5%
HSCP	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.8%	28.5%

Key Challenges in 2020/21	Clearing the backlog of existing complaints Increase in complaints due to treatment delays (including diagnostics) General increase in complaints as we start to remobilise

Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	Patient Relations Officers carry out peer review and we have a buddy system in place to provide additional support in workload / case review. Action complete.
20.2 Deliver education to service to improve quality of investigation statements	Historically, Patient Relations has delivered training to support and improve the quality of investigation statements, and also delivers training on complaints at Staff Induction. We have been proactive in contacting the Learning & Development Team regarding Staff Induction to see how this will be delivered in a 'virtual word' and support any new delivery process. This is considered to be part of normal work and the action can be closed.
20.3 Agree process for managing medical statements, and a consistent style for responses	Action now covered by new Action 21.1, below.
21.1 Agree process for managing complaint performance and quality of complaint responses *By March-21*	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.

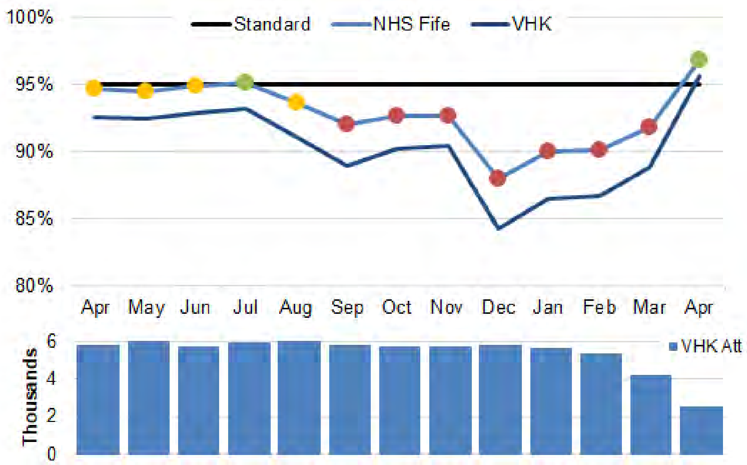
Finance, Performance & Resources – Operational Performance

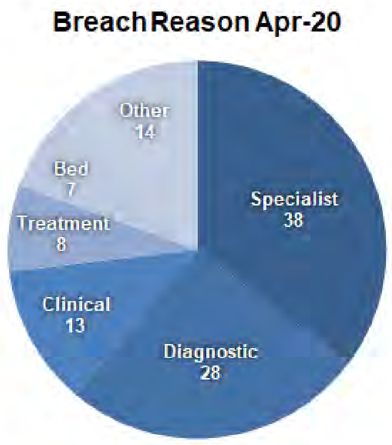
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

Improvement Target for 2020/21 = ***TBC%***

Local Performance





National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%
Scotland	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%

Key Challenges in 2020/21	Maintaining the reduction in numbers and the public using alternatives to emergency care Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends *By TBC*	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.
20.4 Development of services for ECAS	OPAT expanded during the COVID-19 response, with delivery of increased slots to facilitate non-inpatient services. The service relocated to Ward 4, allowing for social distancing for increasing numbers. Action complete.
20.5 Medical Assessment and AU1 Rapid Improvement Group *By Aug-20*	Remobilisation of core members of the group to review opportunities for change of AU1 assessment footprint. New design of flow will incorporate a short stay element and focus on frailty models and how these can be developed to prevent inpatient admission.
21.1 Remodelling of Outpatient services *By Dec-20*	Use of electronic services has allowed us to maintain patient contact, but a return to face to face clinics will involve significant service redesign including blending technology with hands on, social distancing within public areas and expanded working days and increased sessions.

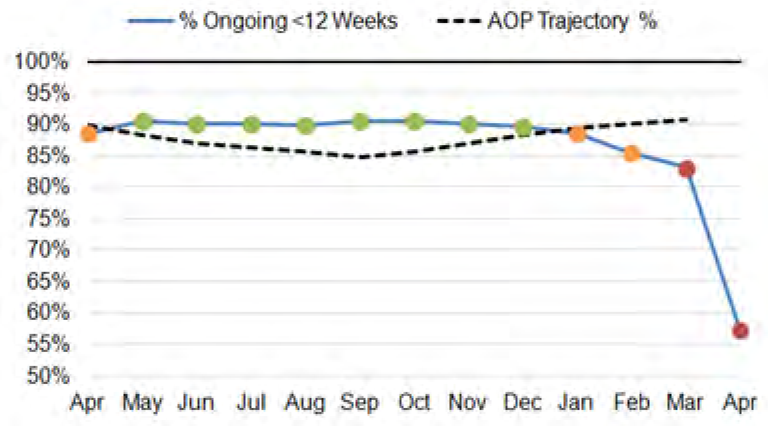
Finance, Performance & Resources – Operational Performance

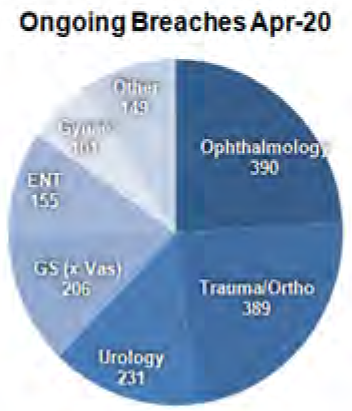
Patient TTG

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

*Improvement Target for 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)*

Local Performance




Ongoing Breaches Apr-20

National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%
Scotland	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	

Key Challenges in 2020/21	Recovery from COVID-19 Reduced theatre capacity due to increased infection control procedures and response to COVID-19

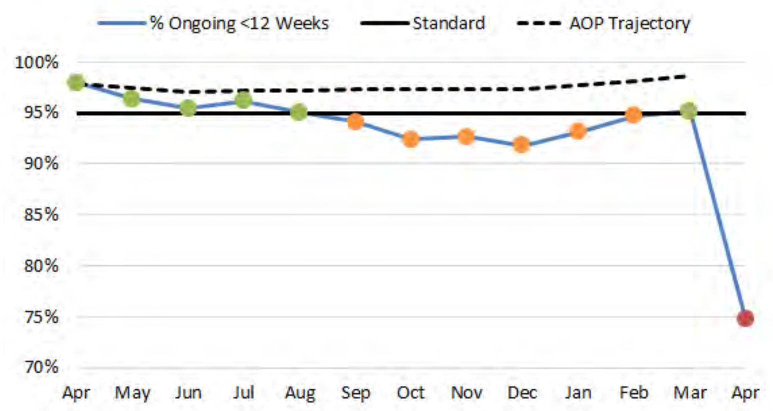
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed
20.3 Theatre Action Group develop and deliver plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced duri# ng the pandemic
21.2 Review DCAQ in relation to WT improvement plan *By Aug-20*	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21

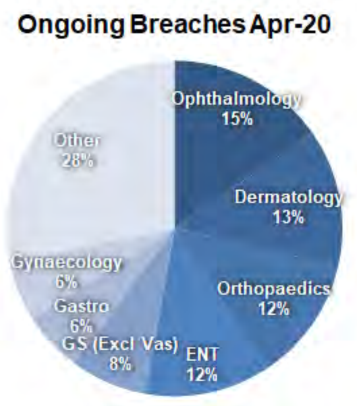
Finance, Performance & Resources – Operational Performance

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
*Improvement Target for 2020/21 = **TBC%***

Local Performance





National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%
Scotland	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	

Key Challenges in 2020/21	Recovery from COVID 19 Reduced clinic capacity due to physical distancing Difficulty in recruiting to specialist consultant posts

Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.2 Develop OP Transformation programme	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.3 Improve recruitment to vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan *By Aug-20*	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21
21.2 Refresh OP Transformation programme actions *By Mar-21*	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool *By Jul -20*	Aim of action is to maximise the utilisation of clinic capacity under the new social distancing rules

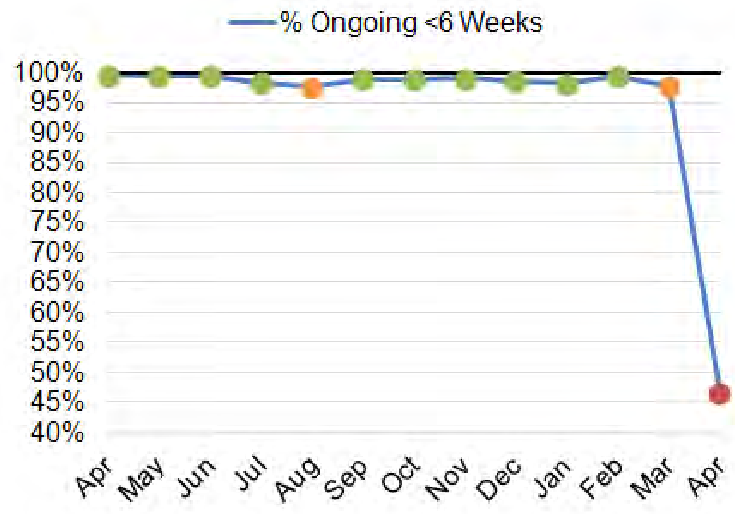
Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

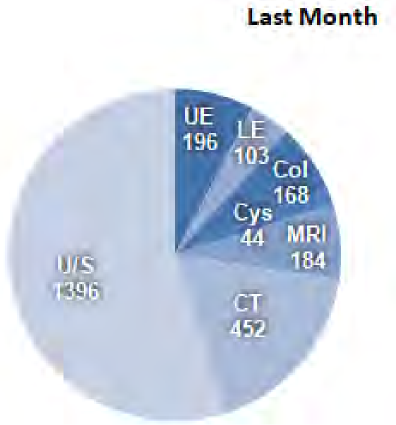
No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

*Improvement Target for 2020/21 = **TBC%***

Local Performance



Breaches By Category



National Benchmarking

	2019/20												2019/20
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	99.7%	99.5%	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%
Scotland	82.2%	81.1%	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	

Key Challenges in 2020/21	Recovery from COVID-19 Reduced capacity due to physical distancing and infection control procedures Difficulty in recruiting to consultant and specialist AHP/Nursing posts Endoscopy surveillance backlog

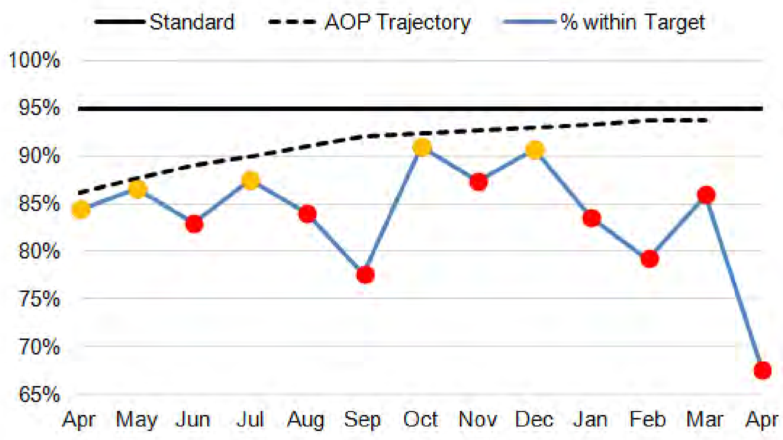
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy *By Aug-20*	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21. Phase 3 expansion plan for Endoscopy is being discussed, with a view to a start date in July. Full capacity is dependent on SG guidance regarding social distancing.
21.2 Undertake new and planned waiting list validation against agreed criteria *By Aug-20*	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts *By Mar-21*	Action includes consideration of service redesign to increase capacity

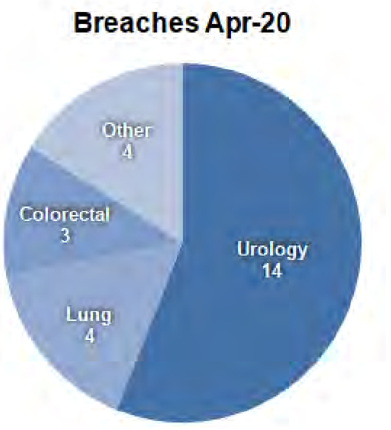
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2020/21 = ***TBC%***

Local Performance





National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%
Scotland	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%

Key Challenges in 2020/21	Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand. Identification of key improvement areas in view of the pandemic response and as screening programmes restart

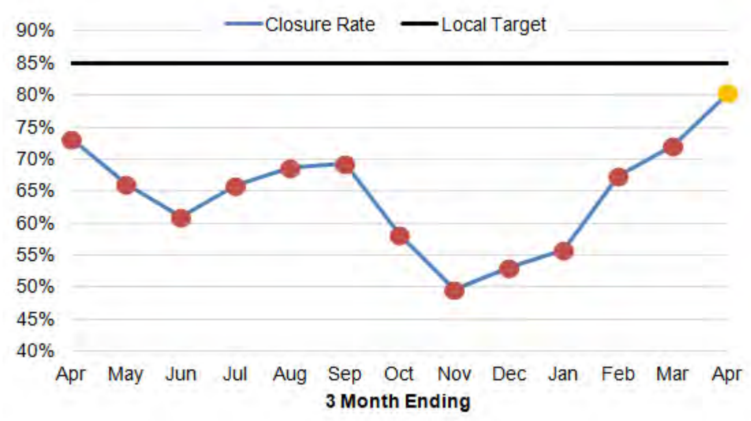
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points *By Sep-20*	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Sep-20*	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy *By Sep-20*	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

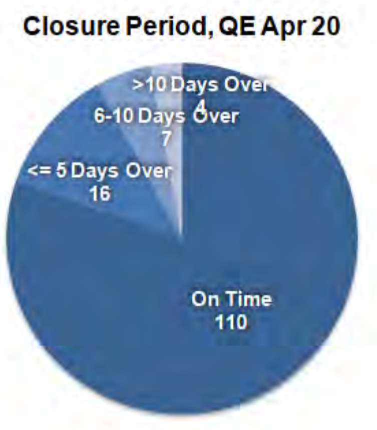
Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance





Service Performance

Monthly	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	95.7%
IJB	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%

Key Challenges in 2020/21	Adequate resourcing to fully manage FOI Lack of FOI expertise and awareness within the organisation

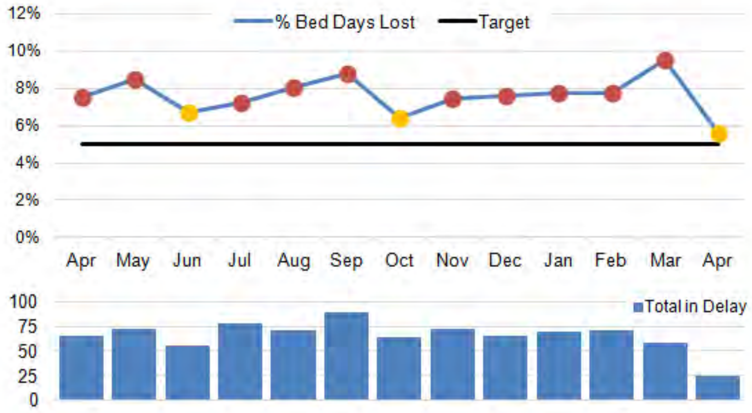
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services *By Sep-20*	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration *By Sep-20*	The DPO is looking to implement resource to manage FOI requests and implement the new management system

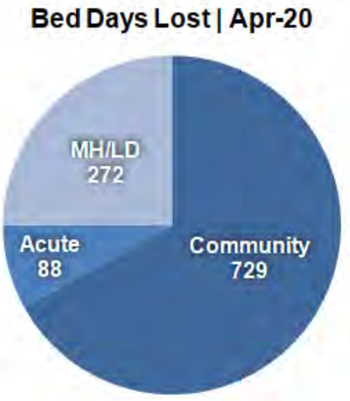
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

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

Local Performance





National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21	Sustaining current performance as we return to 'normal' working Applying lessons learned during the pandemic, going forward .

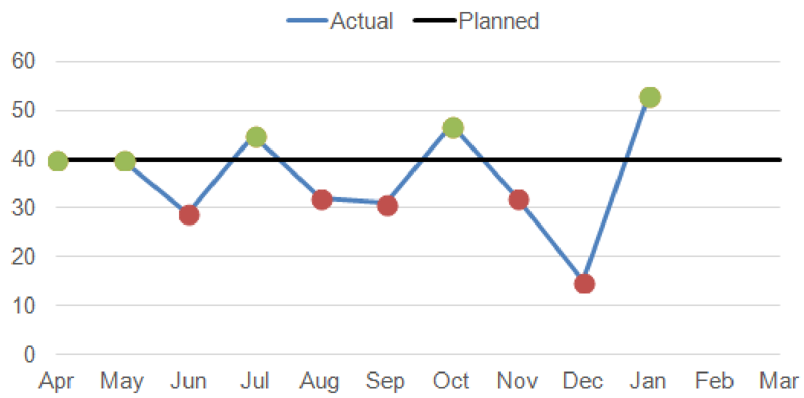
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds *By Jul-20*	Framework completed during the COVID-19 pandemic. Implementation now to be finalised.
20.3 Moving On Policy to be implemented *By Jul-20*	Principles were implemented to help support capacity and flow were implemented before and during the pandemic. No issues with the principles of the policy were noted during this time, and the policy is to be signed off.
20.4 Improve flow of comms between wards and Discharge HUB	Various tests of change completed, action complete
20.5 Increase capacity within care at home	Action effectively addressed by actions taken during pandemic, and need to be continued in order to sustain improved performance Action complete
21.1 Implementation of Daily Care Home Huddle *By Jul-20*	Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents able to transfer back to their home more quickly.

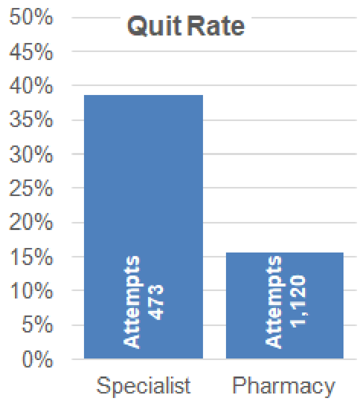
Finance, Performance & Resources – Operational Performance

Smoking Cessation

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

Local Performance





National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	53		
	Actual Cumul	40	80	109	154	186	217	264	296	311	364	364	364
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.4%		
Scotland	Achieved			92.4%			91.1%						

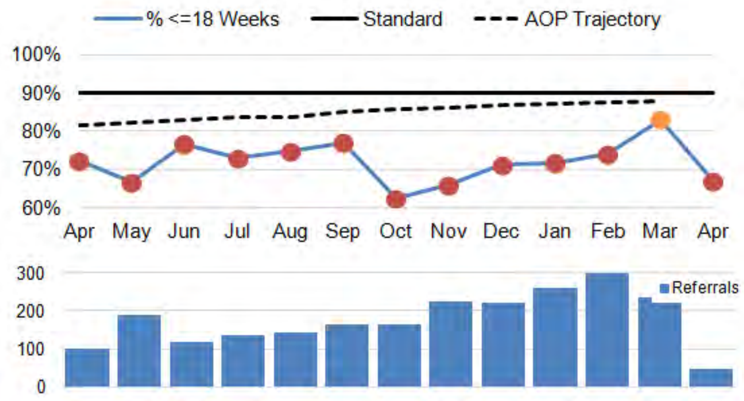
Key Challenges in 2020/21	• Service Provision within GP practices, hospitals and community venues (paused due to COVID19) • Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months • Unavailability of mobile unit (re-deployed during pandemic) • Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19 • Inability to validate quits as part of an evidence based service due to COVID-19

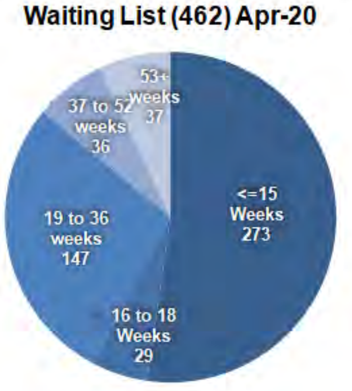
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic *By TBC*	This initiative had commenced and was in the early stages of delivery but has been paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women on Saturday mornings *By TBC*	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time
20.4 Enable staff access to medication whilst at work *By TBC*	No progress has been made due to COVID-19

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
*Improvement Target for 2020/21 = **TBC%***

Local Performance





National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%
Scotland	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%	

Key Challenges in 2020/21	Available resource to meet demand Impact of COVID-19 relaxation on referrals Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System *By Dec-20*	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	Action closed – no longer relevant
20.3 Introduction of Team Leader Role	Action complete
21.1 Re-design of Group Therapy Programme *By Dec-20*	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process *By Dec-20*	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team *By Mar-21*	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

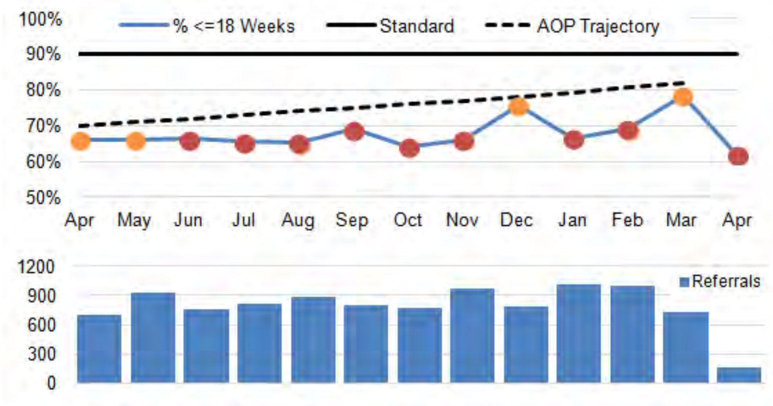
Finance, Performance & Resources – Operational Performance

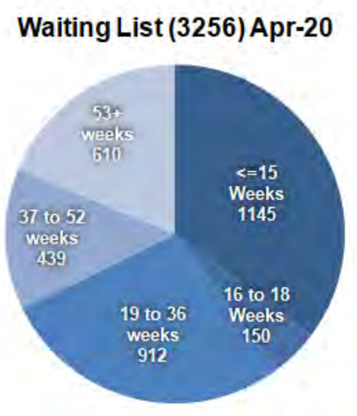
Psychological Therapies 18 weeks RTT

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

*Improvement Target for 2020/21 = **TBC%***

Local Performance





National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	

Key Challenges in 2020/21	Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)

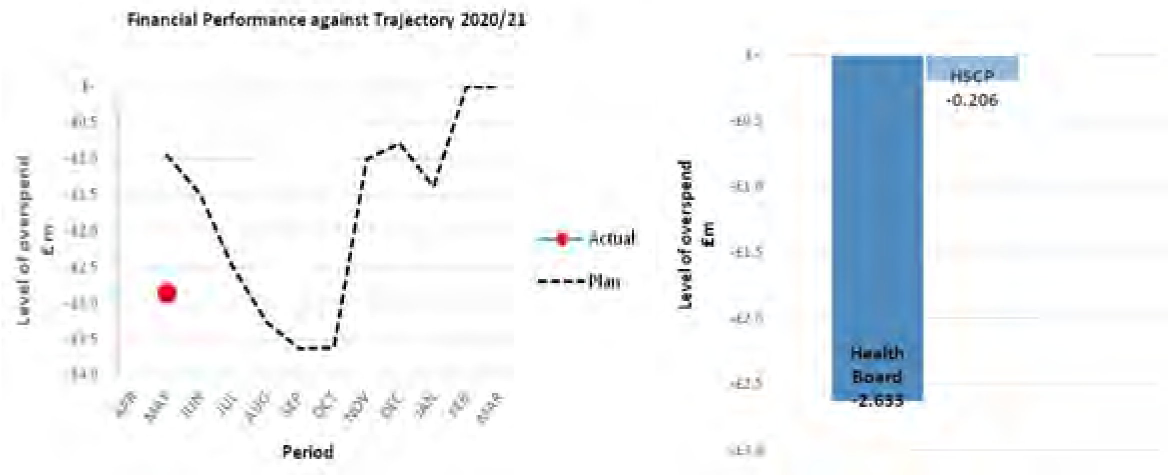
Improvement Actions	Update
20.2 Introduction of extended group programme in Prm Car	Action closed – no longer viable
20.3 Redesign of Day Hospital provision *By Sep-20 (review)*	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care *By Dec-20*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options *By Sep-20 (review)*	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options *By Sep-20*	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website
21.2 Development of alternative training and PT delivery methods *By Dec-20*	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	**776,636**	**789,774**	**129,531**	**132,370**	**-2,839**	**-2.19%**	**-714**	**-2,125**

Key Challenges in 2020/21	Availability of COVID-19 funding to match our net additional costs Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; COVID-19; remobilisation; and Test & Protect positions Ongoing discussions on potential risk share options with SG and respective partners - at this point there has been no IJB risk share factored into the position Our ability as a Board to regain traction in our savings and transformation plans set against the backdrop of the COVID-19 pandemic journey

Improvement Actions	Update
21.1 Local Mobilisation Plan Ongoing throughout FY	Partnering with the services to: • Identify additional spend relating to COVID-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings By Jul-20	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re COVID-19 on the delivery of planned Health Board savings. Following due process it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Finance, Performance & Resources – Finance

Commentary

Key principles:
Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core. Funding allocations may be met from SG funding received from HM Treasury.

