Staff Governance Committee

17 January 2020, 10:00 to 12:00
Staff Club, VHK

Agenda

1
Chairperson's Welcome & Opening Remarks

Margaret Wells

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Apologies for Absence

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Declaration of Members' Interests

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Minutes of Previous Meeting held on 1 November 2019

Margaret Wells

Item 4 Staff Governance Minutes 01.11.19.pdf (8 pages)

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Action List

Margaret Wells

Item 6 Table of Actions from mtg on 01.11.19.pdf (1 pages)

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Matters Arising

6.1
Staff Governance Role and Remit

Bruce Anderson

Item 7.1 SBAR Committee ToR SG.pdf (1 pages)

Item 7.1 SG Remit update 0120.pdf (4 pages)

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GOVERNANCE

7.1
Board Assurance Framework - Staff Governance Risks

Rhona Waugh

Item 8.1 Board Assurance Framework - 17 1 20.pdf (2 pages)

Item 8.1 NHS Fife Board Assurance Framework (BAF) V17 0 281119 - Workforce Sustainability.pdf (2 pages)

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7.2
HR Policies Monitoring Update

Bruce Anderson

Item 8.2 HR Policy update for SG cttee 170120.pdf (2 pages)

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Brexit

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Rhona Waugh

7.4
Annual Accounts - Progress update on Audit Recommendations

Rhona Waugh

Item 8.4 SBAR cover Annual Audit Report Recommendations.pdf (2 pages)

Item 8.4 Annual Audit Report Recommendations Update.pdf (12 pages)

7.5

Staff Governance Monitoring Return Feedback Response 2019

Bruce Anderson

Item 8.5 Staff Governance Monitoring Return Feedback response 2019.pdf (2 pages)

7.6

Health & Care Staffing Act (2019)

Helen Buchanan

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8.1

Attendance Management Update

Rhona Waugh

Item 9.1 Staff Governance re Attendance Management - 17 1 20.pdf (7 pages)

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Well at Work

Rhona Waugh

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Core Training Update

Bruce Anderson

Item 9.3 SBAR Core Training Update at 1st November 2018 - 31 October 2019.pdf (3 pages)

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Integrated Performance & Quality Report

Rhona Waugh

Item 9.4 IPQR Dec 2019.pdf (43 pages)

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STAFF GOVERNANCE STANDARDS

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Improved and Safe Working Environment

Verbal

Bruce Anderson

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PLANNING

10.1

Workforce Strategy Update

Rhona Waugh

Item 11.1 An Integrated Health Social Care Workforce Plan - 17 1 20.pdf (2 pages)

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Consultant Recruitment Update

Rhona Waugh

Item 11.2 Staff Governance re Consultant Recruitment - 17 1 20.pdf (3 pages)

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ITEMS FOR INFORMATION / NOTING

11.1
Minute of the Area Partnership Forum (20.11.19)

Item 12.1 - APF Minutes 201119 unconfirmed.pdf (8 pages)

Item 12.1 - APF Action List 201119.pdf (7 pages)

11.2
Minute of the Acute Services Division & Corporate Directorates LPF (31.10.19)

Item 12.2 ASD Corporate Directorates LPF Minute 311019.pdf (11 pages)

Item 12.2 ASD CD LPF Action List October 2019.pdf (2 pages)

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To Follow

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B14-20 Fire Safety Follow Up

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DATE OF NEXT MEETING: Friday 6 March 2020, 10am, Staff Club, VHK

Fife NHS Board
UNCONFIRMED

MINUTES OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 1ST NOVEMBER 2019 AT 10:15AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Mrs Margaret Wells, Non Executive Director **(Chairperson)**
Mr Eugene Clarke, Non Executive Director
Mr Andrew Verrecchia, Co-Chair, Acute Services Division LPF
Mrs Helen Buchanan, Director of Nursing

In Attendance:
Ms Barbara Anne Nelson, Director of Workforce
Mrs Linda Douglas, Director of HRD & OD, SAS (incoming Director of Workforce)
Mrs Rhona Waugh, Head of HR
Mr Bruce Anderson, Head of Staff Governance
Mr Andy Mackay, Deputy Chief Operating Officer (for Acute Services)
Mrs Nicky Connor, Director of Health & Social Care
Dr Gillian MacIntosh, Board Secretary
Dr Wendy Simpson, Health Psychologist (speaker)
Mark Steven, Team Leader (speaker)
Mrs Helen Bailey, PA to Director of Workforce (minute taker)

NO.	HEADING	ACTION

100/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone and introduced Linda Douglas, the incoming Director of Workforce from 1 January 2020, and speakers, Dr Wendy Simpson and Mark Steven, who would be presenting at this meeting.