The following key principles have been adopted in establishing our M2 position:

The initial core position did not include the benefit of reductions in core health budgets which are required to be used as offsetting cost reductions against COVID-19 spend. In parallel the COVID-19 additional costs appeared higher than the reductions in core activity would indicate. A desktop exercise was conducted therefore to: firstly, capture savings; and secondly, identify offsetting cost reductions.

The COVID-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital to ensure compliance with Scottish Government guidance and practice in other Boards.

Signage change:
NHS Fife, in preparation for the implementation of the new national Finance Intelligence Reporting Tool, which will replace the current reports; and provide self service analytics to stakeholders in line with the Boards across NHS Scotland, has rolled out a change in variance signage.

Reporting from 1 April 2020 adopts the new signage: our presentation of positive figures now represents an underspend position; and a negative figure (or a figure in brackets) represents an overspend position ("brackets are bad").

1. Annual Operational Plan

1.1 Given the timing of the COVID-19 pandemic, the AOP process for the 2020/21 financial year was paused. We are required to submit a revised AOP financial plan which will reflect both the mobilisation and the remobilisation plan impact on the financial position by the end of July.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the April core revenue amount on 12 May. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £703.643m; and anticipated allocations total £76.398m. The anticipated allocations include a sum of £1.300m for COVID-19 which relates to payments to GPs. In recognition of the financial cost of COVID-19, reprioritisation work is taking place across SG to reprioritise and reprofile budget announcements and portfolios for 2020/21, which may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

2.3 The total current year budget at 31 May is therefore £789.774m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 2 months to 31 May reflects an overspend of £2.839m; which comprises a core underspend of £1.489m; and a net additional spend on COVID-19 of £4.328m.

3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the COVID-19 financial positions. An overspend of £2.633m is attributable to Health Board retained budgets; and an overspend of £0.206m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended May 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	**776,636**	**789,774**	**129,531**	**132,370**	**-2,839**	**-2.19%**	**-714**	**-2,125**

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	36,079	-1,271	-3.65%	506	-1,777
IJB Non-Delegated	8,563	8,564	1,396	1,364	32	2.29%	41	-9
Estates & Facilities	74,870	74,882	12,299	12,660	-361	-2.94%	-265	-96
Board Admin & Other Services	53,754	58,326	10,579	11,628	-1,049	-9.92%	-1,023	-26
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	**445,550**	**457,149**	**74,436**	**77,117**	**-2,681**	**-3.60%**	**-773**	**-1,908**
Integration Joint Board - Core	381,249	399,760	68,508	68,685	-177	-0.26%	40	-217
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	**395,164**	**407,099**	**68,508**	**68,685**	**-177**	**-0.26%**	**40**	**-217**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	**395,164**	**407,099**	**68,508**	**68,685**	**-177**	**-0.26%**	**40**	**-217**
Total Expenditure	**840,714**	**864,248**	**142,944**	**145,802**	**-2,858**	**-2.00%**	**-733**	**-2,125**
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	**0.38%**	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	**-0.82%**	48	0
Miscellaneous Income	**-64,078**	**-74,474**	**-13,413**	**-13,432**	**19**	**-0.14%**	**19**	**0**
Net Position Including Income	**776,636**	**789,774**	**129,531**	**132,370**	**-2,839**	**-2.19%**	**-714**	**-2,125**

3.3 The combined position is further analysed by core; and COVID-19 as per tables 2 and 3 below.

Finance, Performance & Resources – Finance

Table 2: Summary Core Financial Position for the period ended May 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	34,407	401	1.15%	629	-228
IJB Non-Delegated	8,563	8,564	1,396	1,358	38	2.72%	41	-3
Estates & Facilities	74,870	74,882	12,299	12,060	239	1.94%	268	-29
Board Admin & Other Services	53,754	58,326	10,579	10,558	21	0.20%	-6	27
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	**445,550**	**457,149**	**74,436**	**73,769**	**667**	**0.90%**	**900**	**-233**
Integration Joint Board - Core	381,249	398,460	67,208	66,405	803	1.19%	419	384
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	**395,164**	**405,799**	**67,208**	**66,405**	**803**	**1.19%**	**419**	**384**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	**395,164**	**405,799**	**67,208**	**66,405**	**803**	**1.19%**	**419**	**384**
Total Expenditure	**840,714**	**862,948**	**141,644**	**140,174**	**1,470**	**1.04%**	**1,319**	**151**
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	**0.38%**	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	**-0.82%**	48	0
Miscellaneous Income	**-64,078**	**-74,474**	**-13,413**	**-13,432**	**19**	**-0.14%**	**19**	**0**
Net Position Including Income	**776,636**	**788,474**	**128,231**	**126,742**	**1,489**	**1.16%**	**1,338**	**151**

Table 3: Summary COVID-19 Financial Position for the period ended May 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	1,672	-1,672		-123	-1,549
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	600	-600		-533	-67
Board Admin & Other Services	0	0	0	1,070	-1,070		-1,017	-53
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	**0**	**0**	**0**	**3,348**	**-3,348**		**-1,673**	**-1,675**
Integration Joint Board - Core	0	1,300	1,300	2,280	-980		-379	-601
Integration Fund & Other Allocations				0	0		0	0
Sub-total Integration Joint Board Core	**0**	**1,300**	**1,300**	**2,280**	**-980**		**-379**	**-601**
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	**0**	**1,300**	**1,300**	**2,280**	**-980**		**-379**	**-601**
Total Expenditure	**0**	**1,300**	**1,300**	**5,628**	**-4,328**		**-2,052**	**-2,276**

3.4 The core position at M2 is a net underspend of £1.489m; and takes in to account offsetting cost reductions. It is recognised that due to reduced activity levels, a proportion of the underspend reported within the combined position should be utilised to support the COVID-19 costs incurred. Year to date a total of £2.170m was identified as offset towards COVID-19 expenditure, with £1.102m coming from Health Board retained and £1.041m from the Integrated Joint Board. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity. The assessment of offsetting cost reductions was informed by Finance Business Partners and was further supported by an exercise to compare the 2 month position for 2020/21 with the same period in 2019/20; and a further review of ward level budgets.

3.5 The net COVID-19 additional costs after taking in to account offsets (and assuming funding for additional GP costs of £1.3m) is £4.328m.

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

Acute Services

4.1 The Acute Services Division reports a **net underspend of £0.401m for the year to date**. This reflects an underspend in operational run rate performance of £0.629m, and unmet savings of £0.228m per Table 2 below. The overall position has been driven by a combination of vacancies, and not requiring to backfill posts due to current levels of activity. This has also led to a reduction in use of consumables, particularly within

Planned Care. Whilst some of this has been taken into consideration and used as offset for COVID-19 19 expenditure this is the residual benefit remaining within Acute. It is anticipated that some of this funding will be required in later months in order to cover the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended May 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,541	73,480	12,107	10,763	1,344	**11.10%**	1,466	-122
Emergency Care & Medicine	74,625	75,577	13,007	14,000	-993	**-7.63%**	-788	-205
Women, Children & Cinical Services	55,140	56,088	9,286	9,380	-94	**-1.01%**	-195	101
Acute Nursing	607	627	104	105	-1	**-0.96%**	0	-1
Other	1,990	1,990	304	160	144	**47.37%**	146	-2
Total	**202,903**	**207,762**	**34,808**	**34,407**	**401**	**1.15%**	**629**	**-228**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.239m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

4.3 Within the Board's corporate services there is **an underspend of £0.021m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.708m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets is still being worked through. The financial flexibility of £0.676m released to the M2 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.803m for the year to date**. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division.

Income

4.7 A small over recovery in income of £0.019m is shown for the year.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below (combined position).

Table 5: Subjective Analysis for the Period ended May 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	387,535	64,375	65,412	-1,037
GP Prescribing	75,030	12,631	12,631	0
Drugs	29,971	5,431	5,328	103
Other Non-Pay	363,268	61,956	62,431	-475
Efficiency Savings	-18,380	-2,125	0	-2,125
Commitments	26,823	676	0	676
Income	-74,474	-13,413	-13,432	19
Net overspend	**789,774**	**129,531**	**132,370**	**-2,839**

Pay

5.2 The overall pay budget reflects an overspend of £1.037m. The vast majority of the over spend is within medical & dental staff with small offsetting under spends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,883 wte across all staff groups, there was an average 7,952 wte core staff in post in May. The additional staff in post is a consequence of COVID-19.

Drugs & Prescribing

5.4 Across the system there is a net underspend of £0.103m on medicines. The GP prescribing position is based on 2019/20 trend analysis and February 2020 and March 2020 actual information (2 months in arrears). Across Scotland we are currently working through the COVID-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.475m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We have indicated an expected underachievement of savings of £14.2m via the Local Mobilisation Financial Template process. The £5.8m remains a live efficiency savings target for NHS Fife. Notwithstanding, the revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Table 6: Savings 20/21

Core Position	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	4,200	0	485	485	3,715
Integration Joint Board	1,647	0	641	641	1,006
Total Savings	**5,847**	**0**	**1,126**	**1,126**	**4,721**

COVID Position	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,668	509	0	509	10,159
Integration Joint Board	3,500	0	0	0	3,500
Total Savings	**14,168**	**509**	**0**	**509**	**13,659**

7 Key Messages / Risks

7.1 Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core.

7.2 Given there is a commitment to fund additional GP costs, £1.3m COVID-19 funding has been assumed in the M2 position. There is a risk that the remaining £4.328m additional COVID-19 costs may not be fully funded.

7.3 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

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

- **Note** the reported core underspend of £1.489m for the 2 months to date
- **Note** the reported COVID-19 additional spend of £5.628m for the 2 months to date; of which we have assumed funding of £1.3m will be forthcoming to meet additional GP costs.
- **Note** the combined position of the core and COVID-19 positions inform an overall overspend of £2.839m prior to agreement of additional funding.

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
	Recurring Adjustments	-1,307			-1,307	
	Covid 19 Integration Authority Fundng			3,413	3,413	To be transferred to Council
	Total Core RRL Allocations	**700,230**	**0**	**3,413**	**703,643**	
Anticipated	Primary Medical Serives		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Patient Advice & Support Service		-39		-39	
Anticipated	Family Nurse Partnership		1,276		1,276	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,768		3,768	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,157		1,157	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,300		1,300	
Anticipated	eHealth Strategy Fund		1,241		1,241	
Anticipated	Top Slice NSS		-5,026		-5,026	
	Total Anticipated Core RRL Allocations	**0**	**76,398**	**0**	**76,398**	
Anticipated	IFRS			8,617	**8,617**	
Anticipated	Donated Asset Depreciation			116	**116**	
Anticipated	Impairment			500	**500**	
Anticipated	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,733**	**9,733**	
	Grand Total	**700,230**	**76,398**	**13,146**	**789,774**	

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,006	2,021	2,723	-702
Nhs Fife Chief Executive	206	34	56	-22
Nhs Fife Finance Director	6,325	1,052	1,154	-102
Nhs Fife Hr Director	3,160	526	603	-77
Nhs Fife Medical Director	6,923	1,019	996	23
Nhs Fife Nurse Director	3,650	600	603	-3
Legal Liabilities	5,166	1,761	1,819	-58
Early Retirements & Injury Benefits	814	136	123	13
Regional Funding	197	48	36	12
Depreciation	17,763	3,043	3,043	0
Nhs Fife Public Health	2,116	339	351	-12
HB retained COVID			121	-121
Total	**58,326**	**10,579**	**11,628**	**-1,049**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	16	10	6
Borders	45	7	8	-1
Dumfries & Galloway	25	4	11	-7
Forth Valley	3,179	530	592	-62
Grampian	359	60	51	9
Greater Glasgow & Clyde	1,655	275	271	4
Highland	135	23	32	-9
Lanarkshire	114	19	41	-22
Lothian	31,518	5,255	5,231	24
Scottish Ambulance Service	101	17	17	0
Tayside	40,576	6,762	6,788	-26
	77,805	**12,968**	**13,052**	**-84**
UNPACS				
Health Boards	8,305	1,384	1,928	-544
Private Sector	1,245	208	262	-54
	9,550	**1,592**	**2,190**	**-598**
OATS	711	118	144	-26
Grants	65			0
Total	**88,131**	**14,678**	**15,386**	**-708**

Appendix 4 - Financial Flexibility & Allocations

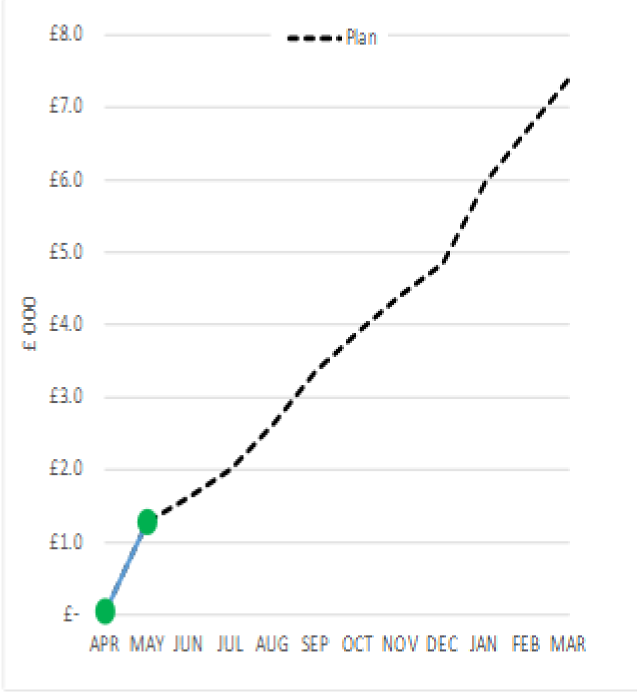
	CY Budget £'000	Flexibility Released to May-20 £'000
Financial Plan		
Drugs	4,678	
CHAS	408	
Unitary Charge	100	
Junior Doctor Travel	45	
Consultant Increments	201	
Discretionary Points	205	
Cost Pressures	3,972	345
Developments	6,328	331
Pay Awards	39	
Sub Total Financial Plan	**15,976**	**676**
Allocations		
Waiting List	2,406	0
AME: Impairment	500	0
AME: Provisions	602	0
Sub Total Allocations	**3,508**	**0**
Total	**19,484**	**676**

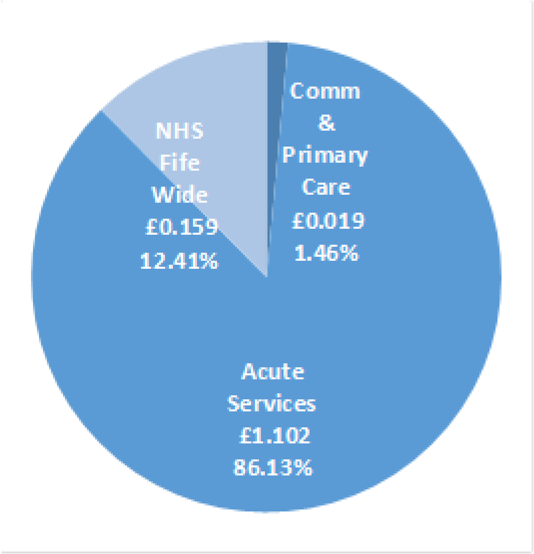
Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance





Commentary

The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation.

Key Challenges in 2020/21	Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Update
21.1 Managing expenditure programme within resources available *By Mar-21*	Risk management approach adopted across all categories of spend

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has assumed a programme of £7.394m being the normal routine capital allocation. NHS Fife is also anticipating allocations of £0.160m for COVID-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

3. Expenditure To Date / Major Scheme Progress

3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £1.280m or 17.32% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£0.587m
Equipment	£0.167m
E-health	£0.159m
Elective Orthopaedic Centre	£0.364m

4. Capital Expenditure Outturn

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

5. Recommendation

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

note the capital expenditure position to 31 May 2020 of £1.280m and the forecast year end spend of the capital resource allocation of £7.394m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	199		199
Statutory Compliance	150	11	150
Capital Equipment	36	7	36
Condemned Equipment			
Total Community & Primary Care	385	19	385
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	364	364	364
Statutory Compliance	2,736	576	2,736
Capital Equipment	549		549
Covid Acute Equipment	160	160	160
Minor Works	114	2	114
Condemned Equipment	39		39
Total Acute Services Division	3,961	1,102	3,961
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,291		1,291
Information Technology	1,041	159	1,041
Minor Works	156		156
Statutory Compliance	114		114
Contingency	100		100
Asbestos Management	85		85
Fire Safety	60		60
Scheme Development	60		60
Vehicles	60		60
Condemned Equipment	51		51
Screen & Speech Units	30		30
Total NHS Fife Wide Schemes	3,048	159	3,048
TOTAL ALLOCATION FOR 2020/21	**7,394**	**1,280**	**7,394**

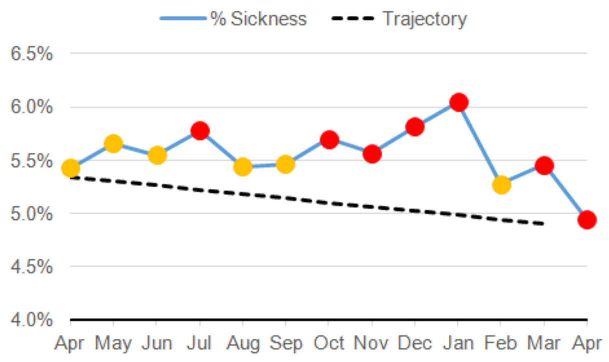
Appendix 2: Capital Plan - Changes to Planned Expenditure

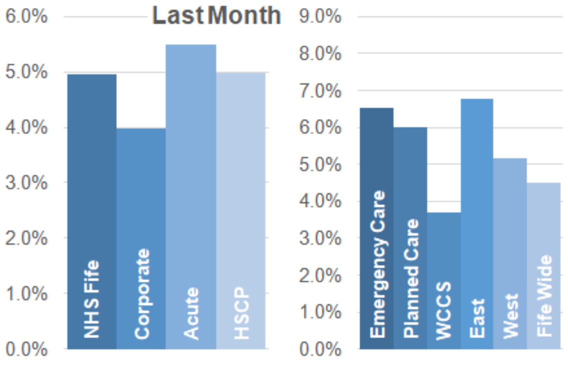
Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to April £'000	May Adjustment £'000	Total May £'000
Community & Primary Care				
Capital Equipment		6	30	36
Condemned Equipment				
Minor Capital		199		199
Statutory Compliance			150	150
Total Community & Primary Care	**0**	**205**	**180**	**385**
Acute Services Division				
Elective Orthopaedic Centre			364	364
Capital Equipment			549	549
Condemned Equipment		7	32	38
Covid 19 Acute Equip			160	160
Minor Capital		114		114
Statutory Compliance			2,736	2,736
	0	**120**	**3,841**	**3,961**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569		-3,455	114
Fife Wide Equipment	2,036	-13	-732	1,291
Information Technology	1,041			1,041
Minor Work	498	-313	-30	156
Fife Wide Contingency Balance	100			100
Condemned Equipment	90		-39	51
Scheme Development	60			60
Fife Wide Asbestos Management			85	85
Fife Wide Fire Safety			60	60
Fife Wide Screen & Speech Units			30	30
Fife Wide Vehicles			60	60
Total Fife Wide	**7,394**	**-326**	**-4,021**	**3,048**
Total	**7,394**	**0**	**0**	**7,394**

Sickness Absence

To achieve a sickness absence rate of 4% or less
*Improvement Target for 2020/21 = **TBC%***

Local Performance (Source: Tableau, from January 2020)





National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	5.28%	5.46%	4.95%
Scotland	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	

Key Challenges in 2020/21	Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence *By Sep-20 (TBC)*	The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas. OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approach and reflect the Once for Scotland policy implementation. To refresh this once services resume to the new normal Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason *By Sep-20 (TBC)*	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.
21.1 Once for Scotland Promoting Attendance Policy	The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure that staff are aware of the new

By Sep-20 (TBC)	policy and the changes which affect them.
21.2 Review Promoting Attendance Group *By Sep-20 (TBC)*	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels *By Sep-20 (TBC)*	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER
Chief Executive
26th June 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending									
		31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected	28	31	31	51	45	54	54	104	104	104
	Actual	49	54	55	60	60					
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected	18	18	18	18	18	0	0	0	0	0
	Actual	14	16	11	14						
Elective Scope activity	Projected	86	86	91	91	91	91	96	96	96	96
	Actual	43	61	46	57	73					
OP Referrals Received	Projected	830	950	1050	1100	1150	1215	1280	1345	1410	1475
	Actual	879	912	946	988	1045					
OP Activity	Projected	2020	2120	2220	2320	2420	2460	2500	2550	2600	2650
	Actual	2001	2274	2273	2571	2523					
A&E Attendance	Projected	1022	941	997	1057	1121	1188	1262	1280	1300	1300
	Actual	1022	941	981	1055	1102					
Emergency Admissions	Projected	547	563	551	544	540	572	564	560	566	565
	Actual	551	571	581	611	607					
Urgent Suspicion of Cancer - Referrals Received	Projected	196	270	372	250	208	208	208	208	208	208
	Actual	137	145	135	156	132					
PC OOH - Home Visits	Projected	240	221	206	232	213	217	200	222	216	203
	Actual	159	154	149	157	160					
PC OOH - Centre attendances & telephone advice calls	Projected	1058	1066	1099	1099	1073	1060	1099	1057	1078	1076
	Actual	827	867	802	802	897					

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Recruitment Activity Update**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Human Resources / Sandra Raynor, Senior HR Manager**

1. Purpose

This is presented to Staff Governance Committee Members for:
- Awareness and Information

This report relates to an:
- On-going issue

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

2. Report Summary

2.1 Situation

The purpose of this report is to provide Staff Governance Committee members with an update on the current position with regards to Non-Consultant Recruitment Activity, Consultant Recruitment and the South East Regional Transformation Programme.

2.2 Background

2.2.1 Non Consultant Recruitment Activity

Critical posts continued to be recruited to throughout the COVID-19 pandemic. However, as services remobilise, we are seeing an increase in demand for recruitment. Therefore, all posts that require to be advertised are now being advertised.

There is currently an abbreviated pre-employment process to expedite safer pre-employment. NHS Fife completed 318 pre-employment checks within a six week period. The Recruitment and Selection process is being revised with the development of virtual recruitment processes.

2.2.2 Consultant Recruitment

As at 24 June 2020, NHS Fife has 38.70 wte Consultant vacancies, which will reduce to 29.15 wte, taking account of confirmed appointments to date. The number of vacancies has increased from the April 2020 position of 36.30 wte vacancies. The vacancy rate, once the new Consultants take up post, will be 10.75%.

There are on-going vacancies in Acute Medicine, Elderly Medicine, Emergency Medicine, ENT, Gastroenterology, Haematology, Mental Health, Neurology, Oral Maxillofacial Surgery, Ophthalmology, Radiology, Renal Medicine, Rehabilitation Medicine and Rheumatology.

2.2.3 South East Regional Recruitment Transformation Programme Board

Due to COVID-19, the anticipated business case to the six local boards in April 2020 was paused. However, discussions have recommenced with all six Board Directors of Workforce to look at recommencing the Transformation Programme at as early a date as possible.

2.3 Assessment

2.3.1 Quality / Patient Care

Non Consultant Recruitment Activity

Central co-ordination of the mobilisation of the COVID-19 supplementary workforce and existing workforce is ensuring demand for supplementary staffing in parts of the system is considered based on clinical need, current / predicted absence levels and workforce modelling.

Consultant Recruitment

There remains an inherent risk in Consultant 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.

2.3.2 Workforce

Non Consultant Recruitment Activity

In response to the COVID-19 pandemic, recruitment activity has concentrated on posts critical to the COVID-19 response, as well as supplementary workforce recruitment to support the efforts in responding to COVID-19. The recruitment to gaps in services has been mainly on a fixed term basis through the Virtual Deployment Hub, utilising additional supplementary workforce gained via the NES hosted Portal for returning registrants, the local Friends and Family Campaign, Returning Leavers and Nurse Bank.

In addition, there has been the early appointment of 212 Student Nurses to 6 month fixed term posts within NHS Fife and it is anticipated that these employees will progress to substantive nursing posts as vacancies arise and on a managed basis.

Consultant Recruitment

Services are required to re-consider redesign and alternative staffing arrangements where Consultant vacancies cannot be filled.

2.3.3 Financial

The supplementary workforce recruited in response to the COVID-19 pandemic will be clearly identified and charged to the appropriate cost centre as established by Management Accounts.

2.3.4 Risk Assessment / Management

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

Prioritisation of requests for additional supplementary staffing will be undertaken jointly within Acute and the H&SCP Silver Control Teams, based on clinical need, current / predicted absence levels and workforce modelling, in order to manage and / or minimise risks where possible across the system.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered by the Director of Workforce as part of its development. The Director of Workforce has supported the content presented in this report.

2.4 Recommendation

Staff Governance Committee members are asked to note the content of this paper.

3. List of Appendices

N/A

Report Contact: **Linda Douglas, Director of Workforce**
Email: lindadouglas3@nhs.net

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Staff Health & Wellbeing Update, including Promoting Attendance**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Human Resources**

1. Purpose

This is presented to Committee members for:

- Information

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to update Staff Governance Committee members on the latest Staff Support and Wellbeing activity during the COVID-19 Pandemic, which is aligned to Well at Work (Healthy Working Lives). This work is currently being overseen by the Staff Support and Wellbeing Sub-Group, which reports to the Silver Command Workforce Group. In addition, the report covers the latest COVID-19 attendance data and relevant sickness absence statistics for the year to date.

Part 1: Health and Wellbeing

2.2 Background

A number of new initiatives have been introduced to support the health and wellbeing of NHS Fife staff during the current pandemic. The provisions outlined below are in addition to the existing Occupational Health services, which are also still available to staff.

The Board is represented at the national Health & Wellbeing Champions Network, by Mrs Linda Douglas, Director of Workforce and Dr Frances Baty, Head of Psychology. The Board has been working in partnership with our Fife Council colleagues and sharing materials.

The new initiatives include:

2.2.1 Staff Support Hubs on Various NHS Fife Sites

Staff Support Hubs are now open for all staff on various NHS Fife sites, including:

- Maggie's Centre, Kirkcaldy
- Forthview Day Hospital, Queen Margaret Hospital, plus two quiet zones at Whitefield Day Hospital and Lecture Room 2, Education Centre
- Lynebank Hospital
- Westfield Day Hospital, Whyteman's Brae
- Ceres Centre, Stratheden Hospital
- Chaplaincy Centre, Stratheden Hospital
- Randolph Wemyss Memorial Hospital
- Cameron Hospital

The Hubs provide a calm and welcoming space for all staff to take time out from work, in particular those staff working within the Green and Red zones. Staff can use the hubs with no need for interaction. Psychology staff are on hand to provide support, with a variety of easily accessible staff resources available.

In addition, staff can access the Haven at Queen Margaret Hospital and the Sanctuary at Victoria Hospital.

A Staff Wellbeing Hub Survey was undertaken via SmartSurvey in May 2020 to obtain staff views on the Staff Wellbeing Hubs which have been introduced on various NHS Fife sites during the COVID-19 pandemic to provide staff with a calm and welcoming space for them to take time out from work, in particular those staff working within the Green and Red zones. Staff can use the hubs with no need for interaction. However, Psychology staff are on hand in the main Hubs to provide support, with a variety of easily accessible staff resources available. The results of the Staff Wellbeing Hub Survey are detailed within Appendix 2 of this report.

2.2.2 Staff Wellbeing Resource Pack

A Staff Wellbeing Resource pack has been developed to ensure that staff are kept up-to-date with the resources that are available to support them during the COVID-19 Pandemic.

http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=C0464239-006D-131A-39843E8BA68C13DA

The resource pack is complemented by a revamped Staff Well@Work Handbook.

2.2.3 StaffLink (Staff Online App)

The new StaffLink App has now been launched within NHS Fife to enable staff to stay connected with the latest organisational news, information and guidance. StaffLink will ensure that staff has the important information they need at their fingertips within work and at home.

The initial focus will be on COVID-19 news, systems and guidance and it is anticipated that StaffLink will expand rapidly in the coming weeks and months, providing a comprehensive platform to access news, guidance and documentation relevant to staff's area of work.

Staff will also be able to communicate with colleagues, individually and in groups.

StaffLink is part of the redesign of digital platforms, which includes the redevelopment of NHS Fife's website.

2.2.4 Psychology Support Pack for Staff

A new Psychology support pack for staff during COVID-19 is now available, based on the principles of Psychological First Aid (PFA).

The pack highlights a number of key points:

- It is normal to have strong emotional reactions in this unusual situation.
- Strong emotional reactions are not a sign of mental illness, or that you are 'losing it'.
- We can all find it difficult to cope.

The pack also contains a wide range of information, techniques and resources, including:

- Care for immediate needs
- Educating about normal responses
- Information on coping
- Information for managers
- A wide range of support and useful resources

http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=E422B103-90FE-1E3F-B1C1C6FD94EF708A

2.2.5 Being Mindful – Staff Online Mindfulness Sessions

As part of NHS Fife's Going Beyond Gold programme for staff wellbeing, staff are being offered the opportunity to take part in on line mindfulness sessions, in the comfort of their home or within the office. These sessions introduce short mindful meditations and tips to help staff manage their health and wellbeing during these unique times.

2.2.6 NHS Scotland Digital Platform – ProMIs

The new national digital wellbeing hub was launched on 11 May 2020 which will enable staff, carers, volunteers and their families to access relevant support when they need it, and provides a range of self-care and wellbeing resources designed to aid resilience as the whole workforce responds to the impact of coronavirus (COVID-19). The hub is the first of its kind in the UK and its content has been created by trauma and other specialists in Scotland.

Specifically tailored to support the challenges being faced by everyone in health and social care, the hub will provide advice on self-care and personal resilience to help users to recognise their own 'warning signs'. Comprehensive information about services and resources available at national and local level within NHS Boards, Health and Social Care Partnerships (H&SCPs) and local authorities will also be available.

2.2.7 Online Yoga for Staff

To help calm our minds during these uncertain times, online yoga classes are available for staff. Further information is available via the internet or e-mail karenhogg@nhs.net.

2.2.8 Staff Listening Service

An extended Staff Listening Service has been launched, offering a one-to-one telephone listening service to staff, providing support and the space for them to talk about their fears, worries and concerns.

2.2.9 Psychology Staff Support Telephone Line

A Psychology Staff Support telephone service is available to all NHS Fife staff during the COVID-19 pandemic. It provides a listening ear, and supportive conversations based on what we know can help people cope with normal emotions and reactions at this time.

Part 2: COVID-19 Sickness Absence

2.2 Background

2.2.1 Staff Absence During the COVID-19 Pandemic

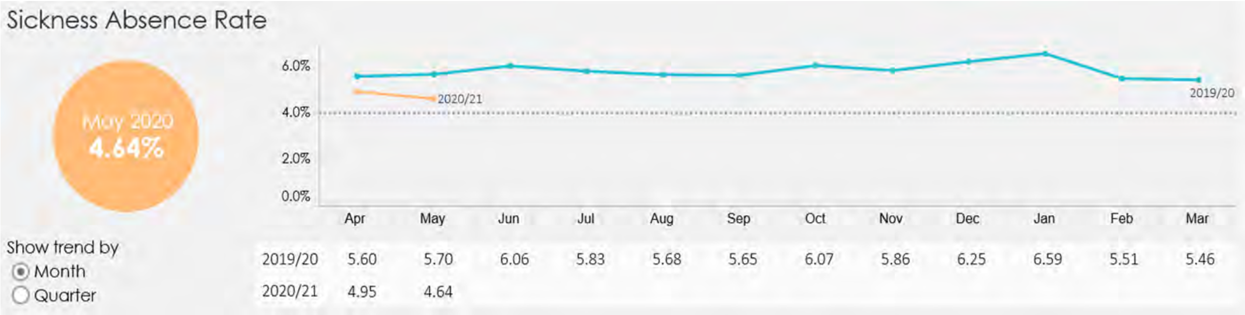
The staff absence position in relation to the COVID-19 pandemic has been steadily improving following the initial increase prompted by isolation requirements in early March 2020.

Staff absence due to COVID-19 related issues are detailed below:

	Week 7 - 9/03	Week 8 - 16/03	Week 9 - 23/03	Week 10 - 30/04	Week 11 - 06/04	Week 12 - 13/04	Week 13 - 20/04	Week 14 - 27/05	Week 15 - 04/05	Week 16 - 11/05
COVID19 Positive	0.0%	0.0%	0.1%	0.2%	0.4%	0.8%	0.9%	0.9%	0.5%	0.3%
COVID19 Self Isolating	0.5%	4.5%	6.8%	4.9%	3.1%	1.9%	1.6%	1.4%	1.0%	0.8%
COVID19 Underlying Medical Condition	0.0%	0.4%	1.4%	2.1%	2.5%	2.6%	2.6%	2.5%	2.5%	2.5%
COVID19 Other	0.1%	0.3%	0.5%	0.4%	0.3%	0.3%	0.4%	0.5%	0.4%	0.4%
Sickness & Other Unscheduled Absence	5.8%	5.7%	5.6%	5.1%	4.6%	5.0%	5.1%	4.6%	4.6%	4.7%
Total Absences	6.4%	10.8%	14.4%	12.8%	10.9%	10.6%	10.6%	9.8%	9.1%	8.7%

2.2.2 NHS Fife Sickness Absence Rates

As previously reported, the NHS Fife absence rate was above 5% for ten months during the 2019/20 financial year. However, it should be noted that it has been below 5% for the first two months of the 2020/21 financial year, as detailed in the graph below:



Show trend by
● Month
○ Quarter

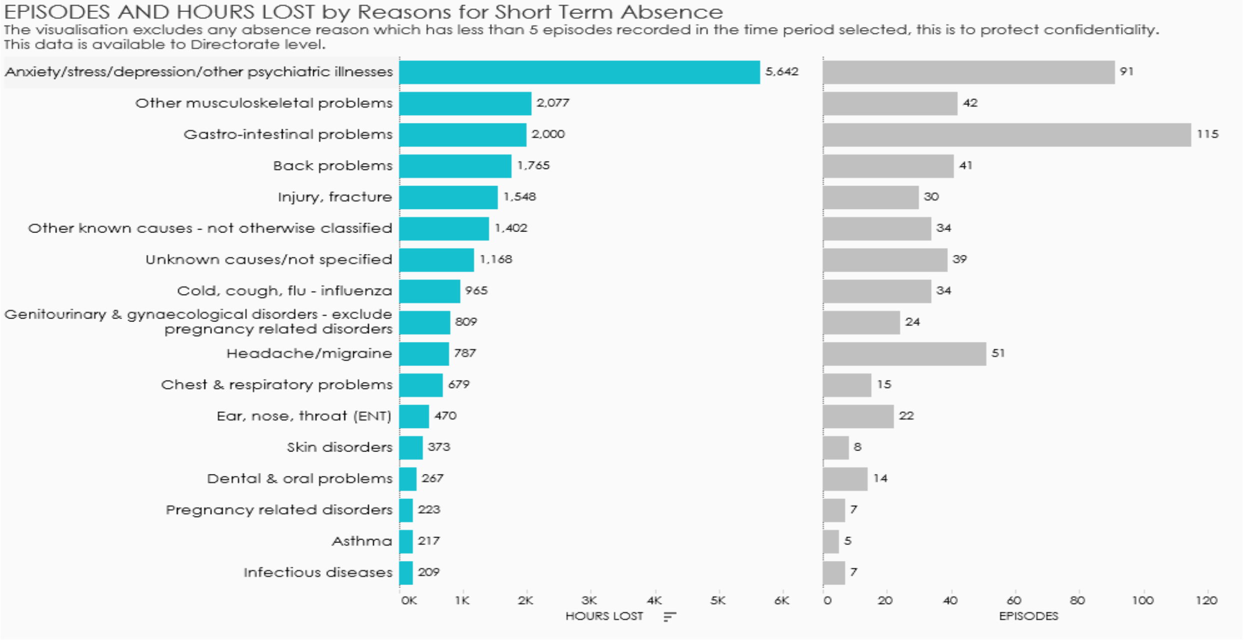
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	5.60	5.70	6.06	5.83	5.68	5.65	6.07	5.86	6.25	6.59	5.51	5.46
2020/21	4.95	4.64										

2.2.3 Reasons for Absence

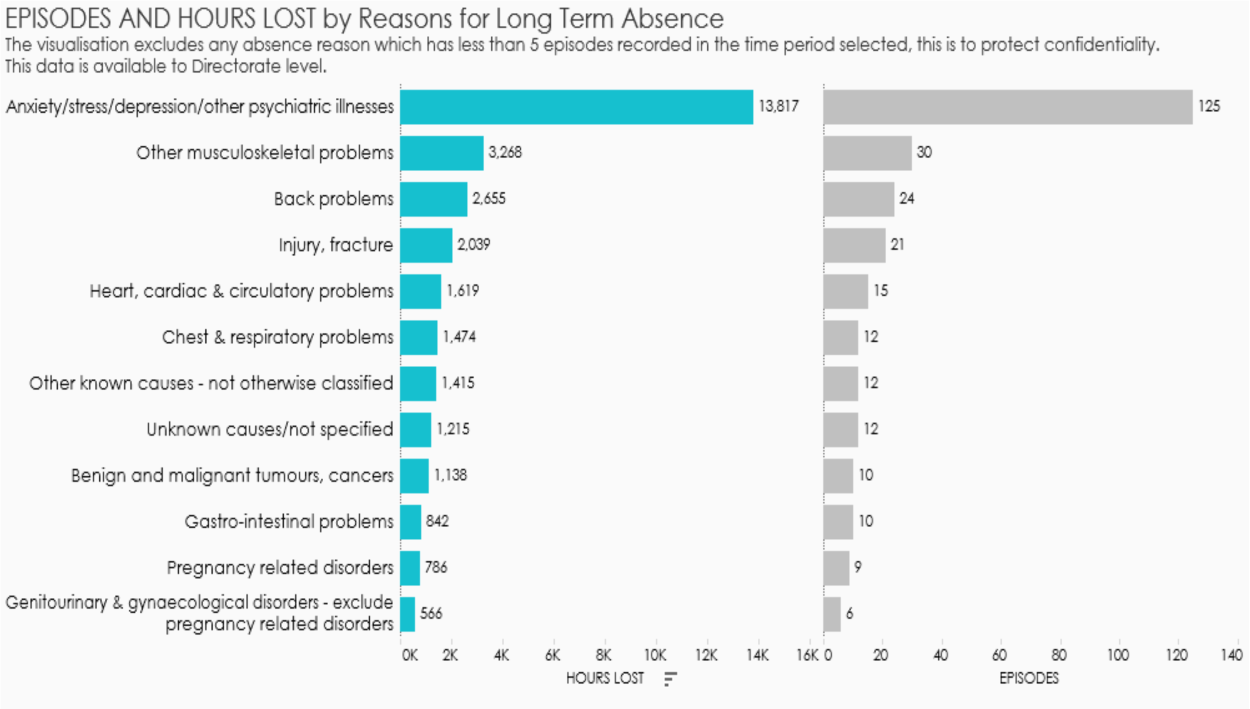
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with the absence rate increasing by 0.12% from 34.06% in April 2020 to 34.18% in May 2020; followed by Other Musculoskeletal Problems rising from 7.83% in April 2020 to 9.39% in May 2020; and Back Problems rising fro, 6.01% in April 2020 to 7.76% in May 2020.

The reasons for both short and long term sickness absence are detailed within the graphs below. In both instances Anxiety / Stress / Depression / Other Psychiatric illnesses accounts for the most hours lost within NHS Fife in May 2020.

Short term Absence by Reason



Long term Absence by Reason



2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term, which a sub group of the Staff Support & Wellbeing Group is developing a proposal for, will be an essential component of our approach to staff health and wellbeing. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff. Evaluation of the approach is also being considered.

2.3.2 Workforce

The approach taken during the pandemic will contribute to maintenance of the Gold Healthy Working Lives Award, which was due for review in May 2020, but is paused at present. A number of follow up ideas will be progressed as part of the sub group including, more permanent staff Hubs, cycle and gym membership and provision.

A range of actions continue to be undertaken to improve absence rates within NHS Fife, with focussed activity being undertaken within all areas of the Board. Review and Improvement Panels, Attendance Management Groups and local Management Team meetings had been paused during the COVID-19 pandemic, however, activity will re-commence in earnest from July 2020.

2.3.3 Financial

Any bids for on-going support will be progressed in line with Board requirements for Endowment funding.

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Staff Support and Wellbeing Group members, Employee Director and Workforce Directorate Senior Leadership Team.

Discussions will continue to take place with General Managers, via Review and Improvement Panels, Attendance Management Group members and within the Workforce Directorate, with a view to meeting the planned trajectories set for the Board of achieving an average rate of 4.84% by the end for March 2021.

2.3.8 Route to the Meeting

This paper has been considered by the above groups and the Director of Workforce as part of its development. These groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Group members are asked to note the content of this paper.