The Chair congratulated Nicky Connor on her successful appointment to the position of Director of Health and Social Care.

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.

101/19 DECLARATION OF MEMBERS' INTERESTS

None.

102/19 APOLOGIES FOR ABSENCE

Apologies were received from members Paul Hawkins, Wilma Brown and Simon Fevre, and regular attendee Ellen Ryabov.

Christina Cooper was an unexpected absentee from the meeting, which resulted in the meeting not being quorate. It was agreed to proceed with the meeting, with any decisions to be homologated via consideration of the meeting minute.

It was agreed that, in advance of the next review of the Committee's Terms of Reference, Gillian MacIntosh will reassess the current text, as it was agreed the present wording lacked clarity over the quorum and the members that could be accounted therein. **GM**

103/19 GOING BEYOND GOLD

Dr Simpson presented a comprehensive update on the Going Beyond Gold work, which has focused on improving the well-being of staff through mindfulness and having good conversations. The presentation summarised the impressive level of participation in the programme and the positive impact on staff.

The Chair and members thanked and congratulated Dr Simpson on the success of the programme thus far, noting that funding has been secured for a second tranche of work for 2019-20, which will expand the training.

HB

It was agreed the Evaluation Report on the project will be circulated to members for their information.

104/19 STAFF STORY

Mark Steven presented a Staff Story, which described how the return to work of a staff member on long-term absence was managed successfully according to our existing policies and procedures. Members found the presentation very positive and inspiring, noting that the efforts of the staff involved demonstrated an exemplary piece of work, resulting in a positive outcome for the organisation.

The Chair thanked Mr Steven for attending to share his thoughts and input on the process. Thanks were also extended to the member of staff for agreeing to their example being used to enhance organisational learning and understanding.

103/19 MINUTES AND ACTION LIST OF PREVIOUS MEETING HELD ON 30TH AUGUST 2019

The minutes of the previous meeting were **approved**.

Action List
Ms Nelson reported that all actions are completed or otherwise on the agenda.

The Chair requested refraining from using the word "ongoing" within **BAN**

the Action Plan, thus it was agreed that the National HR Services (59/17) item be removed from the Action List and incorporated into the Committee's workplan under items to be raised as and when necessary.

104/19 MATTERS ARISING

None.

105/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

(a) Workforce Sustainability

Ms Nelson referred to the workforce sustainability risks submitted to every meeting and confirmed that risks were regularly reviewed.

The Chair queried how pressures in the H&SCP are taken into account and if they appear on this risk register. Mrs Buchanan noted this was being looked at with Internal Auditors, reviewing how the risks are linked and this will be reported at the Audit & Risk Committee.

Mr Clarke asked what was happening with Digital Readiness and where progress with this is being monitored. Ms Nelson highlighted that it sat within the overall Workforce Strategy. Members discussed this and it was agreed that Mrs Buchanan will seek clarification if this is appropriately covered in the eHealth risk register and, if so, how it correlates into this BAF. **HB**

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

(b) Workforce Challenges aligned to the BAF

Ms Nelson referred to the supporting paper, which provided detailed information on the context of the current workforce challenges.

The Chair welcomed this succinct report and thanked Mrs Waugh for the helpful update in this format. It was suggested this be reported at this Committee every six months, and it was agreed this be added to the workplan. **RJW**

The Committee **noted** the report.

106/19 STAFF HEALTH AND WELLBEING

a) Attendance Management Update

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

The NHS Fife average sickness absence rate for July was 5.78% and had decreased to 5.44% in August.

Analysis of the statistics in specific areas is detailed within the report. Review and Improvement Panels (RIP) have been undertaken recently to highlight the extent of the long-term sickness absence, which reflected some tragic circumstances in some areas. Pharmacy RIPs are going well and they are currently analysing their data and cases.