3. List of Appendices

The following appendices are included with this report:

- **Appendix 1 – Support Available to NHS Fife and Fife Health and Social Care Partnership Staff**
- **Appendix 2 – Results of Staff Wellbeing Hub Survey**

Report Contact: **Rhona Waugh, Head of Human Resources**
Email: rhonawaugh@nhs.net

Appendix 1 – Support Available to NHS Fife and Fife Health and Social Care Partnership Staff

Name of Service	Type of Support	Available To	Location	Available when	Contact
Information and Resources	Information including guidance, FAQs & mental health and wellbeing support Includes COVID-19 Staff Support Psychology Resources Pack	All staff (via different routes)	NHS Fife intranet Blink App Fife H&SCP intranet H&SCP Bulletin for Care Home and Independent Care at Home staff	24/7	
Department of Spiritual Care	Informal support in ward / clinical settings and 1:1 (face-to-face or telephone) as arranged	All NHS Fife staff	All Hospital sites	24/7	Contact Duty Chaplain via the main-switchboard
Department of Spiritual Care Listening Service	Telephone Listening Service	NHS Fife / H&SCP / All Social Care staff including Care Home staff / Fife based Ambulance staff	N/A	Call back between Monday to Friday 9.00 am to 5.00 pm	Text Fiona Jack on 07813340137 or email: fiona.jack2@nhs.net Contact by phone within one working day
Psychology Department Staff Support Line	Telephone support and advice on coping, for staff and line managers.	NHS Fife / H&SCP	N/A	Call back between Monday to Friday 9.00 am to 5.00 pm	Email: Fife-uhb.psychology-staffsupportcovid-19@nhs.net
Fife H&SCP Listening service	Telephone Listening service	H&SCP, Care home staff, Independent care at home staff	N/A	Tel: 03451 555555 then VOIP 7 days 11.00 am-1.00 pm and 6.00 pm-8.00pm Mon AM - VOIP 448800 Mon PM - VOIP 448801 Tues AM - VOIP 448802 Tues PM - VOIP 448803 Wed AM - VOIP 448801	N/A

Name of Service	Type of Support	Available To	Location	Available when	Contact
				Wed PM - VOIP 448800 Thurs AM -VOIP 448803 Thurs PM -VOIP 448802 Fri AM - VOIP 448800 Fri PM - VOIP 448801 Sat AM - VOIP 448802 Sat PM - VOIP 448803 Sun AM - VOIP 448801 Sun PM - VOIP 448800	
Staff Support Hubs (drop in)	Space to relax, refreshments available; staff from Psychology / Spiritual care available; self care info packs; bookable complementary therapy sessions. Physical well-being sessions at QMH.	NHS Fife / H&SCP	1. Maggie's Centre, Victoria Hospital, Kirkcaldy 2. Queen Margaret Hospital, Dunfermline 3. Therapies Corridor Room 4, Lynebank Hospital, Dunfermline 4. Whyteman's Brae Hospital, Kirkcaldy 5. Ceres Centre and Chaplaincy Centre, Stratheden Hospital, Cupar	1. Maggie' Centre, VHK – Open 9.00am to 5.00pm, 7 days a week 2. QMH – Open 24/7, 7 days a week 3. Lynebank – staffed 10.00 am to 4.00 pm Monday to Friday (7.00 am to 4.00 pm on Tuesdays) 4. WBH – Open 24/7; staffed Tuesday and Thursday 1.00 am to 5.00 pm 5. Stratheden – Open 24/7	These are drop in services. For information contact: 1. Maggie's Centre: Dr Jackie Fearn, Head Clinical Health Psychology jackie.fearn@nhs.net 2. QMH: Gillian Gibson, Lead Nurse, Mental Health gillian.gibson11@nhs.net 3. Lynebank Hospital: Dr Audrey Espie, Head Learning Disabilities Psychology audrey.espie@nhs.net 4. Whyteman's Brae Hosp: Gillian Gibson, Lead Nurse Mental Health gillian.gibson11@nhs.net 5. Stratheden Hospital: Gillian Gibson. Lead Nurse Mental Health gillian.gibson11@nhs.net

Name of Service	Type of Support	Available To	Location	Available when	Contact
Quiet Spaces		NHS Fife / H&SCP	1. The Sanctuary, QMH 2. The Haven, VHK 3. Chill out Zone, Glenrothes Hospital 4. Rest areas in all Community Hospitals	1. 24/7 2. 24/7 3. 24/7 4. 24/7	Contact Mark Evans, Head of Spiritual Care for information mark.evans59@nhs.net
NHS Fife Occupational Health & Wellbeing Service	Counselling service provided by external accredited counsellors – self referral for 4 sessions, can be extended, if required	NHS Fife / H&SCP	Sessions provided via NearMe due to social distancing measures	Triage available Monday to Friday, during office hours.	Staff Counselling Service Tel: 01592 729870 (ext: 29870) For COVID queries email: Fife-UHB.occhealth@nhs.net For all general Occupational Health queries - Fife-uhb.occhealth@nhs.net
NHS Fife Going Beyond Gold Programme	Online Mindfulness Sessions provided by an accredited Mindfulness Teacher	NHS Fife / H&SCP	Online	Sessions offered each week at a range of times suitable for staff	Dr Wendy Simpson, Health Psychologist, Playfield Institute, NHS Fife w.simpson@nhs.net

STAFF WELLBEING HUB

SURVEY RESULTS

1. INTRODUCTON

1.1 A Staff Wellbeing Hub Survey was undertaken via SmartSurvey in May 2020 to obtain staff views on the Staff Wellbeing Hubs which have been introduced on various NHS Fife sites during the COVID-19 pandemic to provide staff with a calm and welcoming space for them to take time out from work, in particular those staff working within the Green and Red zones. Staff can use the hubs with no need for interaction. However, Psychology staff are on hand in the main Hubs to provide support, with a variety of easily accessible staff resources available.

1.2 The Haven at Queen Margaret Hospital and the Sanctuary at Victoria Hospital are also available for staff to use.

1.3 Detailed below are the results captured by the 220 staff who participated in the Staff Wellbeing Hub survey:

Question 1: Which Support Hub / Quiet Zone(s) Have You Used?

Answer Choice		Response Percent	Response Total
1	Maggie's, VHK	24.1%	53
2	Forthview Day Hospital, QMH	20.9%	46
3	Whitefield Day Hospital Quiet Zone, QMH	16.8%	37
4	Lecture Room 2 Quite Zone, QMH	21.4%	47
5	Room 4, Therapies Corridor, Lynebank	13.6%	30
6	Westfield Day Hospital, Whyteman's Brae	1.8%	4
7	Ceres Centre, Stratheden	2.7%	6
8	Chaplaincy Centre, Stratheden	0.5%	1
9	Wemyss Room, Randolph Wemyss	1.8%	4
10	MDT Room, Cameron	1.8%	4
11	Seminar Room 3, St Andrews	3.2%	7
12	MRI, Adamson	1.8%	4
13	Ward 3, Glenrothes Hospital	1.4%	3
14	Have not yet used a Hub	29.5%	65
		Answered	**220**
		Skipped	**0**

Question 2: What have you found most helpful about the Hub?

		Response Percent	Response Total
1	Having some quiet, down time away from work	60.4%	131
2	Having the chance to chat to supporting staff eg Psychology/Spiritual Care teams	27.6%	60
3	Easy access to wellbeing resources	30.0%	65
4	Having a space to chat to work friends/colleagues over a cuppa	53.5%	116
5	Other (please specify)	13.8%	30
6	Have not yet used a Hub	29.0%	63
		Answered	**217**
		Skipped	**3**

Question 3: How frequently have you visited the Hub(s)?

		Response Percent	Response Total
1	Daily	11.0%	24
2	2-3 times a week	33.0%	72
3	Weekly	9.6%	21
4	Less frequently	16.5%	36
5	Have not yet used a Hub	30.3%	66
		Answered	**218**
		Skipped	**2**

Question 4: What do you think of the current hub opening times?

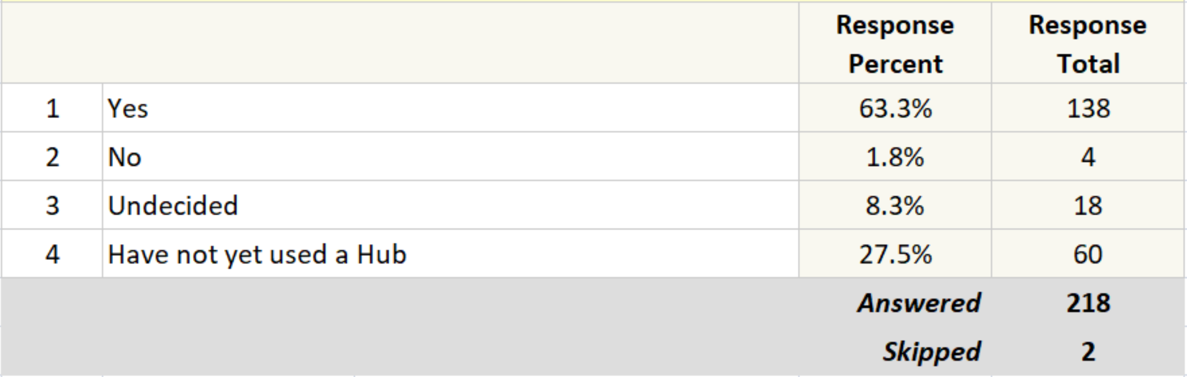
The majority of the staff who undertook the survey thought that the opening times suited their needs, as the majority of the hubs were available to staff whilst on shift and a few of the hubs were also available at the weekend. However, it was clear that night shift staff had some concerns in relation to the opening times.

Detailed below is a sample of comments received by staff which should be given further consideration:

- The current times are good, but maybe an evening service could be considered for the nightshift staff or a couple of days staying open later so they had the option to pop in before work.
- It would be great if the opening times could be extended to 6pm to allow for our last break.
- Ok – difficult to accommodate everyone. The room was made very accessible.
- It's not practical to use a hub. I get a 30 minute lunch break on a day shift which is only enough time to eat my lunch. Other shifts I can't leave the lab building for breaks. Once my shift is over I'd rather get home than go to a hub.
- I think they should all be available 24 hours a day as they aren't all open all of the time. This is unfair on staff, such as night staff at Lynebank.

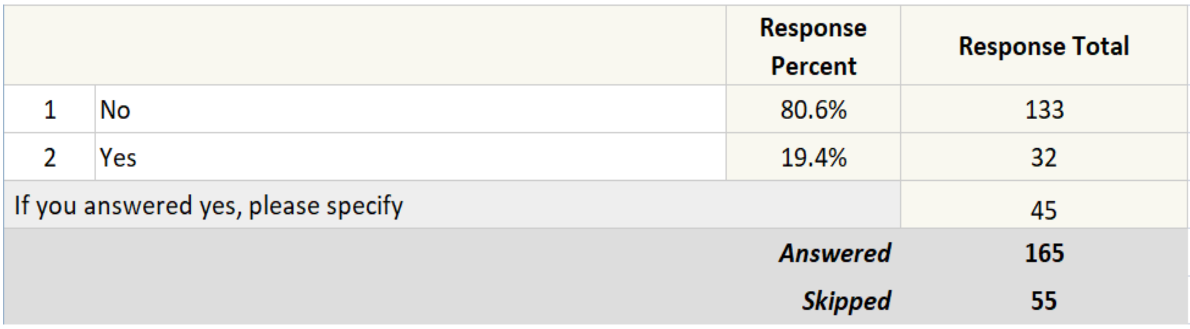
- It closes too early – at times I have found myself in real need of support after a very clinically heavy day. Kind of a 'de-brief' before heading home to a young family would be very much appreciated, but by then it is closed. The support it does provide though has been great – thank you.
- Not ideal for all shift patterns. Some kind of similar hub needs to be offered to night staff. Lovely service from volunteers however.
- My opinion on the hubs is they came in too late, staff in the community needed the support before they came into play. It is very much about the nursing staff, even when we had a visit from Wilma Brown and colleagues, support services did not get included in the conversations. Nurses do an incredible job and so do our staff. Our staff were just as frightened as the nursing staff were; disappointing not to be included.

Question 5: Do you intend to continue using the Hubs?



		Response Percent	Response Total
1	Yes	63.3%	138
2	No	1.8%	4
3	Undecided	8.3%	18
4	Have not yet used a Hub	27.5%	60
		Answered	**218**
		Skipped	**2**

Question 6: Is there anything else you would like to see in the Hubs?



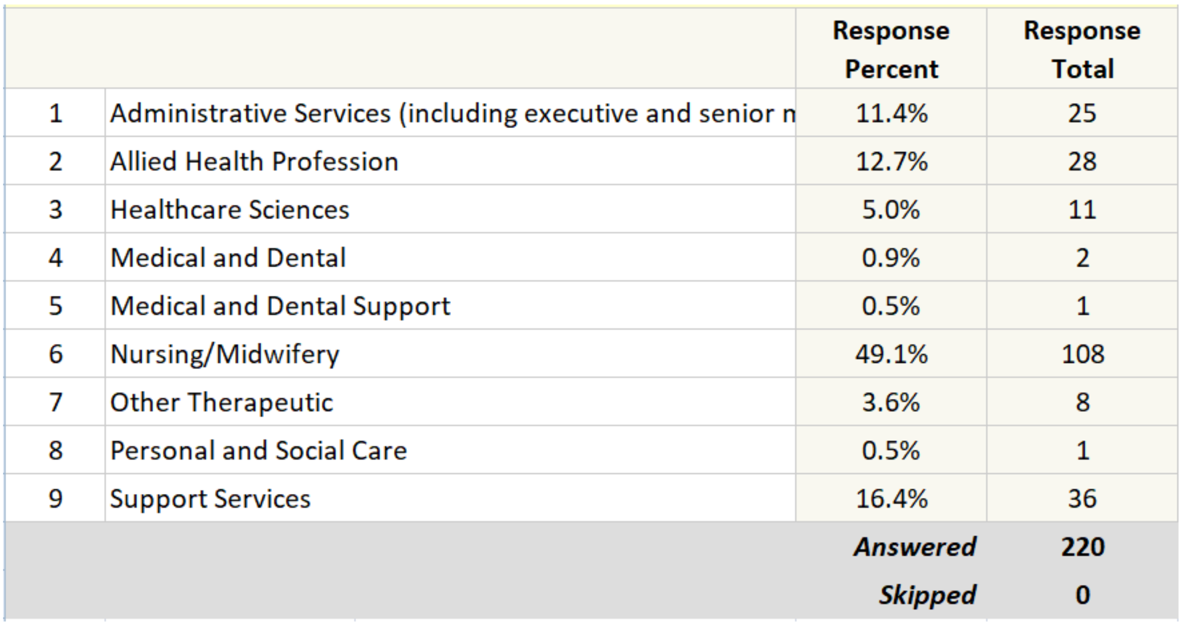
		Response Percent	Response Total
1	No	80.6%	133
2	Yes	19.4%	32
If you answered yes, please specify			45
		Answered	**165**
		Skipped	**55**

Although over 80% of the staff who had used the Staff Wellbeing Hubs thought that the Hubs met their needs, detailed below are a sample of suggestions / observations made by staff:

- Social distancing tends not to be observed in the hub as seats are too close around small round tables. A safer seating arrangement is required, with monitoring.
- Jugs of cold tap water with fresh lemon and ice would be lovely - hand moisturiser.
- Maybe some support leaflets / information for general health & wellbeing, not necessarily related to Covid-19.
- How about somewhere for community teams to go.
- The Nursing 2030 vision are focussing on the wellbeing of nurses. I feel moving forward this may be a way to offer continued support to ensure that staff feel supported. Our wellbeing is so important and not just during the outbreak.
- Fantastic that the Hubs are in place for staff, would have been nice if there was some recognition for people working from home and that it can be stressful too.
- The hubs have been a sanctuary during this very difficult time. I think they should be kept longer term as a place for comfort support, company as the very nature of our jobs can be stressful at the best of times.

- I often overhear conversations that shouldn't be discussed in the hub also people taking calls over speaker phone. It would be good if this was a phone free zone, people should take the call outside.

Question 7: Please select the staffing group you belong to:



		Response Percent	Response Total
1	Administrative Services (including executive and senior n	11.4%	25
2	Allied Health Profession	12.7%	28
3	Healthcare Sciences	5.0%	11
4	Medical and Dental	0.9%	2
5	Medical and Dental Support	0.5%	1
6	Nursing/Midwifery	49.1%	108
7	Other Therapeutic	3.6%	8
8	Personal and Social Care	0.5%	1
9	Support Services	16.4%	36
		Answered	**220**
		Skipped	**0**

2. CONCLUSION

2.1 Following analysis of the Staff Wellbeing Survey results, it is apparent that the Staff Wellbeing Hubs have been well received by staff and that these should remain in place beyond the COVID-19 pandemic. Plans are underway to secure funding to remodel the former squash court area on the Victoria site as a suitable facility and the same consideration will be given to other sites.

2.2 This supports the direction of travel for staff health and wellbeing within NHS Fife and will provide evidence for the renewal of the Gold Healthy Working Lives award, due in May 2020, but postponed due to the pandemic.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Update on NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Human Resources**

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

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

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

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

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

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?

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

2.2 Background

This report provides the Committee with an update on the overall content of NHS Fife's BAF and in relation to the on-going linked operational risks; Risk ID 90: National Shortage of Radiologists, and Risk ID 1324: Medical Staff Recruitment and Retention, as at 24 June 2020.

Since the BAF was presented to the Staff Governance Committee in March 2020, an additional two linked operational risks have been identified within the NHS Fife Board COVID-19 Risk Register and Community Services Fife-wide Mental Health Service Risk Register, as detailed below:

Risk ID 1846: Test & Protect Workforce

There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from existing areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in e.g. pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.

Risk ID 1848: Mental Health Workforce

With protracted time period, there is a risk that community workload will increase as a result of social isolation leading to a deterioration in mental health.

2.3 Assessment

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

The high level organisational risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed within the accompanying papers at **Appendices 1 and 2**.

2.3.1 Quality / Patient Care

NHS Fife's Risk Management system seeks to minimise risk and support the delivery of safe, effective, patient centred care.

2.3.2 Workforce

The system arrangements for risk management are continued within existing resources.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members and linked operational risk owners.

2.3.8 Route to the Meeting

The Board Assurance Framework has been previously considered by the Staff Governance Committee Members at its meeting held in March 2020, as part of its development. The Committee has supported the content and members feedback has informed the development and on-going review of the further content presented in this report.

2.4 Recommendation

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

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Board Assurance Framework – Workforce Sustainability

Appendix 2: Linked Operational Risks – Risk ID 90: National Shortage of Consultant Radiologists; Risk ID 1324: Medical Staff Recruitment and Retention; Risk ID 1846: Test & Protect Workforce; and Risk ID 1848: Mental Health Workforce

Report Contact: **Linda Douglas, Director of Workforce**
Email: linda.douglas3@nhs.net

NHS Fife Board Assurance Framework (BAF)

					Initial Score				Current Score																Target Score				
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
Workforce Sustainability																													
1415	Exemplar Employer	**24.06.2020**	**04.09.2020**	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	20	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy. The current score reflects the existing controls and mitigating actions in place.	Director of Workforce/ Partnership	Staff Governance Chair: Margaret Wells	*Ongoing actions designed to mitigate the risk including:* 1. • Implementation of the Workforce Strategy 2019 - 2022, to support the Clinical Strategy and Strategic Framework. 2. • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 - 2022. 3. • Implementation of the NHS Fife Strategic Framework particularly the "exemplar employer"	Nil	Implementation of the Workforce Strategy and associated action planning to support the Clinical Strategy and Strategic Framework	Director of Workforce/Partnership		1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	4	Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
																4. • The Brexit Assurance Group which was established to consider the impact on the workforce with regard to these arrangements once they are known has been disbanded, however, organisational support is still being provided and publicised. 5. An Assurance Group has also been established which will link to existing resilience planning arrangements - now disbanded but as above. 6. • Implementation of eESS as a workforce management system within NHS Fife	Nil	Implementation of proactive support for the workforce affected by Brexit. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced											
																7. •A revised approach to nurse recruitment has been taken this year, enabling student nurses already in the system to remain in post at point of registration, to maintain service delivery. 8 •Work continues to strengthen the control and monitoring associated with supplementary staffing to identify and implement solutions that may reduce the requirement and costs associated with supplementary staffing. NHS Fife currently have a COVID-19 supplementary staffing resource to be deployed to support the substantive workforce where the need is greater thereby reducing any external costs on staffing	Nil	Strengthen workforce planning infrastructure ensuring co-ordinated and cohesive approach taken to advance key workforce strategies											
																11. • NHS Fife Promoting Attendance Group and local divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity, 12. • Well@Work initiatives continue to support the health and wellbeing of the	Nil	Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing. Lessons to be											
																13. • The iMatter 2020 cycle has been paused during the Covid-19 pandemic. Staff engagement activity is being evaluated to reflect the impact of the pandemic.	Nil	Optimise use of iMatter process and data to improve staff engagement and retention											
																14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce.	Nil	Continue to implement and promote Staff Governance Action plans and staff engagement											
																16. • Development of the Learning and Development Framework strand of the Workforce Strategy 17. • Leadership and management development provision is constantly under	Nil	Implementation of the Learning and Development Framework strand of the Workforce Strategy.	Director of Workforce/Partnership										
																18. • Improvement to be made in Core Skills compliance to ensure NHS Fife	Nil	Review of L&D processes , planning and resources											
																19. • The implementation of the Learning Management System module of eESS	Nil	Full roll out of learning management self service											
																20. • Continue to address the risk of non compliance with Staff Governance	Nil	Continuing implementation of the KSF Improvement											
																21. • Utilisation of the Staff Governance Standard and Staff Governance Action	Nil												
																22. • The development of close working relationships with L&D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working	Nil		Director of Workforce										

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
90	National shortage of radiologists	High 16	J Burdock
1324	Medical Staff Recruitment	High 16	J Kennedy
1846	Test and Protect	High 15	N Connor
1858	Longevity of current situation and impact	High 15	J Torrens

Previously Linked Operational Risk(s)

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

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	23.08.2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	17/01/2020 & 24/02/2020 All other previous actions continue. An NHS locum for a fixed term has started in September 2019 and an SpR who is on track to achieve Certification of Completion of Training in February 2020 applied to NHS Fife, but opted to take a post within NHS Forth Valley instead. NHS Lothian has given notice of cessation of PA and sessional input to NHS Fife, this is being followed up by the Clinical Lead. Agency Locum usage has been reduced to 1.0 wte. No candidates secured from participation in NHS Scotland International Recruitment Campaign.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Burdock, Jeanette	Burdock, Jeanette	24.02.2020	24.08.2020
1324	COMMUNITY SERVICES EAST - RISK REGISTER	02.12.2016	Medical staff recruitment and retention	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery. For Cameron, there is a whole time equivalent specialist doctor vacancy of 10 sessions per week (50%). For Glenrothes there is a 4 session speciality doctor vacancy (40%) and this will escalate to a 10 session vacancy from 1st July 2017. Glenrothes has 59 beds whilst Cameron has 80 beds.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	05/05/20 Locum and ANP provision is adequate for the current period of time. 21/02/20- Speciality Dr plans to return to work after significant absence. Locum will be required to continue as no CDF from end of April. Acute services recruit CDF's and request ahs been made for 2 from August 2020. ANP and NP in place . Medical cover will continue to be required on both sites . 20/12/19- Risk now high. CDF only until the end of January, then just 1 CDF for Cameron. Locum extension requested. ANP commences in January 2020. Further review of medical staff and cover for the coming months to be discussed and actioned by HSM and Clinical director. Meeting early January. 08/07/19- clinical fellows X2 will commence in August 2019 until February 2020. in Cameron AND Glenrothes, locum cover is still required and in place Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019 01/08/18; Monthly meetings taking place to monitor the current medical provision within the Cameron and Glenrothes Hospital sites. The Hybrid GP advertisement which has been on-going since November 2017 is to be revamped in an attempt to attract interest. Locum medical cover is in place in Cameron Hospital, and the aim is that this will be made permanent. There is a 3 month Service Level Agreement in place for Ward 1 with medics secured for Wards 2 and 3 for the next year. Ward 1, Glenrothes is still subject to re-design with the ward potentially evolving into a step-down facility.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	1 - Negligible	Very Low Risk	2	Kennedy, John	Nolan, Karen	21.02.2020	03.08.2020
1846	NHSFBD – COVID-19 Risk Register	02.06.2020	Test and Protect	There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from existing areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in e.g. pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	Risks relating to introduction of TTIS (Test and Protect) identified and escalated to Gold Command. Request for connection of this risk between SG group overseeing care home support and those taking forward TTIS (Test and Protect). Public Health leads asked to ensure that staffing requests come through HSCP Director. Head of Finance to clarify funding arrangements for TTIS (Test and Protect). Service continuity plans to be updated by GMs to ensure mitigation in place for temporary loss of staffing in critical services. To monitor in conjunction with Risk 21.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	1 - Negligible	Very Low Risk	1	Connor, Nicky	Sweeney, Avril	15.06.2020	01.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1858	COMMUNITY SERVICES FIFE-WIDE - Mental Health Service Risk Register	05.06.2020	LONGEVITY OF CURRENT SITUATION AND IMPACT	With protracted time period, there is a risk that community workload will increase as a result of social isolation leading to a deterioration in mental health.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	If staff are already deployed to in-patient areas there needs to be a contingency plan to support an exit strategy. There is also a risk that the current plan allows no opportunity to manage routine waiting list work and the work this will generate longer term.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	2 - Minor	Low Risk	6	Torrens, Jillian	Ewing, Louise	09.06.2020	03.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	23.08.2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	17/01/2020 & 24/02/2020 All other previous actions continue. An NHS locum for a fixed term has started in September 2019 and an SpR who is on track to achieve Certification of Completion of Training in February 2020 applied to NHS Fife, but opted to take a post within NHS Forth Valley instead. NHS Lothian has given notice of cessation of PA and sessional input to NHS Fife, this is being followed up by the Clinical Lead. Agency Locum usage has been reduced to 1.0 wte. No candidates secured from participation in NHS Scotland International Recruitment Campaign.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Burdock, Jeanette	Burdock, Jeanette	24.02.2020	24.08.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1324	COMMUNITY SERVICES EAST - RISK REGISTER	02.12.2016	Medical staff recruitment and retention	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery. For Cameron, there is a whole time equivalent specialist doctor vacancy of 10 sessions per week (50%). For Glenrothes there is a 4 session speciality doctor vacancy (40%) and this will escalate to a 10 session vacancy from 1st July 2017. Glenrothes has 59 beds whilst Cameron has 80 beds.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	05/05/20 Locum and ANP provision is adequate for the current period of time. 21/02/20- Speciality Dr plans to return to work after significant absence. Locum will be required to continue as no CDF from end of April. Acute services recruit CDF's and request ahs been made for 2 from August 2020. ANP and NP in place . Medical cover will continue to be required on both sites . 20/12/19- Risk now high. CDF only until the end of January, then just 1 CDF for Cameron. Locum extension requested. ANP commences in January 2020. Further review of medical staff and cover for the coming months to be discussed and actioned by HSM and Clinical director. Meeting early January. 08/07/19- clinical fellows X2 will commence in August 2019 until February 2020. in Cameron AND Glenrothes, locum cover is still required and in place Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019 01/08/18; Monthly meetings taking place to monitor the current medical provision within the Cameron and Glenrothes Hospital sites. The Hybrid GP advertisement which has been on-going since November 2017 is to be revamped in an attempt to attract interest. Locum medical cover is in place in Cameron Hospital, and the aim is that this will be made permanent. There is a 3 month Service Level Agreement in place for Ward 1 with medics secured for Wards 2 and 3 for the next year. Ward 1, Glenrothes is still subject to re-design with the ward potentially evolving into a step-down facility.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	1 - Negligible	Very Low Risk	2	Kennedy, John	Nolan, Karen	21.02.2020	03.08.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1846	NHSFBD – COVID-19 Risk Register	02.06.2020	Test and Protect	There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from existing areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in e.g. pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	Risks relating to introduction of TTIS (Test and Protect) identified and escalated to Gold Command. Request for connection of this risk between SG group overseeing care home support and those taking forward TTIS (Test and Protect). Public Health leads asked to ensure that staffing requests come through HSCP Director. Head of Finance to clarify funding arrangements for TTIS (Test and Protect). Service continuity plans to be updated by GMs to ensure mitigation in place for temporary loss of staffing in critical services. To monitor in conjunction with Risk 21.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	1 - Negligible	Very Low Risk	1	Connor, Nicky	Sweeney, Avril	15.06.2020	01.07.2020

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date
1858	COMMUNITY SERVICES FIFE-WIDE - Mental Health Service Risk Register	05.06.2020	LONGEVITY OF CURRENT SITUATION AND IMPACT	With protracted time period, there is a risk that community workload will increase as a result of social isolation leading to a deterioration in mental health.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	If staff are already deployed to in-patient areas there needs to be a contingency plan to support an exit strategy. There is also a risk that the current plan allows no opportunity to manage routine waiting list work and the work this will generate longer term.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	2 - Minor	Low Risk	6	Torrens, Jillian	Ewing, Louise	09.06.2020

Next Review
03.07.2020

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**3 July 2020**
Title:	**Draft Staff Governance Committee Annual Statement of Assurance 2019-20**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Staff Governance Committee is invited to review the draft of this year's report and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year. In normal circumstances, this would be the May meeting of the Committee, but a three-month extension has been granted for the formal approval of the Financial Statements due to the present circumstances of the pandemic. The timing of submission to the Committee reflects that extension to the normal deadlines.

2.3 Assessment

In addition to recoding practical details such as membership and rates of attendance, the format of the report has been reviewed this year to include a more reflective and detailed section (Section 4) on agenda business covered in the course of 2019-20, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Director of Workforce and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members’ comments regarding any amendments necessary

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.net

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2019/20

1. 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 all services, including those devolved to the Integration Joint Board.

2. Membership

2.1 During the financial year to 31 March 2020, membership of the Staff Governance Committee comprised: -

Mrs Margaret Wells	Chair / Non-Executive Member
Mrs Wilma Brown	Employee Director
Ms Helen Buchanan	Director of Nursing
Mr Eugene Clarke	Non-Executive Director
Mrs Christina Cooper	Non-Executive Director
Mr Alistair Morris	Non-Executive Director (from 1 December 2019)
Mr Simon Fevre	Co-Chair, H&SCP Local Partnership Forum
Mr Paul Hawkins	Chief Executive (until 27 January 2020)
Ms Carol Potter	Chief Executive (from 28 January 2020)
Mr Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Chief Operating Officer (Director of Acute Services), Director of Health & Social Care, Head of Staff Governance, Head of Human Resources, Head of Workforce Development and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

3.1 The Committee met on seven occasions during the financial year to 31 March 2020, on the undernoted dates:

- 3 May 2019
- 28 June 2019
- 30 August 2019
- 14 October 2019 (private session)

- 1 November 2019
- 17 January 2020
- 6 March 2020

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. Staff responded with professionalism, speed and agility. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider will be ensuring staff well-being and planning for remobilisation of services, whilst managing the continuing threat of disease outbreaks.

4.2 The Workforce Strategy 2019-2022 was approved by the Staff Governance Committee in June 2019 and subsequently authorised by the NHS Fife Board in July 2019. On behalf of the Committee, completion of the actions within the Workforce Strategy is being overseen by the Workforce Planning Group. The Committee has received information on the supporting Youth Employment Strategy, an important strand for enhancing recruitment of new staff and developing careers in a health care setting.

4.3 The Committee considered the publication of the independent 'Sturrock Review' in May 2019, along with the Scottish Government's response to the report's findings. Whilst the review dealt with the cultural issues related to allegations of bullying and harassment in NHS Highland specifically, the implications for all Boards were detailed to the Committee, and the report's recommendations were also a broader focus of discussion within the Board, APF and LPF. An internal action plan has been developed to address the Review's findings. The draft National Whistleblowing Standards have been detailed to the Committee, and it is anticipated that the Board's new Whistleblowing Champion, Non-Executive Board Member Ms Katy Miller, will contribute to the local implementation of this work, when she takes up her position as a Committee member from April 2020.

4.4 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the Health & Social Care Staff Experience Reports for 2018 and 2019 in the reporting year. Measures aimed at improving the iMatter response rate have been agreed, in conjunction with Communications colleagues, to improve the Board's performance overall, and this has had a positive impact based on further reports supplied towards year-end. A summary of appraisal and personal development planning completion performance was considered by the Committee in June 2019, as was a report reflecting an improving position in Core Skills training compliance. The yearly update on Medical Revalidation & Appraisal was considered by the Committee at its November 2019 meeting and its findings noted.

4.5 The Committee receives regular updates on recruitment, including data on consultant recruitment (where an improved position has been reported) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. Two significant digital projects achieved within the year were the delivery of the Electronic Employee Support System (eESS) and JobTrain within NHS Fife, each aimed at enhancing and streamlining the administrative processes to support recruitment and employee management activity.

4.6 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, with updates noting the launch of a new digital platform for easy access to this information. The improved consistency of information made across Boards was welcomed by Committee members.

4.7 As with other Board Committees, Staff Governance members contributed to work involved in developing a risk appetite threshold for the Board overall, to determine the nature and extent of the significant risks the Board is willing to take in order to achieve its strategic priorities. A dedicated session at the Committee was led by the Risk Manager in order to capture members' thoughts and comments, which were brought together in a subsequent Board Development Session.

4.8 Throughout the reporting year, the Committee received updates from the Brexit Assurance Group, particularly focusing on the staff survey results for affected staff and areas of concern to where specific support could be directed. Linkages with the national 'Stay in Scotland' campaign were highlighted. The potential workforce issues of Brexit were also considered by the Committee. Support continues to be provided to staff, despite the stepping-down of Brexit-related activity, as the national political position has stabilised.

4.9 At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework on Workforce Sustainability, and also receive regular updates on Absence Management performance and Well at Work activities. The Committee recognised the achievement of the Board retaining the Gold Health Working Lives Award within the reporting year. Performance activity is also reviewed each meeting based on data within the Integrated Performance & Quality Report, focused on measures to improve the average sickness absence rate amongst staff.

4.10 Each meeting also reviews in detail a particular strand of the Staff Governance standards, ensuring full coverage over the year's meeting schedule. The Committee received individual papers to demonstrate that staff are: well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

4.11 The Committee has reviewed its remit over the year and a number of clarifying changes to wording have been agreed. As part of this discussion, the capacity issues of staff-side representatives to nominate a dedicated deputy in the event of their absence has been noted and will be taken forward as an operational matter.

4.12 During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) Digital Readiness and related training needs amongst staff; (ii) the potential impact of implementing Safe Staffing legislation; (iii) an update on the Going Beyond Gold programme, reflecting on the positive benefits of mindfulness / good conversations; (iv) a Staff Story focused on the successful return to work by an employee with a long period of absence; and (v) improving Personal and Team Resilience with the Laboratories team. The usefulness of these sessions has been greatly recognised by members.

5. Best Value

5.1 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 2019/20.

6. Risk Management

6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework. Progress and appropriate actions were duly noted.

7. Self Assessment

7.1 The Committee has undertaken a self assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2020 meeting, and action points are being taken forward at both Committee and Board level.

8. Conclusion

8.1 As Chair of the Staff Governance Committee during financial year 2019/20, 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.

8.2 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.

Signed: ______________________________ Date: ________________

Margaret Wells, Chair

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2019 – 31 MARCH 2020

	03.05.19	28.06.19	30.08.19	14.10.19 (private)	01.11.19	17.01.20	06.03.20
Mrs M Wells	✓	✓	✓	✓	✓	✓	✓
Mrs W Brown	✓	✓	x	✓	x	✓	✓
Ms H Buchanan	✓	x	x	✓	✓	✓	x
Mr E Clarke	✓	✓	✓	✓	✓	✓	✓
Mrs C Cooper	✓	x	✓	✓	x	✓	✓
Mr S Fevre	✓	✓	✓	✓	x	✓	✓
Mr P Hawkins	x	x	x	x	x	x	
Mr A Morris						✓	✓
Ms C Potter				As DoF		As Dep CEO	x
Mr A Verrecchia	✓	x	✓	✓	✓	x	✓

In attendance

Mr P Hayer, Depute for Co-Chair, ASD LPF						✓	
Ms B A Nelson, Director of Workforce (until 31.12.19)	✓	✓	✓	✓	✓		
Ms L Douglas, Director of Workforce (from 01.01.20)					Observer	x	Part
Mr M Kellet, Director of H&SC	✓	✓					
Ms N Connor, Director of H&SC			✓		✓	✓	x
Mr B Anderson, Head of Staff Governance	✓	✓	✓		✓	✓	✓
Ms R Waugh, Head of HR	x	✓	✓		✓	✓	x
Ms E Ryabov, Chief Operating Officer	x	✓	x		x		
Ms M Olsen, Interim Chief Operating Officer						✓	x
Mr A Mackay, Deputy Chief Operating Officer	✓		✓		✓		✓
Dr G MacIntosh, Board Secretary	✓	✓	✓	✓	✓	x	✓
Ms P Cummings, Risk Manager	✓						
Ms J Owens, Associate Director of Nursing		✓	✓				
Ms C Dobson, Divisional General Manager (West)							✓

APPENDIX 2

Best Value Framework

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.	Whistleblowing Policy Code of Corporate Governance	**BOARD** **STAFF GOVERNANCE COMMITTEE**	Annual	Whistleblowing Champion appointed as a Board member Review of new National Whistleblowing Standards and preparation for their introduction Model Code of Conduct included in annually reviewed Code of Corporate Governance

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
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 & Quality 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**	Ongoing	Internet
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

APPENDIX 2

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	**CLINICAL GOVERNANCE COMMITTEE**	Annual	Annual Review with Ministers
	Individual feedback		Ongoing	Care Opinion
			Quarterly	Regular meetings with MPs/MSPs
			Bi-monthly	Integrated Performance & Quality Report

APPENDIX 2

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 & Quality 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.	Service Improvement and Quality are core dimensions of eKSF process. Executive and Senior Manager Objectives – core collective objectives include performance and leadership.	**STAFF GOVERNANCE COMMITTEE** **REMUNERATION COMMITTEE**	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	Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance. Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Code of Corporate Governance Minutes of Committees

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive.	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance & Quality Report
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 & Quality 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 & Quality 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 & Quality Report	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality 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

APPENDIX 2

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 section 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 section 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

REQUIREMENT	**MEASURE / EXPECTED OUTCOME**	**RESPONSIBILITY**	**TIMESCALE**	**OUTCOME / EVIDENCE:**
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
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 section 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 section on reports

NHS Fife

Meeting:	Staff Governance Committee
Meeting date:	3 July 2020
Title:	**Staff Governance Committee Revised Annual Workplan**
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Bruce Anderson, Head of Staff Governance

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Staff Governance Committee agreed an Annual Work Plan in March 2020 to effectively manage the work of the Committee throughout the year. This was at the beginning of the Covid-19 pandemic. As a consequence of the change in priorities for the Board in response to the pandemic and the cancellation of 1st May 2020 Staff Governance Committee meeting, the plan requires to be revised. The committee is asked to formally agree the suspension of the work plan agreed in March and request an amended plan is brought back to committee for agreement at the earliest opportunity when a resumption to a full agenda beyond the Covid-19 priorities recommence.

2.2 Background

The Staff Governance Committee sets out the planned work for the financial year in the Work plan in advance of the first Committee meeting of the new financial year.

2.3 Assessment

The Work Plan agreed in March 2020 no longer reflects the priorities for the remainder of the year as a consequence of the pandemic. A copy of the action plan agreed in March 2020 is attached at appendix 1 for information.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Director of Workforce and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – the committee is asked to suspend the Staff Governance Committee work plans for 2020-21 pending a revised version presented at the earliest opportunity.

Report Contact
Bruce Anderson
Head of Staff Governance
Bruce.Anderson@nhs.net

Appendix 1.

STAFF GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2020/21 Agreed in March 2020

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

	Lead	May	July	Sep	Oct	Jan	Mar
	Governance						
KSF / TURAS Update	**Head of Staff Governance**		✓		✓		
iMatter Update	**Head of Staff Governance**		✓		✓		✓
Health & Social Care Staff Experience Report – iMatter	**Head of Staff Governance**	✓					
Staff Governance & SG Standards							
Draft Staff Governance Action Plan	**Head of Staff Governance**						✓
Staff Governance Action Plan Mid-Year Review	**Head of Staff Governance**			✓			
Final Staff Governance Action Plan & Year-End Review	**Head of Staff Governance**	✓					
Staff Governance Annual Monitoring Return	**Head of Staff Governance**			✓			✓
Well Informed – Communication & Feedback	**Head of Staff Governance**	✓					
Appropriately Trained	**Head of Staff Governance**		✓				
Involved in Decisions	**Head of Staff Governance**				✓		
Treated Fairly and Consistently	**Head of Staff Governance**			✓			
Improved and Safe Working Environment	**Head of Staff Governance**					✓	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**3 July 2020**
Title:	**Internal Audit Governance Checklist**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to invite the Staff Governance Committee to reflect on the Internal Audit Governance Checklist provided to support the work of NHS Boards and Committees during the pandemic period. Annex 1 sets out the specific parts of that checklist relevant to the work of this Committee. Other sections are being considered by the other governance committees and the Board as a whole.

2.2 Background

The FTF Internal Audit Consortium have developed this helpful governance checklist for use across their clients. The intention is for it to be used to support local governance processes during the pandemic.

2.3 Assessment

The Committee is asked to consider the specific areas covered in their checklist and consider whether it should be used to support the governance process during the pandemic. Other Board committees have found the checklist useful as an aid to prioritise agenda business (when reviewed in conjunction with an update of the Committee's routine workplan), and to serve as a gap-analysis tool, to help identify new topics and areas that the Committee should receive updates on at future meetings, to enhance their understanding and provide assurance on new or developing risks.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce concerns are core to the Committee's remit.

2.3.3 Financial

The Covid-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital.

2.3.4 Risk Assessment/Management

This paper relates to how risks specific to the Covid-19 pandemic can best be captured in the Committee's work going forward, to improve the level of assurance that can be provided to the Board.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This governance checklist has been considered by both the Audit & Risk Committee and Finance, Performance & Resources Committee at their June briefing session. The former has asked that all of the Board's governance committees consider at their July meetings how best the checklist can be used to enhance their business planning going forward.

2.4 Recommendation

The paper is provided for:

- **Awareness** – For Members' assurance and information

3 List of appendices

The following appendices are included with this report:

- Governance Checklist for the Staff Governance Committee

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.net

Staff Governance Related Questions	**Y/N/Partly?**
Has a comprehensive Covid Response Plan or plans been prepared and made available?	
Does it cover all key areas - e.g. overall Governance, Partnerships, Clinical, Information, Finance, Risk, Estates, Communications (external & internal), Workforce, Supplies, IT?	
Is effective use being made of available staff whose normal functions have been temporarily suspended?	
Are there adequate arrangements to ensure two-way communication to all staff about key developments?	
Are there agile arrangements in place to ensure relevant guidance and training is identified and provided to staff where required?	
Are staff being kept aware of the increased potential for fraud, irregular expenditure and common scams during the crisis period?	
Has an interim Workforce Plan been developed for the crisis period?	
Has any cross-skilling been identified and succession planning been established to cover key roles in event of sickness or other absence?	
Have potential additional staffing resources been assessed and supply sources identified (e.g. via the Government's arrangements for returning retirees)?	
Have interim or revised HR policies (e.g. recruitment, terms & conditions, annual/sick/special leave, legal/professional requirements) been documented to deal with the current situation. Have these been approved?	
Have adjustments been made to payroll and expenses policies and procedures to cater for interim arrangements?	
Have managers been given guidance on how to manage staff resources during the crisis period, including absences?	
Is staff health and well-being being addressed appropriately, including that of senior executives?	
Have staff been made fully aware of the assistance and advice available?	
Will the workforce strategy be revised, including to reflect any potential changes to working and service delivery methods (shared services, e/home working, eHealth)?	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 3 July 2020**
Title:	**Internal Audit Report B22A/20 – Review of Workforce Strategy Implementation**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Human Resources**

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to update the Staff Governance Committee on the outcome of the Internal Audit Review of the Workforce Strategy Implementation, which was recently undertaken within NHS Fife, attached at **Appendix 1**.

2.2 Background

The background to this audit, which was part of the agreed internal audit work plan related to the NHS Fife Board Strategic Framework including the objective of “Review and update the existing Workforce Strategy which supports the strategic and transformational plans of Fife”.

The NHS Fife Workforce Sustainability Board Assurance Framework (BAF) describes the following risk (Risk ID: 1415), which could be impacted by the non-achievement of this strategic objective:

“There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to

implement the new clinical and care models and service delivery set out in the Clinical Strategy"

The current actions recorded in the BAF to mitigate this risk include:

- Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework.

The Workforce Strategy has a supporting action plan detailing the steps being taken to close potential gaps within the workforce in terms of numbers and skill, as the means of identifying and addressing any risks to ensuring a sustainable workforce is in place.

The Internal Audit evaluated the design and operation of the controls, specifically considering whether:

- The actions detailed within the Workforce Strategy action plan are being implemented in accordance with the specified timescales.

- Progress reports giving updates on completion of the Workforce Strategy action plan and revisions to it are being issued to the appropriate committees.

2.3 Assessment

NHS Fife published its Workforce Strategy in 2019, covering a three year period between 2019 and 2022. The Workforce Strategy and associated action plans are overseen by the Board's Strategic Workforce Planning Group, aligned to the service review process undertaken by the Planning and Performance Team.

While the strategy provides a comprehensive overview and the audit opinion is listed as moderate in terms of assurance, the following topics were identified from audit testing as requiring attention to provide assurance on the level of controls currently existing:

- The first recommendation (Page 5 of the Audit Report at Appendix 1), is in respect of the completion and progress of Action Plans, which was already being addressed by the Workforce Directorate and the Strategic Workforce Planning Group Members, ensuring a SMART framework of the action plans is maintained.

- The second recommendation (Page 7 of the Audit Report at Appendix 1), relates to the Staff Governance Committee being regularly informed of specific progress in implementing the action plan, which could impact on the assurance being provided to the Committee, albeit that relevant topics which form part of the Workforce Strategy are presented to the Committee as part of the work plan. While the Strategic Workforce Planning Group meetings were paused during the COVID-19 pandemic, the group has re-started with refreshed membership and a refining and refocus on action planning, which will in turn address this recommendation and form part of the routine reporting to the Committee in future.