Mrs Waugh discussed the ways forward, which is reflected in the presentations this morning. The next presentation will be on the resilience work that Dr Mairiead MacLennan in Fife Area Laboratories is undertaking, which will give us an overview of taking an integrated approach.

Mrs Waugh reported that Tableaux, a new reporting facility, is about to be rolled out to line managers. It is hoped to have the Tableaux format in place for reports given to the next meeting. **RJW**

The Chair noted that the Acute Services division was moving in the wrong direction in relation to trends and requested an update on this to be provided at the next meeting. **RJW**

Ms Nelson reported that there has been an audit into promoting attendance, which is being finalised and will be reported at the next meeting. **BAN**

The Chair welcomed the detailed report and asked if it was possible for less detail to come to the meeting (but otherwise be accessible online). It was agreed that Mrs Waugh will look into this.

The Staff Governance Committee members **noted** the position in relation to sickness absence.

b) Well at Work

Mrs Waugh spoke to the report, which detailed information on ongoing activities. Work continues on the presentation for the Holyrood Event taking place on 19th November 2019 and the conference planning for the Culture of Kindness Conference next year.

The Staff Governance Committee members **noted** the ongoing activities in terms of Well at Work.

107/19 iMATTER UPDATE

Mr Anderson gave an update on the iMatter cycle, highlighting the

huge success in terms of the production of the Board report in the current year, the overall response rate having increased. iMatter is driving forward in relation to ongoing Action Planning and work also continues to gather the good news stories and publish them.

A report on the 12-week period of action planning is shortly to be presented to Scottish Government.

The Chair welcomed the report, which showed both positive responses and highlighted areas where work is required to improve.

Mrs Connor stated that, in the H&SCP, they are planning for next year, engaging with people to improve achievement in partnership.

The Staff Governance Committee **noted** the improvement in response rates for this year's iMatter cycle and **noted** the continued activity across the organisation to increase the number of completed action plans.

108/19 STAFF GOVERNANCE MID-YEAR REVIEW

Mr Anderson presented the report, which provided the mid-year Staff Governance Action Plan review for 2019–20 and the progress made against the key actions established in the plan.

Following the discussion about bringing the report to the BAF every six months to this Committee, Mr Anderson will incorporate that detail and review how that is presented with this report to avoid duplication. **BAN**

The Staff Governance Committee **considered** and **agreed** the six-month review of the Staff Governance Action Plan 2019-20.

109/19 KSF / TURAS UPDATE

Ms Nelson gave a verbal update on KSF / TURAS performance. The trajectory of 80% by end of October has not yet been achieved, but assurance was given that there is ongoing discussion at EDG to improve this position. Updated figures will be reported to Staff Governance at future meetings.

The Staff Governance Committee **noted** the current position.

110/19 HR COLLABORATIVE WORKING – NATIONAL / REGIONAL

Ms Nelson updated the members on the current work being taken forward in respect of what started originally as a national shared services or collaborative working within HR. This has now moved to a regional focus. The recruitment transformation programme, which involves six Boards, is moving forward. Ms Nelson detailed the process and provided assurance to the Committee that there is full

governance around this. Further updates will be reported as appropriate.

The Staff Governance Committee **noted** the progress to date regarding this shared services workstream.

111/19 BREXIT UPDATE

Ms Nelson gave an update regarding workforce, communications and support available to staff as Brexit negotiations continually nationally.

The Staff Governance Committee **noted** the update.

112/19 MEDICAL REVALIDATION UPDATE

Mrs Waugh spoke to the Medical Director's report, which covered progress on medical appraisals and revalidations for the period 2018-19. Mrs Waugh highlighted the difficulty in maintaining the number of trained appraisers and the ongoing work to encourage this.

The Staff Governance Committee **noted** the report.

113/19 STAFF GOVERNANCE ANNUAL WORKPLAN

Ms Nelson confirmed to colleagues that the Committee's workplan has been recently reformatted to be consistent with all Board committees. The items identified at this meeting would be added.

The Staff Governance Committee **approved** the revised workplan.