A further issue within this recommendation is for the Workforce Directorate to provide the Staff Governance Committee with the minutes of the Strategic Workforce Planning Group. These will be provided in future in the items for noting.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Discussions continue on the prioritisation of the workforce priorities detailed within the current Workforce Strategy and on the associated action plans.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impacts

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife's Workforce Strategy Group, Workforce Senior Leadership Team

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Group members are asked to note the content of this paper for assurance and information.

3. List of Appendices

- **Appendix 1 – Internal Audit Report B22A/20 – Review of Workforce Strategy Implementation**

Report Contact: **Linda Douglas, Director of Workforce**
Email: linda.douglas3@nhs.net

FTF Internal Audit Service

Review of Workforce Strategy Implementation

Report No. B22A/20

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance
R MacKinnon, Associate Director of Finance

L Douglas, Director of Workforce
R Waugh, Head of Human Resources
B McKenna, Human Resources Manager

G MacIntosh, Head of Corporate Governance/Board Secretary
Follow-Up Co-ordinator

Audit and Risk Committee
Staff Governance Committee
External Audit

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Draft Report Issued	22 April 2020
Management Responses Received	**19 May 2020**
Target Audit & Risk Committee Date	**13 July 2020**
Final Report Issued	**08 June 2020**

CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes the objective of '*Review and update the existing Workforce Strategy which supports the strategic and transformational plans of Fife*'.
2. The NHS Fife Board Assurance Framework (BAF) describes the following workforce sustainability risk (BAF 1415) which could be impacted by the non-achievement of this strategic objective – '*There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy*'.
3. The current actions recorded in the BAF to mitigate this risk include:
    - '*Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework'.*
4. The Workforce Strategy has a supporting action plan detailing the steps being taken to close potential gaps within the workforce in terms of numbers and skill, as the means of identifying and addressing any risks to ensuring a sustainable workforce is in place.
5. The mitigation system has been identified within the strategic audit planning process as a **Low** risk rating and within the Client corporate risk register as **High** with a rating of 16.
6. Our audit will evaluate the design and operation of the controls and will specifically consider whether:
    - ◊ The actions detailed within the Workforce Strategy action plan are being implemented in accordance with the specified timescales.
    - ◊ Progress reports giving updates on completion of the Workforce Strategy action plan and revisions to it are being issued to the appropriate committees.

AUDIT OPINION

7. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Moderate Assurance	○○●○	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

8. In summary the following topics were identified from audit testing as providing assurance on the level of control currently existing, along with those requiring further consideration:

- ◊ Implementation of the Workforce Strategy is an objective of the Board's Strategic Framework and it supports the Clinical Strategy. Its implementation is also a mitigating action over the BAF risk overseen by the Staff Governance Committee (SGC) for workforce sustainability regarding a "failure to ensure the right composition of workforce". Internal Audit's review of the strategy's implementation, indicates as noted below, that the intended level of control is not being fully achieved, as a substantial number of its actions have not been implemented by the dates set; nor have the required assurances on its implementation been provided to the SGC (although an update scheduled for July 2020 is now included within the SGC Workplan for 2020/21 following a previous audit recommendation in Internal Audit's B08/20 mid-year review of internal control).
- ◊ The themes within the NHS Fife Workforce Strategy 2019/22 are being implemented through two separate action plans, one relating to Acute services and the other to Corporate functions. From the review completed by Internal Audit both action plans were seen to be fully aligned to the strategy. Both action plans are being overseen and administered by the Workforce Directorate. Our review did not cover the IJB Workforce Strategy.
- ◊ The Workforce Strategy 2019/22 was initially approved by the Staff Governance Committee (SGC) in June 2019 and subsequently authorised by the NHS Fife Board in July 2019. Completion of the actions within the Workforce Strategy is being overseen by the Workforce Planning Group on behalf of the SGC.
- ◊ Out of a total of the 79 actions, 74 (94%) are recorded as started, but there is no indication within the action plans as to why the remaining 5 are outstanding.
- ◊ A large number of actions have not been completed within the original stated timescale (30) and for a number of others (25) the limited narrative given in the action plan on progress in completing the action makes it difficult to ascertain what stage completion is actually at, including if they have been completed. This would be assisted if the status was separately noted and a table was appended to each action plan summarising the status of all actions.
- ◊ The minutes of the Workforce Planning Group's meetings are not being presented to the SGC; it is therefore not being kept directly informed of progress in completing the actions stated in the Workforce Strategy 2019/22 on an ongoing basis. Other relevant information on aspects of the strategy is being reported to the SGC, but this does not involve a specific update detailing the progress being made in implementing the strategy. It is our view that this will impede the SGC completing a full review and assessment of the workforce sustainability risk (BAF 1415) included in the BAF, as it is not receiving ongoing specific assurance on the implementation of the workforce strategy and the improvements being made through it to reduce the current risk score.

9. This review highlights that although an internal control framework has been documented by management, controls are not fully functioning as intended. This could result in actions not being completed timeously with incomplete information being provided to the Workforce Planning Group and SGC, which prevents an appropriate challenge opportunity being provided to the SGC members. Management has agreed to take action to address the issues identified.
10. Detailed findings/information is included at Section 3.

ACTION

11. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

12. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1

Finding:

A review of the status of individual actions within the Acute Services and Corporate functions' action plans indicated that at November 2019 (the most recently available action plans at time of audit review) out of a total of 79 actions, 74 (94%) had been reported as started. There was no indication in the progress section as to why the remaining 5, which should have been initiated in 2018/19, had not been.

In addition, a large number have not been completed within the original stated timescale (30) and for a number of others (25) the narrative given on progress in completing the action makes it difficult to ascertain what stage completion is actually at e.g. funding has been identified for additional posts, but it is not clear if appointments have been made or are being progressed. This lack of detail makes it difficult to ascertain if a number of actions have been completed.

Both action plans have initially been prepared to be specific, measurable, achievable realistic and timely (SMART), but the above results indicate that the progress information contained in the action plans could be improved to provide more accurate detail on the current status of individual actions e.g. more precise information on the stage of completion, reasons for delays, etc. Such detail would enable management to more accurately monitor the completion of individual actions on an ongoing basis and ensure action plans fully report the current status of each action. The current manner of reporting could result in actions not being completed timeously.

Audit Recommendation:

Arrangements should be made to ensure the 5 actions still to be initiated are started as soon as possible with the progress being recorded in the action plan. For the large number of actions, not completed within their original timescale, a revised timescale should be set and worked towards, with both the original and revised timescales being noted on the action plans.

Additionally, the actions plans should be updated and revised to clearly record the current stage of completion of each individual action in the progress section, with a note being made of when it is planned to finalise related ongoing actions. This would be assisted if the status stage e.g. work in progress, completion, etc. was separately noted and a table was appended to each action plan, summarising the status of all actions, thereby maintaining the original SMART framework of the action plans.

Assessment of Risk:

Merits attention	●	There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

This action is already being progressed and our review will consider the above

recommendation, including ensuring the five outstanding actions are initiated as soon as possible.	
Action by:	**Date of expected completion:**
Director of Workforce	**30 September 2020, subject to the impact of COVID-19.**

Action Point Reference 2

Finding:

Implementation of the Workforce Strategy is an objective of the Boards Strategic Framework and it supports the Clinical Strategy. Its implementation is also a mitigating action over the BAF risk for workforce sustainability regarding a “failure to ensure the right composition of workforce”. Our review indicates that in view of the delays in completing implementation of the individual action plans this control is not functioning to the intended level. In addition, although certain relevant information on aspects of the strategy’s implementation is being reported to the SGC, it has not been specifically informed of progress in implementing the action plan (although an update scheduled for July 2020 is now included within the SGC Workplan for 2020/21 following a previous audit recommendation in Internal Audit’s B08/20 mid-year review of internal control).

It is our view that the above will impede the SGCs review and assessment of the workforce sustainability risk (BAF 1415) included in the BAF as it is not getting assurance on the implementation of the workforce strategy and the improvements being made to reduce the current risk score.

Audit Recommendation:

In view of the delays in completing implementation of the individual action plans an update on progress made in implementing the recommendation within Action Point Reference 1 above should be made to the SGC to keep it informed of progress in completing the actions stated in the Workforce Strategy 2019/22. This should be completed either as part of the Workforce Strategy update scheduled for July 2020 or if not possible by then, mid-year 2020-21.

Additionally consideration should be given to presenting the minutes of the Workforce Planning Group to the SGC. This would enable the SGC to challenge the progress being made in implementing the Workforce Strategy and mitigating the BAF risk over workforce sustainability on an ongoing basis

Assessment of Risk:

Merits attention	🟢	There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

An update on the Action Plan (per recommendation 1) will be given as part of the planned July update on implementation of the strategy.

Consideration will be given as to whether there is benefit in giving the minutes of the Workforce Planning Group to the SGC or if sufficient detail can be included in the Action Plan updates.

Action by:	Date of expected completion:
Director of Workforce	**30 September 2020, subject to the impact of COVID-19.**

Risk Control 1

The actions within the Workforce Strategy action plan are being implemented in accordance with the specified timescales.

The themes within the Workforce Strategy 2019/22 are being implemented through two separate action plans, one relating to Acute services and the other to Corporate functions. Both action plans are being overseen and administered by the Human Resources Directorate. Our review did not cover the IJB Workforce Strategy.

Our comparison of the action plans with the themes set out in the Workforce Strategy 2019/22 showed both to be fully aligned, with all themes within the strategy being included in the action plans. Responsibility for completion of the individual actions has been assigned to management within the different Acute Services directorates and Corporate functions to which they relate. The action plans allows the recording of the issue being addressed, the action to be taken, the lead responsible for progressing each action, the initial completion timescale and the progress made to date in completing each action.

We reviewed the status of individual actions within both action plans and at November 2019 (the most recently available action plans at time of audit review) out of a total of 79 actions, 74 (94%) had been started as stated. There was no indication as to why the remaining 5, which should have been initiated in 2018/19, had not been.

Our review of the progress noted for a sample of actions indicated that the steps taken were specific and directly related to achieving the outcome intended by the issue they related to. However, a large number have not being completed within the original stated timescale (30) and for a number of others (25) the limited narrative given on progress in completing the action makes it difficult to ascertain what stage completion is actually at e.g. “funding has been identified for additional posts”, but it is not clear if appointments have been made or what steps have been taken to do so. Our analysis provided the following results:

Action Completion stage	**Acute Services**	**%**	**Corporate Services**	**%**	**Total**	**%**
Completed	9	18	6	21	15	19
Overdue < 6 months	3	6	4	14	7	9
Overdue > 6 months	12	24	5	17	17	21
Completion stage unclear	20	40	5	17	25	32
Not yet due	6	12	9	31	15	19
Total	50	100	29	100	79	100

The above results indicate that the information contained in the action plans could be improved to provide more accurate detail on the current status of individual actions e.g. more precise information on the stage of completion, reasons for delays, etc. Such detail would enable management to more accurately monitor the completion of individual actions on an ongoing basis and ensure action plans fully report the current status of each action.

A review of the format and layout of the action plan template is currently being completed by Human Resources for finalisation in May 2020 and will be brought into use after agreement with the relevant services and functions. The results arising from Internal Audit's review as noted above should be considered as part of that review.

Risk/Control 2
Progress reports giving updates on completion of the Workforce Strategy action plan and revisions to it are being issued to the appropriate committees.

The Workforce Strategy 2019/22 was initially approved by the SGC in June 2019 and subsequently authorised by the NHS Fife Board in July 2019. On behalf of the SGC, completion of the actions within the Workforce Strategy is being overseen by the Workforce Planning Group.

Updated action plans were presented to each meeting of the Workforce Planning Group, to keep it informed of progress in completing individual actions. However, as the minutes of the Workforce Planning Group's meetings are not being presented to the SGC, it is therefore not being kept directly informed of progress in completing the actions stated in the Workforce Strategy 2019/22 on an ongoing basis.

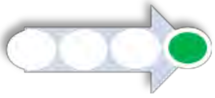
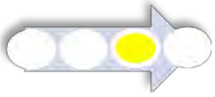
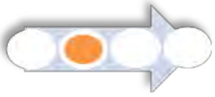
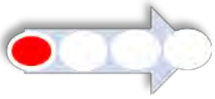
Workforce Planning Group meetings are held quarterly and updates on action plan completion are a standing agenda item. The nominated leads for each action were generally seen to attend Workforce Planning Group meetings to which action plans were presented, to speak on respective actions and answer related questions. However, it was noted in the February 2020 Workforce Planning Group meeting minutes that attendance by Acute Services leads for that meeting had been poor. Efforts are being made by Workforce Directorate management to improve representation for the next meeting, so that the Workforce Planning Group can be kept fully up to date on the current status of individual actions.

Our review of the Workforce Planning Group minutes indicated that regular updates are given at the groups' meetings by respective leads (although not at every meeting) on the progress being made in completing individual actions within the Action Plans. The work undertaken to implement the themes included in the Workforce Strategy 2019/22 through the action plans was also seen to be reflected in the workforce projections report presented to the Executive Directors Group in July 2019 and later submitted to the Scottish Government.

Section 4 Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Section 4 Definition of Assurance and Recommendation Priorities

Assessment of Risk

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

Risk Assessment		Definition	Total
Fundamental	🔴	Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	None
Significant	🟠	Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	None
Merits attention	🟢	There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	Two

NHS Fife
AREA PARTNERSHIP FORUM

MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 18TH MARCH 2020 AT 13:30 PM IN STAFF CLUB, VICTORIA HOSPITAL KIRKCALDY

Chair: Carol Potter, Chief Executive

Present:

Bruce Anderson, Head of Staff Governance	Maryann Gillan, RCM
Wilma Brown, Employee Director	Chu Lim, BMA
Helen Buchanan, Director of Nursing	Chris McKenna, Medical Director
Nicky Connor, Director of Health & Social Care	Morag Olsen, Interim Chief Operating Officer
Linda Douglas, Director of Workforce	Craig Pratt, Assistant Director of Finance (for Margo McGurk, Director of Finance)
Kevin Egan, UNITE	Andrew Verrecchia, UNISON
Andy Fairgrieve, Director of Estates, Facilities & Capital Services	Rhona Waugh, Head of Human Resources
Simon Fevre, British Dietetic Association	Mary Whyte, RCN

In Attendance:
Janet Melville, Personal Assistant (Minutes)

		Actions
18/20	**WELCOME, APOLOGIES AND INTRODUCTIONS**	
	C Potter welcomed everyone to the meeting and apologies were noted from N Groat, J Johnstone, M McGurk (C Pratt attending), D Milne, A Nicoll, L Noble, L Parsons and S Robertson.	
19/20	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**	
	The minutes of the meeting held on 22nd January 2020 were accepted as a true and accurate record. All updates were noted on the action list. It was acknowledged that some actions may have to be postponed as priority is being given to the ongoing COVID-19 pandemic.	
20/20	**MATTERS ARISING**	
	There were no matters arising.	
	C Potter invited any comments or queries on the following items, rather than the reports being talked to:	
21/20	**INTEGRATED PERFORMANCE & QUALITY REPORT**	
	APF **noted** the report.	
22/20	**HEALTH & SOCIAL CARE PARTNERSHIP (H&SCP)**	
	See COVID-19 Update.	

23/20 **ACUTE SERVICES DIVISION (ASD) UPDATE**

W Brown raised a concern about the move to shift working for Clinical Nurse Managers, and whether this came under organisational change/ management of change? It was agreed the focus should currently be on COVID-19 and to address this matter once COVID-19 is under control.

See also COVID-19 Update.

APF **noted** the update.

24/20 **REGIONAL WORKING UPDATE**

a. **JobTrain**

L Douglas explained that JobTrain is the national online recruitment system and new functionality is developing apace. S Fevre observed that recently recruiting appeared to be taking longer than previously. L Douglas was unaware of this and advised that all efforts are being made to ensure the process is slicker but still safe, in order to get new employees on board as quickly as possible. C Lim highlighted from his experience the system had improved the overall recruitment process.

APF **noted** the update.

25/20 **ATTENDANCE MANAGEMENT**

a. **Attendance Management**

R Waugh was disappointed to note the increase in the January 2020 absence figures.

R Waugh highlighted the number of referrals to the Counselling Service: 274 for the year April 2018-March 2019 and 268 for the 9 months April 2019-December 2019. Figures are detailed below:

RW/JM

CAPS APR 2018 – MAR 2019		**CAPS APR 2019 – MAR 2020**	
Apr – Jun 18	65	Apr – Jun 19	93
Jul – Sep 18	64	Jul – Sep 19	95
Oct – Dec 18	70	Oct- Dec 19	80
Jan – Mar 19	75	Jan – Mar 20	81
TOTAL	**274**	**TOTAL**	**349**

R Waugh drew attention to the STAC guidance in relation to phased return to work: it will be for a maximum of 8 weeks; weeks 1-4 will be organisationally supported; and for weeks 5-8, individuals should use accrued annual leave. Guidance to be circulated to APF.

RW/ JM

STAC(TCS02)2020 -
Phased Return to Wo

b. **Well at Work**

R Waugh advised that the Culture of Kindness Conference, scheduled to take place in May 2020, is being postponed.

APF **noted** the updates.

26/20 **STAFF EXPERIENCE**

a. **iMatter**

B Anderson reported that iMatter is postponed for Boards that have not yet ‘gone live’ this year. B Anderson noted that the Health & Social Care Staff Experience Report 2019 contains some good highlights. Action Planning will be resume following the emergency COVID-19 situation.

b. **Dignity at Work**

i. **Our Culture – Next Steps**

It was agreed that work around ‘culture’ ties in with the ‘values work’: evidence of such desired behaviours have been seen in abundance during the past few weeks as staff work tirelessly and compassionately in unprecedented circumstances.

L Douglas highlighted that the ‘Sturrock Report’ is no longer alluded to and that culture is being seen in a positive light, which has been epitomised during the challenges currently being faced.

ii. **Partnership Event**

It is planned that the event will take place in September 2020.

APF **noted** the updates.

27/20 **COVID-19 Updates**

C Potter acknowledged that when she took up the reigns as Chief Executive 7 or 8 weeks ago, she did not anticipate she would be dealing with the current COVID-19 crisis. C Potter advised she has met a wide range of staff during the last few weeks and is overwhelmed by the outstanding efforts and enthusiasm of everyone within NHS Fife in tackling the ongoing situation.

C Potter was pleased that Catherine Calderwood, Chief Medical Officer and Jason Leitch, National Clinical Director have created a confidence within health care and amongst the public that we will get through these difficult and unprecedented times.

C Potter indicated we are being guided by scientific research and medical advice, and locally, the expertise of C McKenna, H Buchanan and D Milne is key in guiding NHS Fife activities. Special groups have been set up to address the ever-changing environment: ‘Gold Command’ (Executive Directors Group) to discuss business continuity and ‘Silver Command’ Control Teams within Acute Services and Health & Social Care to oversee ‘Bronze’ level Sub-Groups including Procurement (to ensure sufficient stocks of Personal Protective Equipment and general supplies) and Workforce (to look at up-skilling staff who may have to work in alternative roles – on a temporary basis – where they are most needed).

C Potter warned that we will be required to work at a fast pace and make immediate decisions, but acknowledged that the situation will be a marathon and not a sprint and therefore, resilience is vital.

	a.	**Public Health** D Milne was unable to attend the meeting and had submitted her apologies.	
	b.	**Medical & Nursing** C McKenna acknowledged we are in unprecedented times, and was extremely encouraged by the camaraderie and willingness amongst medics to do things differently e.g. some doctors will be deployed to work in other specialties. C McKenna confirmed that Junior Doctors will not be rotating in April 2020 and it is planned that new graduates registration will be brought forward so that they can provide additional clinical support. H Buchanan highlighted: • that the COVID-19 pandemic is a long-term situation and staff should pace themselves accordingly. It was noted that the constantly changing environment is unsettling for all staff, but encouraged staff to go ahead and make decisions. • Red and Green zones have been set up within hospitals to prevent exposure to COVID-19 as much as possible. • testing for COVID-19 is being undertaken to ensure appropriate patient placement and care. • Infection Control are working tirelessly, currently fielding 4 calls per minute from anxious staff and patients. • non-essential elective surgery is being cancelled to enable planning for what is to come. • it has been acknowledged that non-clinical as well as clinical staff could be asked to work in areas out of their usual comfort zone to ensure services continue. Other staffing initiatives include the return of retirees and fast tracking new recruits.	
	c.	**Acute Services** M Olsen drew attention to the fact that: • hospital occupancy has been reduced from 104% 10 days ago to 64% today by transferring patients to a community setting or letting them go home, and the number of admissions is being kept to a minimum. • to improve patient flow and safety, the current ‘Red Zones’ in Phase 3, Victoria Hospital applies to the emergency department, critical care, infectious diseases and one medical ward at present. The remaining areas are defined as ‘Green Zones’, the definition of which also currently extends to Queen Margaret Hospital. There are no designated ‘Safe Zones’ at the moment. • meetings and huddles have been slimmed down as there was general anxiety about large gatherings. • there will be 24/7 presence of General Managers, Service Managers and Senior Nurses who will do 12 hrs shifts in the Control Room starting Monday. A Medical Admission Controller will take all GP calls, be in discussion about all conveyances and determine who should come to hospital. • routine electives are cancelled at Victoria Hospital with effect from Monday, although some Day Surgery will continue at Queen Margaret Hospital.	

		• a number of services will be moving from Victoria Hospital site to Queen Margaret site. • staff have been phenomenal and expressed her appreciation for all their efforts.	
	d.	**Health & Social Care (H&SC)** N Connor thanked everyone for their support and was impressed how staff have rallied and the innovative ideas helping to do things differently. N Connor reported that: • work is ongoing across services and sectors to keep people at home as much as possible. • the H&SC Command Group meets daily and has a number of workstreams focussing on particular areas e.g. Primary Care, Social Care, Community Hospital, Pharmacy. • there are challenges with Learning Disabilities and Mental Health – alternative pathways of support are being considered. • schools being closed from Monday will affect Children's Services. • on call arrangements are being reviewed to ensure resilience within the system. • leadership is moving to 7 day working / longer shifts to ensure we are ready as and when required. S Fevre highlighted staff's anxiety about the availability of sufficient and appropriate personal protective equipment for staff within H&SC to enable them to carry out their duties safely. H Buchanan advised that a national control centre is going live from tomorrow to support the flow of equipment across NHS Scotland. H Buchanan urged staff to be vigilant with regards to resources, especially anti-bacterial hand wash and PPE which have been taken from NHS Fife premises. S Fevre advised that although staff were aware of red and green zones, clarity is sought on where they are as staff may be moved from another area. It was noted that a communication would be issued via Dispatch detailing 'Red' and 'Green' zones, but staff were asked to regularly check for changes going forward. It was also noted there is some confusion over which staff will be tested for COVID-19; however, guidance will be published tomorrow. It was agreed that it is helpful to have one daily update via Dispatch to ensure that accurate information is available. It was suggested that an individual(s) within a department is made responsible for taking things forward.	
	e.	**Workforce** L Douglas advised that: • the first Workforce Sub-Group meeting is being held tomorrow and weekly going forward. It is planned to work through the extensive agenda and set up Sub-groups to support staff through the COVID-19 pandemic. The group will act on Scottish Government guidance as it is issued. • she had met APF Staff Side colleagues this morning to determine how best to disseminate information and support staff in an ever-changing environment. • it is planned to have a one point of contact for phone calls; a	

		dedicated email address for COVID-19 enquiries; FAQs and a daily ‘bite size’ update issued via Dispatch. • within the Workforce Directorate, it is being determined what we can stop doing, what we need to keep doing and what we will need to do to guide and support managers and staff. • guidance is regularly revised in accordance with Scottish Government advice. W Brown drew attention to unease regarding staff with underlying health conditions (and those over 70) who could be exposed to COVID-19 within their workplace. It was agreed that staff should undertake a self assessment and discuss options with their line manager. This may result in such staff being moved to another work area on a temporary basis. L Douglas advised that appropriate guidance is being prepared. L Douglas explained that although Government advice is to work from home where possible, this does not apply to NHS Fife staff who are much needed at work.	
	APF **noted** the information.		
28/20	**ITEMS FOR NOTING**		
	The following items were **noted** for information by APF:		
	a.	eESS Newsletter January 2020	
	b.	Having a Good Conversation – online survey	
	c.	An Integrated Health & Social Care Workforce Plan for Scotland	
	d.	SERBeR Highlight Report –January-February 2020	
	e.	ASD & CD LPF – 20th February 2020 (Minutes and Action List)	
	f.	H&SC LPF – 16th October 2019 and 11th December 2019 (Minutes)	
	g.	Kingdom Staff Lottery – 4th February 2020 (Minutes)	
29/20	**AOB**		
	There was no other business.		
30/20	**DATE OF NEXT MEETING**		
	The next Area Partnership Forum meeting will be held on Wednesday 20th May 2020 at 13:30 hrs in the Staff Club, Victoria Hospital.		

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH MAY 2020 AT 13:30 PM VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:
Bruce Anderson, Head of Staff Governance
Vicki Bennett, British Dietetic Association
Kirsty Berchtenbreiter, Head of Workforce Development
Helen Buchanan, Director of Nursing
Linda Douglas, Director of Workforce
Andy Fairgrieve, Director of Estates, Facilities & Capital Services
Simon Fevre, British Dietetic Association
Maryann Gillan, Royal College of Midwives
Angela Kopyto, British Dental Association
Chu Lim, BMA
Andy Mackay, Deputy Chief Operating Officer
Wendy McConville, UNISON
Margo McGurk, Director of Finance
Chris McKenna, Medical Director
Dona Milne, Director of Public Health
Alison Nicoll, Royal College of Nurses
Louise Noble, UNISON
Lynne Parsons, Society of Chiropodists and Podiatrists
Carol Potter, Chief Executive
Susan Robertson, UNITE Regional Officer
Jim Rotheram, Head of Facilities
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Human Resources
Mary Whyte, Royal College of Nurses

In Attendance:
Janet Melville, Personal Assistant (Minutes)

		Actions
31/20	**WELCOME, APOLOGIES AND INTRODUCTIONS**	
	W Brown welcomed everyone to the meeting, especially M McGurk and K Berchtenbreiter attending their first Area Partnership Forum (APF). Apologies were noted from I Banerjee, N Connor, W Duffy, N Groat, J Johnstone, J Paterson and G Tait.	
32/20	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**	
	The minutes of the meeting held on 18th March 2020 were accepted as a true and accurate record. It was acknowledged that some actions may have to continue to be paused as priority is being given to the ongoing COVID-19 pandemic.	
33/20	**MATTERS ARISING**	
	Action 33/19 and 53/19 - Dignity at Work W Brown advised that the partnership conference planned for September 2020 is delayed.	**SLWG on Culture**
	Action 44/19 - A&E Analysis A Mackay agreed to circulate information on attendance at Accident & Emergency to APF members, thereby completing the action.	

	Action 97/19 - Once for Scotland Policies and Management Passport B Anderson confirmed that he is working with the Communications Team in ensuring NHS Fife Workforce Policies and the link to the Once for Scotland Policies website will be available on the new NHS Fife intranet site. It is planned that the HR Policy Group will take forward the currently paused Management Passport.	**HR Policy Group**
	Action 100b/19 – Enterprise Pool Car Scheme J Rotheram confirmed that the Enterprise Pool Car Scheme is more or less breaking even, although the cars are currently not being used as much as previously. Staff can now claim mileage for any passengers. The costs for the use of Enterprise's booking system has been requested, as this may be a way of saving monies if using NHS cars rather than the Enterprise vehicles. A Nicoll and M-A Gillan raised some troublesome issues they had encountered: not being able to unlock cars, difficulty reaching Enterprise for help, and availability (some cars were block-booked in advance and have not been released). J Rotheram advised that these issues should have been resolved, but would follow up. C McKenna queried whether NHS Fife should continue with the scheme given ongoing COVID-19 infection control measures and it not being financially profitable. A Fairgrieve advised this is the first of three phases as outlined in the business case, and feedback indicated that most people like and benefit from the scheme. It was agreed to continue to monitor usage of the pool cars and bring a full report to the APF in September 2020.	**AF/ JR**
	Action 112/19 - Staff Benefits, including Travel to Work Scheme R Waugh reported that the Staff Benefits Pack was prepared but due to additional initiatives introduced to support staff through the COVID-19 crisis, the pack is being expanded and will be brought to the APF in July 2020.	**RW**
	Action 04/20 - Values Work C Potter advised that H Buchanan, S Fraser, Associate Director Planning & Performance and K MacGregor, Head of Communications are addressing 'values' for NHS Fife. C Potter drew attention to the incredible work NHS Fife staff have been doing, particularly in the past 10-12 weeks, and hoped these behaviours could be built on and embedded in NHS Fife culture going forward.	**HB/ SF/ KMacG**
	Action 05f/20 - Core training It was agreed that core training is not presently a top priority; a report to be brought to the next APF meeting.	**NC/ KB**
	Action 05g/20 – Attendance Management – Absence Rates RW advised that the SLWG was paused after the initial meeting. Promoting Attendance Audit work is underway; the results of which will be brought to the September APF.	**RW**
	Action 27/20 – Communications guidance dissemination W Brown praised the excellent work the Communications Team is doing, keeping everyone well-informed during the COVID-19 pandemic. C Potter highlighted that around 5000 NHS Fife staff have signed up to StaffLink, so the new app will be the key vehicle for news and information going forward with the daily Dispatch email phased out from June 2020.	
34/20	**INTEGRATED PERFORMANCE & QUALITY REPORT**	
	M McGurk reported that despite several significant factors, namely: the	

	level of Health & Social Care Partnership overspend which impacted on the risk share agreement, the recurring overspend in Acute Services, the underachievement in savings in Acute Services earlier in the financial year, and the cost pressure of non-Fife procedures, NHS Fife returned a breakeven position for the 2019/20 financial year. This was helped by additional financial support from the Scottish Government and some national charges being lower than anticipated, resulting in quite a recovery between January – March 2020. M McGurk stressed that the same underlying pressures will be faced this financial year (2020/21). The focus will be on the 3 year plan - rather than trying to break even annually - with savings of £20m required this year. M McGurk advised she is working in partnership with H&SCP finance colleagues and is keen to engage with NHS Fife managers, staff and staff side colleagues to discuss priorities and address the ‘new normal’. It is a good opportunity to review ways of working, to make the most of staff skill sets and transferable skills, and consider the potential for broader use of digital systems. W Brown confirmed that preparations for a financial workshop have been paused due to COVID-19. M McGurk reassured colleagues that a ‘whole system’ approach, in partnership, would be used to review expenditure.	
	APF **noted** the update.	
35/20	**COVID-19 UPDATES**	
	Public Health D Milne observed that the resilience exercises on infectious disease outbreaks undertaken in the past have provided an excellent basis for Gold Command to draw upon in terms of how to respond to COVID-19, with many structures already in place. D Milne reported that a new joint NHS Fife and H&SCP team has been set up to work with Care Homes, where the need is most. D Milne advised that national guidance has been adapted locally to do what’s best for Fife. D Milne expressed her thanks to all the amazing efforts from NHS Fife and H&SCP staff. D Milne confirmed that the next stage in tackling COVID-19 is to Test, Trace, Isolate, Support (TTIS). NHS Fife, NHS Highland and NHS Lanarkshire are piloting what the envisaged national system will be. Locally, the TTIS team is being resourced from the existing and supplementary workforce (who have been ‘shielding’/ from the NES portal/ from Nurse Bank). D Milne confirmed that staff who work in Fife can be tested in Fife, (they don’t have to *live* in the region) and requested that staff don’t go elsewhere to be tested as the results take longer. A national announcement in relation to testing is expected in the near future regarding staff who undertake visits at Care Homes.	
	Workforce See items 36/20, 38/20, 39/20 and 40/20.	
	Medical & Nursing C McKenna indicated that now this peak has passed, the focus is on recovery and remobilisation. The Remobilisation Oversight Group, comprising multi-professional clinicians and co-chaired by C McKenna and H Buchanan is prioritising services in the next 3 months: all emergency and	

	urgent, but not routine, cases will be undertaken. Other considerations include: Unscheduled Care – how it will work now, given social distancing, queuing etc; Flow and Capacity across the hospital and community; Critical Care capacity, structure and function, red/ green zoning; Mental Health – some services have been ongoing, good chance to redesign; Cancer Services being stood up more urgently. H Buchanan reported that 100 3rd year and 104 2nd year nursing students have been in paid practice in NHS Fife. There has been the opportunity for teaching, it hasn't all been COVID-19 oriented. Feedback from the students has been extremely positive and H Buchanan thanked everyone for their hard work in making the students feel part of the NHS Fife family. However, the pandemic hasn't prevented a recruitment drive: it is hoped 120-150 nurses will commence in September 2020.	
	Partnership working W Brown reiterated that discussions and decisions should be made in partnership and wished to ensure staff side representation locally as well as on major groups. S Fevre is the representative for H&SCP meetings and A Verrecchia or L Noble for NHS Fife Acute Services meetings.	
	Guidance W Brown raised her concerns with regard to staff who have been home working or shielding, returning to the workplace and requested that appropriate risk assessments are undertaken and clear guidance is issued. W Brown also requested that advice is available on virtual meetings as many staff are reporting headaches as a result of so much additional screen time and sedentary work. C Potter assured colleagues that a cautious approach will be taken to remobilisation during the coming weeks and months. Consideration will be given to different ways of working, health and safety arrangements and ensuring staff feel safe in their working environment, while meeting the requirements of the organisation. L Douglas advised that as part of the work to mobilise services, a group is being formed to determine what needs to be done to enable, where appropriate, staff to return to work locations. The group is focussing on the spaces and places used for non-clinical activities, e.g. admin offices, meeting rooms. The group is co-chaired by A Fairgrieve and L Douglas with representatives from specialist areas e.g. Infection Prevention and Control and from staff side. A Fairgrieve advised that a paper is going to EDG next week which addresses the major issues and their financial implications.	
	Acute Services A Mackay observed that staff within Acute Services had mobilised quickly, with real agility and empowerment which pulled the team together; the plan is to keep up the speed of action and not let previous ways of working creep back in. The Hospital Control Team is refining its decision making. Remobilisation is taking place across different areas, with some back to core business, although working within COVID-19 constraints. There are additional pressures within green emergency surgical and medical admissions. The message is 'the NHS is open'.	
	APF **noted** the updates.	
36/20	**REGIONAL WORKING UPDATE**	

L Douglas advised that all regional groups are currently paused, including Job Evaluation. The groups will be stood up as appropriate during the remobilisation phase.

APF **noted** the update.

37/20 ATTENDANCE MANAGEMENT

Attendance Management

R Waugh highlighted from the report that the Board's absence rate had decreased from 5.46% in March 2020 to 4.95% in April 2020; with an overall improved position in comparison with NHS Scotland-wide figures.

Staff Health and Wellbeing Update

R Waugh reported that there is significant work ongoing and thanked all those who had contributed to staff health and wellbeing activities. Numbers of staff making use of resources such as the Listening Service, online Mindfulness sessions and Counselling is being monitored. A survey on the Staff Support Hubs is being undertaken to inform what would be helpful in the longer term. A SLWG is preparing a paper on potential long term staff support needs. Confirmation has been received that an endowment bid aiming at the wider carer group is the right approach.

APF **noted** the update.

38/20 STAC/SPF/SWAG UPDATES AND VARIATION ORDERS (VO)

B Anderson advised that the short paper and spreadsheet list all the amendments to COVID-19 guidance for managers and staff, with a hyperlink to the local adaptations. These will be kept updated and accessible so there is a record of what's been done and how it was communicated; suggestions for improvements and/ or what has been missed are welcome.

W Brown queried Bank Workers STAC guidance – could they have/ should they have been offered a temporary contract – would staff have a retrospective claim in relation to why they didn't get any shifts? L Douglas advised that there would need to be further local discussion on this and that the Workforce Directorate would follow up outwith the meeting.

Workforce Directorate

It was highlighted that Dispatch (the regular 'to all staff' email) is not readily accessible by all e.g. bank staff don't have nhs.net mail address. C Potter advised that this is the driver behind the new app, StaffLink, which is a more effective way to reach a wider audience.

APF **noted** the report.

39/20 ANNUAL LEAVE AND PUBLIC HOLIDAYS LOCAL IMPLEMENTATION

B Anderson advised that 'annual leave' was on the agenda before the local guidance was prepared: staff, including those shielding but working, had been encouraged to take a break even if they couldn't go to their planned holiday destination. The usual expectation that annual leave is taken proportionately throughout the year remains; when lockdown ends, it won't be practicable for all staff to take their leave at the same time and service needs still have to be met. L Douglas emphasised that it is important for staff to rest and relax: even if it isn't possible to get away, staff should take

	time out from work pressures, and it is therefore recommended that staff take some, if not all of their intended, booked leave in the coming weeks and months. However, given that some staff were asked to cancel 2019/20 annual leave in order to tackle COVID-19, a protocol is being developed whereby staff can request to be paid for this untaken leave or carry forward to be taken by the end of 2021/22 leave year.		
	APF **noted** the report.		
40/20	**POLICIES, PROTOCOLS AND CIRCULARS**		
	a.	**Employee Relations Case Management during COVID-19 Pandemic** L Douglas explained that due to the impact of COVID-19, some employee relations activity is being put on hold in order to concentrate resources on the pandemic. Cases will be triaged, and paused or progressed accordingly. L Douglas advised that the paper was at the last APF Staff Side meeting and at EDG; feedback has been taken on board. A Verrecchia expressed his unease with the paper which he considered to be lacking in partnership input; and he pointed out that not everyone is comfortable with virtual meetings. L Douglas indicated that partnership arrangements had been incorporated; and technology was being used to reduce non-essential travel and possible exposure to COVID-19; but if preferred, face-to-face or blended meetings could be held, so long as social distancing was adhered to. L Noble reported that a case recently held via telephone had proved challenging as it hadn’t been possible to gauge the member’s reaction or body language. M-A Gillan indicated that pausing cases may increase a members stress levels and impact on their mental health. L Douglas advised that if there is a material fact that would affect the case and it would be detrimental to the person not to progress, it could go ahead. L Douglas agreed to a review of pending cases and if unreasonably paused, appropriate action would be taken. It was noted that the weekly Redeployment meeting is being reinstated, initially via MS Teams.	**HR colleagues**
	APF **noted** the report.		
41/20	**AOB**		
	There was no other business.		
42/20	**DATE OF NEXT MEETING**		
	The next Area Partnership Forum meeting will be held on Wednesday 22nd July 2020 at 13:30 hrs via MS Teams.		

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 20 FEBRUARY 2020 AT 2.00 PM IN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Andrew Verrecchia (AV), Unison (**Chair**)
Louise Noble (LN), Unison Partnership Co-ordinator
Conn Gillespie (CG), Unison
Neil Groat (NG), SoR
Dr Sue Blair (SB), BMA
Susan Young (SY), HR Team Leader
Miriam Watts (MW), General Manager – Emergency Care
Craig Webster (CW), H&S Manager (until 2.15 pm)

In Attendance:
Norma Beveridge (NB), Head of Nursing – Emergency Care (for L Campbell)
Jimmy Ramsay (JR), Estates Compliance Manager (representing Estates & Facilities)
Gillian McKinnon (GMcK), Personal Assistant to Chief Operating Officer (**Minutes**)

Action

1 WELCOME & APOLOGIES

AV opened the meeting and welcomed everyone.

Apologies were received Morag Olsen, Andrew Mackay, Gemma Couser, Andrew Fairgrieve, Paul Bishop, Leigh Murray, Murray Cross, Lynn Campbell, Paul Bishop and Paul Hayter.

AV recorded his congratulations to Andrew Mackay and his wife Heather on the birth of their new baby.

2 MINUTE OF PREVIOUS MEETING – 19 DECEMBER 2019

The Minutes of the Meeting held on 19 December 2019 were accepted as an accurate record.

3 ACTION LIST

3.1 Attendance Management Update

- SY advised these are ongoing but the format is under review. This action can be closed. **GMcK**

3.1 Staff Briefings & Internal Communications

- AV to discuss with MO and a meeting to be arranged. **GMcK**
- AV advised the monthly senior leadership team walkrounds with staff side colleagues appeared to have come to a halt. AV appreciated staff side colleagues were not always available but a commitment had been made to undertake these in partnership and would like to see these continue.
- MW advised it should be recognised the ongoing pressures and continual busy period in addition to staff side colleagues not being available should be noted and taken into account. MW asked whether we should consider reducing the number of walkrounds but a commitment to continue with the programme should continue. AV would discuss further with MO. **AV**

3.1 Staff Governance Action Plan 2019/20

- AV to discuss with AM and a meeting to be arranged. This requires to be completed for the April meeting of the Area Partnership Forum. **GMcK**

4.1 Health & Safety Update Report

- Circulated to LPF members on 20/12/19 for cascade through their own distribution lists. This action can be closed. **GMcK**

7.3 iMatter

- SY advised the information can be provided from iMatter from the COO currently but the iMatter hierarchies are changing so GMs should be able to get their own directorate reports. This action can be closed. **GMcK**

13.1 Issues for Next Meeting

- Added to 20 February 2020 Agenda. This action can be closed. **GMcK**

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- CW advised 3 incidents are definitely not RIDDOR reportable but have now been rejected with status unchanged. A reminder to ensure the status is set to ‘no’ otherwise this will show up as yes/not known.
- CW advised work activity has increased for the H&S Team

around CoVID-19 around the provision of training for face fit testers.

5 STAFF GOVERNANCE 2019/20

A Well Informed

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

- MW advised pressures continue against our 4 hour A&E performance and presentations to the front door have increased. The use of surge capacity continues and reliance on bank and agency staff. Recruitment is ongoing for substantive staff in Ward 13.
- MW advised VHK staff had initially supported CoVID-19 testing but this has now been picked up by H&SCP and Public Health. Update information is available via the intranet page.
- MW advised 2020/21 Services Reviews will be taking place in March 2020. Directorates to provide a review of the current year; look forward; top priorities and 5 year service strategy.
- MW advised discussions are ongoing with partnership colleagues for an enhanced urgent care model for QMH and a follow up meeting to take place on Monday.
- MW advised surge capacity remains open (14 beds in Ward 13 and 12 beds in Ward 4). 30+ patients are currently waiting for downstream beds with a number of patients waiting for ICASS packages. There have been issues with funding care providers and issues to recruit to posts. The implementation of Daily Dynamic Discharge continues within the ECD wards.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- SY advised the report looks slightly different due to using Tableau and includes more graphs rather than data so easier to interpret.
- SY advised there has been an increase in sickness absence within Acute Services and Corporate Directorates for December 2019, with Acute Services above the NHS average at 6.28%.
- SY advised the top absence reason for short term sickness is gastro-intestinal problems followed by cold/cough then anxiety/stress.
- SY advised the top absence reason for long term sickness is anxiety/stress followed by injury/fracture then musculoskeletal.
- SY advised the bottom chart in Appendix 4 shows absence rates and hours lost by job family. The highest being

nursing/midwifery Band 5+ followed by nursing/midwifery Band 1-4 then administrative services.

- SY advised Review and Improvement Panels continue with a reminder to staff to ensure correct reason for absence recorded at the outset. Some work to be undertaken with Corporate Directorate regarding long term sickness and Absence Management Training continues.
- AV asked about the use of absence code 99. Following discussion with a member of staff, it would appear there were more options/permissions open to them due to the level of their band. SY advised she did not think this was a banding issue but perhaps a permission issue.
- SB acknowledged the high sickness absence under Corporate Directorate for medical/dental staff group and explained this was due to it being a small group of staff. It would be helpful for staff inputting absence to be more specific in the absence reason.
- SB advised the top absence reason were no surprise and reflected OHSAS referrals.
- SB noted stress absence was attributed to both work and home. We should remember as we have an ageing workforce the majority of staff could be looking after parents/grandchildren and dealing with bereavement. There is no mixed category for determining whether stress absence related to work or home and this was reported differently by OHSAS colleagues.

5.3 Feedback from NHS Fife Board & Executive Directors

- MW advised an EDG Away Day had taken place on 17 February 2020. Discussion took place regarding how EDG will look like going forward. A review will take place to ensure escalation into other meetings and a more focussed cycle.
- MW advised MO had confirmed she would be spending one day per week at QMH to have increased visibility on site.
- AV asked what level of post required to be submitted to EDG. SY advised Band 8A and above or Consultant/Locum posts.

5.4 Staff Flu Update

- MW advised following a hugely successful campaign NHS Fife achieved a flu uptake over 65%.
- MW advised there had not been a huge number of patients presenting to NHS Fife with flu and was not aware outbreaks within other Board areas.
- MW advised 450 patients in Scotland have been tested for Coronovirus, with zero positive patients.
- SB advised new guidance for staff travelling from abroad is being circulated together with a note going out on payslips.