114/19 INTEGRATED PERFORMANCE & QUALITY REPORT

Members identified the areas already discussed in the meeting's agenda that require highlighting to the Board, namely sickness absence performance.

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

115/19 ISSUES TO BE HIGHLIGHTED TO THE BOARD

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

- Sickness Absence
- Going Beyond Gold success
- Staff Story (noting this would also be beneficial to be delivered to a future Board Development Session) **MW / BAN**
- iMatter
- TURAS

116/19 ITEMS FOR INFORMATION / NOTING

- Minutes & Action List of the APF (18.09.19)
- Minutes of Acute Services Division and Corporate Directorates LPF (29.8.19)
- Minutes and Action List of H&SC LPF (16.09.19)
- Audit Scotland Report on Workforce Planning

All minutes **noted**.

The Chair suggested that the Audit Scotland Report on Workforce Planning should go to the IJB's Audit & Risk Committee for their information. **NC**

117/19 ANY OTHER BUSINESS

Ms Nelson stated the reason for raising the Banish Boarding Event and Junior Doctors' Training at this meeting was to update Staff Governance Committee and give assurance that the Staff Governance Standard (on employees being involved in decisions that affect them) is being met throughout the organisation.

Assurance is given that we have very well recognised ways of implementing transformational change within the Board, in partnership with Staff Side and with staff. This inclusive approach is already in practice within the Board and, where there are issues arising, there is dialogue to seek solutions and move forward positively.

Mr MacKay gave a detailed update on the Banish Boarding Event planned for Acute, noting that work was ongoing and learning continued as programmes of work such as this were tested.

The Chair referred to patient boarding / workforce issues that have been discussed in detail at the Clinical Governance Committee.

Mr Verrecchia stated that Mrs Ryabov briefed LPF about the issues and assurance has been given that it is being rolled out correctly.

Ms Nelson updated the Committee on recent issues in terms of Junior Doctors' training. Visits are undertaken into every Board assessing Junior Doctors' training and the outcomes of these visits is discussed in detail at the Clinical Governance Committee. This Committee is being updated due to the link to workforce in totality, and assurance is given that the outcomes of these assessments are being addressed in a co-ordinated manner.

The Chair noted that it was Barbara Anne Nelson's last Staff Governance meeting, before her retirement as Director of Workforce, and members joined in warmly thanking her on behalf of the Committee for her contribution to NHS Fife during her time in post.

118/19 DATE OF NEXT MEETING

Friday 17th January 2020 at 10:00 am in Staff Club, VHK.

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

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
115/19	Issues to be highlighted to Board	BAN	27.11.19	Reported to Board
102/19	Review Committee Quorum at next Terms of Reference review	GM	17.01.20	On Agenda
103/19	Going Beyond Gold Presentation circulated to members	HB	17.01.20	Completed
105/9	Check Digital Readiness is highlighted as a risk in the eHealth Strategy?	HB	17.01.20	Verbal Update HB
106/19a	Update on Acute absence performance and audit report findings	RJW	17.01.20	On agenda

Staff Governance Committee

DATE OF MEETING:	17 January 2020
TITLE OF REPORT:	Committee Revised Terms of Reference
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Gillian MacIntosh, Board Secretary

Purpose of the Report (delete as appropriate)

For Decision

SBAR REPORT

Situation

At the Committee's November meeting, it was agreed to review the current wording of the Staff Governance Terms of Reference, to clarify specifically the composition of the quorum. Additional changes are also required to reflect the fact that the Remuneration Sub-Committee is now a standing committee with a reporting line directly to the Board.

Background

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. A more substantive review will be undertaken at this time, as per the Committee's workplan. The attached seeks to address the two changes detailed above.

Assessment

An updated draft is attached for consideration with all changes 'tracked' for ease of reference. Following review and approval by the Committee, these changes will be encompassed in the next review of the Code of Corporate Governance, scheduled for May 2020.

Recommendation

Members of the Committee are asked to:

- **approve** the updated Terms of Reference

Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Committee Chair
Impact: (must be completed)	
Financial / Value For Money	The update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 29 May 2019

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 the services devolved to the Integration Joint Board.