Managers should highlight this guidance to staff and staff should contact OHSAS for a telephone risk assessment.

6 B Appropriately Trained

6.1 Training Update

- AV advised as noted previously there had been a drop in performance for mandatory training.
- MW advised within the Emergency Care Directorate an active programme is ongoing to review and update staffing lists to enable administrative staff to support SCNs with target training for specific staff areas.
- JR advised mandatory training for facilities staff comes through his team and a comprehensive spreadsheet is held. Disability Discrimination Act (DDA) training and an accredited training course on fire doors is ongoing. Estates staff were also undertaking lift training. Decontamination technicians are fully trained and will take over Dental and Endoscopy equipment testing. Mandatory training for estates staff was carried out on a dedicated day.

6.2 Turas Update

- SY advised Turas performance of 64% (Acute); 48% (Estates & Facilities) and 50% (Corporate Services (50%). SY to check with Bruce Anderson if she would be able to circulate this report for information.

Post Meeting Note: The paper has not yet been to EDG therefore not able to share other than the verbal update given at the meeting.

- NB advised Emergency Care Directorate staff were aware of their requirements regarding Turas.
- JR advised there was a misunderstanding of staff perceptions of the Turas process. SY confirmed training sessions and LearnPro modules are available for all staff.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

- Discussed under Item 3 above.

7.2 Staff Governance Action Plan 2019/20

- Discussed under Item 3 above.

7.3 iMatter

- SY advised Managers are being asked to make contact with Bruce Anderson to advise of any changes to structures to enable teams to be agreed in advance of the go live date of 1 April 2020. Communications to come out.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes

- NG advised regarding possible changes from on-call to an out of hours service for CT cover overnight. Preliminary early stage discussions are taking place including partnership colleagues.

8.2 Organisational Values

- SB advised a Culture of Kindness Conference to take place on 19 May 220 at the Lochgelly Centre.
- AV advised he had been disappointed to note some staff comments made on social media following the good news story that NHS Fife has become one of the first boards in Scotland to become a Real Living Wage Employer, eradicating all Band 1 roles and elevating them to Band 2.

9 E Provided with an Improved & Safe Working Environment

9.1 Well at Work Update

- The Well at Work Update was noted, for information.
- SY advised following the success of previous Promoting Attendance Workshops a further event will be arranged later in 2020.
- SY advised the 4th "All About You" Newsletter is currently being prepared and will be available via the Intranet.
- SY Advised a Culture of Kindness Conference had been arranged for 19 May 2020 within the Lochgelly Centre.
- SY advised Well at Work suggestion boxes have been situated near the Well at Work Notice Boards and staff encouraged to make suggestions.
- SY advised a new NHS Fife's Menopause Policy is currently being prepared.
- SY advised National No Smoking Day to take place on 11 March 2020.
- LN advised following the unpopular meat-free Mondays more vegetarian and vegan meal options to be available on the dining room menu.
- LN advised further hydration events to take place with individuals encouraged to reuse the bottles as compostable bottles were not available.

9.2 ASD & CD Well at Work Minutes

- The ASD & CD Well at Work Minutes of 27 January 2020 were noted, for information. AV advised the Well at Work Minutes should be noted 'for information' on the Agenda. **GMcK**

9.3 Capital Projects Report

- The December 2019 Capital Projects Report was noted, for information.
- JR advised a meeting was held in January 2020 and a 5-year Capital Plan is being developed based on risk items.
- JR advised the Elective Orthopaedic Centre project is ongoing.

9.4 Adverse Events Report: January 2019 to December 2019

- The Adverse Events Report for the period January to December 2019 was noted, for information.
- NB advised unwanted behaviours, violence and aggression remains the top incident theme with certain wards more subject to this than others.
- NB advised there has been increased reporting of staffing levels which was a reflection of current pressures and open unfunded surge areas.
- NB advised there has been increase in sharps incidents during January 2020 but staff continue to follow the appropriate reporting processes.
- SB advised there had been an increase in reporting but noted the reporting via Datix and OHSAS did not match. An exercise should be 'has been' undertaken with Craig Webster regarding these discrepancies.

9.5 Violence & Aggression Report

- The Violence & Aggression Report for the period up to 31 December 2019 was noted, for information.

10 ISSUES FROM STAFF-SIDE

10.1 Hours of Work

AV advised concerns had been raised regarding hours of work and staff not being offered full time employment. As this related mainly to facilities staff, JR to take back and AV to arrange to speak to AF, PB and Jim Rotheram. **JR AV**

10.2 Once for Scotland Policies Awareness Sessions

- AV advised from 1 March 2020 a digital platform will be available for all Boards for workforce policies. Local awareness sessions have been arranged in conjunction with staff side. Staff are encouraged to book their place to avoid overfilling the sessions.

10.3 Managerial Inconsistencies

- AV noted the need for a general message regarding managerial inconsistencies around the granting of annual and bereavement leave.

11 MINUTES FOR NOTING

11.1 Capital Equipment Management Group Minutes: 5 December 2019

- The Capital Equipment Management Group Minutes of 5 December were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- There were no issues for the next meeting.

12.2 Issues for Escalation to Area Partnership Forum

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

13 ANY OTHER COMPETENT BUSINESS

13.1 eESS

- SY advised all SOPs have been updated and available on line. Previous versions should be disposed off.

13.2 Jobtrain

- SY advised Jobtrain Newsletter is available on Dispatches. An App will soon be available to enable Managers to shortlist via their mobile. A shortlisting complete button will be added from Monday which advises the recruitment team shortlising has been completed without the need to email.

13.3 Grand Round

- NB advised the March Grand Round session topic is 2019 Novel Coronavirus COVID-19. This session has been advertised widely and would encourage staff to attend.

13.4 Clinical Nurse Managers

- NB advised following a test of different models the cohort of CNMs (8As) will rotate onto night/weekend shifts. From yesterday a 90 day period has been called in order to allow the CNMs and the wider team to put proper plans in place and training/support as required. A proposal would go to EDG on Monday for an additional CNM for each Directorate to bolster the rota. GMs would come off the Executive on-call rota and would be included in the Senior Manager rota. Staff side colleagues are involved in these discussions.

14 DATE OF NEXT MEETING

Thursday 23 April 2020 at 2.00 pm in Training Room 2, Dining Room, Victoria Hospital, Kirkcaldy.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2020/200220

MINUTE OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 11 JUNE 2020 AT 1.30 PM ON TEAMS

Present:
Andrew Verrecchia (AV), Unison (**Chair**)
Paul Bishop (PB), Head of Estates
Murray Cross (MC), General Manager, Planned Care & Surgery (Acute)
Kevin Egan (KE), Administrator, Health Records
Andy Fairgrieve (AF), Director of Estates, Facilities & Capital Services
Conn Gillespie (CG), Unison
Louise Noble (LN), Unison Partnership Co-ordinator
Miriam Watts (MW), General Manager, Emergency Care
Craig Webster (CW), H&S Manager
Susan Young (SY), HR Team Leader

In Attendance:
Marie Paterson (MP), Head of Nursing, ASD (for L Campbell)
Andrea Barker (AB), PA to Director of E, F & CS (**Minute**)

Action

1 WELCOME & APOLOGIES

AV opened and welcomed everyone to the meeting.

Apologies were received from Lynn Campbell (LC), Gemma Couser (GC), Neil Groat (NG), Paul Hayter (PH) & Andy Mackay (AM).

2 MINUTE OF PREVIOUS MEETING – 20 FEBRUARY 2020

The Minute of Meeting held on 20 February 2020 was accepted as an accurate record.

3 ACTION LIST

3.1 Staff Briefings & Internal Communications

- AV to discuss with MO and a meeting to be arranged. ACTION CANCELLED due to COVID-19 pandemic.

3.2 Staff Governance Action Plan 2019/20

- AV to discuss with AM and a meeting to be arranged. ACTION CANCELLED due to COVID-19 pandemic.

DRAFT

10.1 **Hours of Work**

- As this related mainly to facilities catering staff and the lack of full-time posts being advertised, further clarification is sought from JRo. AF added that he will raise the matter with JRo.

JRo

4 HEALTH & SAFETY:

4.1 **Health & Safety Update Report (including RIDDOR Update)**

- There was no Health & Safety Update Report available.
- CW advised that the Health & Safety Executive (HSE) has contacted him regarding a complaint from a member of staff who was concerned with the lack of physical distancing measures and other practices taking place in areas within NHS Fife. An internal investigation is currently being carried out by CW and his team and all relevant feedback will be passed on to the HSE. As services are remobilising, and more people are coming onto sites, please ensure that physical distancing continues. Please relay this message to staff and document accordingly alongside other COVID-19 control measures. CW reiterated that Senior Nursing staff and Line Managers should be reminded of their responsibility to document all relevant COVID-19 related safety measures eg risk assessments, cleaning schedules etc. He added that this is not the first complaint received by the HSE regarding this issue.

All

- CW advised that contact had also been made from the HSE regarding a member of staff in uniform outside their place of work whilst shopping with what appeared to be one of their relatives. He added that it was not a member of nursing staff, however, please remind all staff that uniforms should not be worn outside work and this should be reiterated throughout the organisation.
- SY also added that Patient Relations have received, and are continuing to receive a high level of complaints, on an almost daily basis, regarding NHS Fife staff having parties and BBQs at home and not observing the social distancing guidelines issued by the Scottish Government. SY requested that staff should be reminded of being mindful and observe Government guidelines during this time.

All

- MW advised that clinical staff should be aware of the uniform policy and ensure that it is enforced within their respective areas accordingly.
- MP added that LC holds regular HoN and Clinical Nurse Manager meetings and that concerns raised today will be raised at the next meeting.
- The provision of adequate numbers of changing facilities on the Acute side was discussed at the meeting and it was determined that there is sufficient safe and accessible

changing facilities for staff.

- PB added that staff wearing uniforms beyond hospital boundaries was raised at Silver Command meetings, however, Community staff may be outside working with patients. It is difficult to differentiate between sectors as uniforms are often the same.
- SY added that there have been a number of complaints received in Patient Relations regarding staff in uniform out of the workplace. Regular reminders are being relayed via Communications and HR staff continue liaising with respective managers. Please be mindful that people are quite willing to pick up the phone and log a complaint if they see staff wearing uniform out with the workplace.
- AF added that JRo has prepared a Remobilisation document relating to non-clinical common areas which will be sent out via Communications tomorrow (12/06/20). The guidance document will assist managers when completing risk assessments and moving forward out of COVID-19.
- CW advised that his staff are getting back on track moving staff from face fit testing and introducing manual handling and violence and aggression training. A number of H&S policies were being worked on pre-COVID-19 outbreak and these are gradually starting to be worked on again.

5 STAFF GOVERNANCE 2019/20

A Well Informed

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

- AV - verbal report to GMs. (No COO Officer in post, at present).
- MC – nothing to report on staff governance.
- MW advised that all Acute directorates are carefully monitoring the staff who are still shielding and how we protect their return to work. Opportunities are being given to us regarding the new Test and Trace Team which gives us additional options to allow for staff to return to their places of work safely and not being exposed in any way.
- MW - All HR related disciplinary cases have not taken place during COVID-19, however, this will eventually restart. For staff that have come to the end of their paid sixth month pay period, this has been extended with HR's guidance so that no penalties will be incurred due to the delay in conclusions being reached by HR.
- SY added that there has been a paper that has gone through Gold Command and APF and several disciplinary cases have now been picked up. A 4-weekly review of any live/on-going employee relation cases takes place by a service

representative in HR on whether a case should be progressed or paused for an additional 4-week period. The cases that have progressed to date are those where an organisational decision has been taken in relation to staff who are suspended or where we can get the staff member back to work. Staff continue to be informed of the outcome of these discussions throughout the process.

- AV asked if this is the format most recommended moving forward or meeting in a room as before (pre COVID-19). SY added that the preferred option for hearings is via Microsoft Teams; however, there is scope for discussion as long as physical distancing measures are adhered to eg meeting in separate rooms. Circumstances will be looked at on a case by case basis. Checklists continue to be completed and Microsoft Teams seems to be the preferred way forward.

5.2 Attendance Management Update

- No Attendance Management Update Report available.
- SY advised of a 5.49% sickness absence figure within the Acute Services Directorate for April 2020, the lowest the figure has been since February 2019.
- SY advised that short-term absence is higher than long-term absence. The highest number of absences fell within the 55-59 year old age group and of this, nursing and midwifery have the highest number of hours lost due to sickness absence.
- SY advised that for Corporate Services Directorate in April 2020, the sickness absence figure was 3.96% which is the lowest seen since 2018/19 and 2019/20. The highest percentage of absences fell to Support Services staff. Short-term absence is higher than long-term absence and again the 55-59 year old age group have the highest number of staff absences.
- SY added that a total of 9.1% total absence was recorded during the COVID-19 period for the last week. These figures are being looked at on a weekly basis at EDG. 5.5% of this figure relates to people who are shielding and not necessarily sick.
- AV requested that SY send the report over to him for future reference adding that the information provided for this period was not all bad. **SY**
- MW added her concern regarding the fact that not enough nursing staff have been taking annual leave which will have an impact on absence; however, she added that this has been raised over the last few weeks with staff.

5.3 Feedback from NHS Fife Board & Executive Directors

- AF advised discussions relating to the remobilisation of clinical space/services are on-going. He added that this is proving challenging however momentum is gradually improving. AV asked if remobilisation is gathering pace, however, AF replied that as he did not sit on the Remobilisation Group (members include Chris McKenna (Chair) and Helen Buchanan). Last week, the outcome was that discussions had proved challenging, however, momentum has been gathering over the past week and hopefully improvements will follow.

- AF advised that finances and budgets have been discussed over the past several weeks and signed off at EDG level.

6 B Appropriately Trained

6.1 Training Update

- SY advised that during the current COVID-19 situation, on-line training is proving to be successful. SY added that eLearning Modules are available in relation to Returning to Work Safely and recent feedback has shown that the module on Induction training is going well.
- MW added that the nursing training uptake has improved slightly due to wards being less busy, lower admissions etc. A steady uptake of staff training has taken place as a result. Staff are keeping on top of their respective training moving forward.
- MP added that nursing staff that have been mobilised to other areas have been updating their training records. These will be returned to PPD imminently.

6.2 Turas Update

- AV asked if Turas had been suspended? SY advised that Turas has been paused for a period of time within the HR directorate (local decision). Action - SY will take the question to Kirsty regarding the Board wide situation. **SY**
- SY will raise future plans/moving forward with Kirsty Berchtenbreiter, Head of Workforce Development as Kirsty will be the point of contact from here on in.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

- Nothing to report.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes

- AV moved onto the topic of entering into the first steps in remobilisation our services within the organisation.
- MC for Planned Care - In terms of Outpatients, very few face-to-face clinics have been running over the past several months, however, this has started to increase over the past 2-3 weeks. All requests for additional clinics should be directed through the TTG Group, of which MC is the Chair. Consideration is being given to getting patients through the door and whether or not sufficient screening is available on both the QMH and VHK sites. Stephen MacNamee has been working on the re-opening of sitting rooms and waiting areas in relation to allocating sufficient space for patients etc. If approved, papers are then taken to the Remobilisation Group for noting.
- MC for Theatres – Theatre useage will increase from 2 to 4 at VHK from Monday 15 June 2020. One theatre in Phase 2 will be opened up for urgent orthopaedic cases from 29 June 2020. From mid-July 2020, it is hoped that an additional 2 theatres and a cataract theatre will be open. This plan was passed and well received by the Scottish Government. He added that it is an incremental, stepped process and we are no-where near looking at getting back into routine surgery, however, we are slowly moving forward with patients who require to be seen. Staff continue to move back from other areas they have been working in to their own positions within the organisation.
- MW for Emergency Care - Advised that there is a significant gap in staffing posts. Before the COVID-19 pandemic, Emergency Care was running at a 10% vacancy rate. To date, there are currently 58 unfilled Band 5 vacancies. Of this figure, only one post has been opened out for advertising, and the directorate is sitting within varying points throughout the recruitment process. There is a shortfall of 32 wte positions on a band 5. Gaps are being addressed from the Nurse Bank and fixed terms contracts are being picked up. Although the band 2 vacancy factor continues, it is the band 5 vacancies that will be concerning. As remobilisation starts, significant shortfalls will have to be dealt with on top of staff who have been remobilised elsewhere, shielding etc. MW added that she will continue her conversations with Karen Wright to restart the recruitment process.
- PB for Estates – Remobilisation is being introduced in incremental stages and is proving advantageous, however, he added that we do not have the ability to bring in provision for the introduction of full scale OPD appointments whilst maintaining social distancing, safety etc. PB, AV and LN carried out walkthroughs on both the QMH and VHK sites, of which some are proving challenging. Reception areas now bear no resemblance to what they used to look like. Fine tuning will continue as we progress, however, PB envisages constant changes evolving before we reach stage 4 of the

process.

- MP, Head of Nursing – Vacancies are being filled from the Nurse Bank on a temporary basis and there are 2 vacancies on the NESS portal having been filled from staff returning to work on a 3-month contract. Several new starts are going through pre-employment checks and the Workforce Tools are recommencing in September 2020.
- AV – Schools go back on 12 August 2020 in Fife. He is concerned that this will have a significant effect on the services we provide from staff who have children of school age.
- MW – It is envisaged that when primary schools return, half of the class attending Monday and Tuesday, a deep clean will take place on a Wednesday and the remainder of the class will attend on a Thursday and Friday.

  For secondary schools, each year group will attend class one day per week for the foreseeable future.

  Guarantee has not been given to children from the same family being accommodated at school on the same day.

  Concern was raised by MW and a discussion followed as to whether or not we will have the staff base to continue with services as they remobilise. Shifts will have to be looked into differently, home working etc. Hopefully, when restrictions lift this will ease a bit, however, it is envisaged that there will be huge challenges ahead for the service as a whole.
- AV – requested that any remobilisation plans for reinstatement of services be directed through AV, LN or PH from the onset rather than later on down the line.

9 E **Provided with an Improved & Safe Working Environment**

9.1 **Well at Work Update**

- No Well at Work Update was available; however, SY added that NHS Fife was one of the best Boards in Scotland for active Well at Work staff participation.
- LN added that there had been no Well at Work meetings for some time now.
- LN advised that Mindfulness sessions and Yoga sessions were being rolled out to staff online.
- PB - The Staff Wellbeing Hub based in Maggies building is being moved provisionally to the Staff Club until a new location could be identified.
- CW – Staff Health & Wellbeing Group are looking at turning the existing Squash Court building into a Staff Wellbeing area as Maggies has requested moving back to their space to being Maggies again.

- AF advised that T Marwick, Chair, has requested budget figures from Estates for the upgrade of the existing Squash Courts into a Staff Wellbeing Hub now that we have significant endowment funds to spend.
- AF advised that T Marwick, Chair, has requested budget figures from Estates for the installation of an outdoor gym at Lynebank.
- CW - Long-term mental health concerns had also been discussed at the Wellbeing Group, especially for staff who have worked from home for extended periods of time during the COVID-19 pandemic. Moving forward, work is on-going with Psychologists and the Mental Health teams to assist with this.

9.2 Capital Projects Report

- No report available.
- AF advised that concerns had been raised as a lot of contactors have not been working during the COVID-19 pandemic and that the full capital budget allocation will not be spent. Following a recent Capital Projects Meeting, he was happy to report that 95% of Estates planned projects will be carried out on time and on budget.
- PB added that following a recent Minor Capital Management Meeting, 2 schemes (capital works under £100k per scheme) have been passed; namely, Bayview – bringing facilities up to a suitable and sufficient standard and the Dundee School of Nursing building up to standard required for NHS Fife as landlords.
- PB added that small works requests, under £30k, in Phase 3, VHK have started to increase again. These are being dealt with accordingly.

9.3 Adverse Events Report

- No report available.

10 ISSUES FROM STAFF-SIDE

10.1 Hours of Work

- AV advised concerns had been raised regarding hours of work and staff not being offered full time employment. As this related mainly to facilities staff, JR to take back and AV to arrange to speak to AF, PB and Jim Rotheram. **JRo**
- KE raised staff concerns regarding the patient screening area at Costa and the fact that is only open from 8 am – 6 pm. Given the fact that the hospital is operational 24/7, then why can this not be open longer? MW responded by advising that that this service was provided in relation to initial demand and

staffing levels, however, Emergency Department attendances had dropped by 50% and are now sitting around 75% of where they were pre-COVID-19. Consideration is, therefore, being given to whether or not there is enough available staff to man the area until 10 pm. A paper has been pulled together in relation to staffing requirements for the screening area of which Nicola Robertson and Shirley-Anne Savage are looking at in relation to utilising Band 2 staff in the area with Band 5 supervision. MW added that it is a case of balancing the workforce we have available against the risk involved. KE added that Medical Records staff are worried that after 6 pm, there is the risk of potential 'red' patients coming in through 'green' areas before they are triaged. MW added that it is worth bearing in mind that we are experiencing very low COVID-19 figures. KE will feedback to staff.

- KE raised the concern from Medical Records staff regarding the overflow area where patients are being asked to stand at Medical Records and the potential safety risk involved. He added that the security office is not manned due to security staff being stationed at the front entrance. He asked if there was any possibility of having the Security office manned? PB responded that Security are experiencing staffing concerns during the COVID-19 situation, however, assurance should be given to staff that security staff carry phones with them at all times and have a short reaction time should they be required urgently. All security cameras are fully functioning. PB will discuss the concern with Kenny Green, Security Manager and report his findings back to the group. **PB**

11 MINUTES FOR NOTING

None to note.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- Following a suggestion from AV, the group agreed that Remobilisation be added as a standard item to the agenda. **GMcK**

12.2 Issues for Escalation to Area Partnership Forum

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

13 ANY OTHER COMPETENT BUSINESS

13.1 SY – The Scottish Government has extended shielding to 31

July 2020. More leeway has been introduced for these people eg going out for regular exercise; however, there will be no return to work as the organisation made their decision for this group of people not to return at the beginning of the COVID-19 outbreak.

13.2 SY – Is awaiting National Guidance on self isolation regarding people returning from abroad, following questions on the subject from staff. An update will follow.

13.3 SY – Home Working Policy and Guidance Documents are being expanded by HR and will be available in the Manager Guidance Pack.

13.4 SY – Return to Work Checklists are being worked on at the moment with Wilma Brown. These will be rolled out with the documents mentioned in 13.2 and 13.3 above.

13.5 AF – The last Public Health Reports 'R' number shows Fife has one of the lowest in the country.

14 DATE OF NEXT MEETING

Thursday 20 August 2020 at 2 pm via MS Teams.