2. COMPOSITION

2.1 The membership of the Staff Governance Committee will be:

- Four Non-Executive ~~or Stakeholder~~ members, one of whom will be the Chair of the Committee.
- Employee Director (as a~~A~~ Stakeholder member of~~is appointed to~~ the Board ~~from Fife Council or~~ by virtue of holding the Chair of the Area Partnership Forum ~~or the Area Clinical Forum~~)
- Chief Executive
- Director of Nursing
- Staff Side Chairs of the Local Partnership Forums

2.2 Each of the Staff Side Chairs of the Local Partnership Forums shall, annually, notify the Lead Officer to the Committee of a specific nominated deputy who will attend meetings in their absence. This will be reported to the Chair.

2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Workforce
- Chief Operating Officer (Acute Services)
- Director of Health & Social Care
- Board Secretary

2.4 The Director of Workforce will act as Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three ~~Non Executive or Stakeholder~~ members are present, at least two of whom should be Non Executive members of the Board. In addition, in order to be quorate, each meeting will require one of the staff side Chairs of the Local Partnership Forums or their nominated deputy to be present. There may be occasions when due to unavailability of the above Non Executive members the Chair will ask other Non Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board. ~~In addition each meeting will require one of the staff side Chairs of the Local Partnership Forums or their nominated deputy to be present.~~

4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than four times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;
- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
- Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;

- Contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;

- Support the continued development of personal appraisal professional learning and performance ~~and, in particular, establish a Remuneration Sub-Committee empowered to consider and determine objectives and performance appraisals for the Executive cohort and oversee performance arrangements for designated Senior Managers~~;

- Review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee's responsibility;

- Undertake an annual self assessment of the Committee's work and effectiveness.~~; and~~

- ~~Receive minutes from the Remuneration Sub-Committee. Issues arising from this Committee will be brought to the attention of the Chair of the Staff Governance Committee for further consideration as required.~~

5.2 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit & Risk Committee.

7.3 The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an update on all changes being submitted to the Audit & Risk Committee.

Report to Staff Governance Committee

DATE OF MEETING:	Friday 17 January 2020
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Workforce Sustainability
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Linda Douglas, Director of Workforce

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

SBAR REPORT

Situation

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

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

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

This report provides the Committee with the latest version of the NHS Fife BAF, further to the update provided at the last meeting on 1 November 2019.

Background

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

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

The Committee is invited to consider the following:

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

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

Assessment

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 paper at **Appendix 1**.

There have been very minor changes to the content of the Workforce Sustainability section of the BAF since this was presented to the Committee in 2019. The only remaining operational risk is:

90	National shortage of Consultant Radiologists

This risk is highlighted within the report attached at **Appendix 2.** As previously agreed on 30 August 2019, this risk was to remain as High.

Recommendation

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

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

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

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Workforce Sustainability																													
1415	Exemplar Employer	01.11.2019	17.01.2020	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 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 to support the Clinical Strategy and Strategic Framework	Director of Workforce/Partnership		1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	4	Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
																4. • A Brexit Assurance Group has been established to consider the impact on the workforce with regard to these arrangements once they are known. 5. An Assurance Group has also been established which will link to existing resilience planning arrangements 6. • Implementation of eESS as a workforce management system within NHS Fife	Nil	Implementation of proactive support for the workforce affected by Brexit. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced real time data intelligence for workforce planning and maximise benefit realisation from a fully integrated information system.											
																7. • A stepped approach to nurse recruitment is in place which enables student nurses about to qualify to apply for certain posts at point of registration. This model could also be applied to AHP, eHealth, Pharmacist, Scientific and Trades recruitment and other disciplines considered. 8 • Strengthening of the control and monitoring associated with supplementary staffing with identification and implementation of solutions to reduce the requirement and/or costs associated with supplemental staffing. 9. • NHS Fife participation in regional and national groups to address national and local recruitment challenges and specific key group shortage areas, applying agreed solutions e.g. SERRIS, SITREP Radiology Group 10. Review of risks related to Mental Health recruitment with Risk owners	Nil	Strengthen workforce planning infrastructure ensuring co-ordinated and cohesive approach taken to advance key workforce strategies											
																11. • 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 workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the OH and Wellbeing	Nil	Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing.											
																13. • The roll out and implementation of iMatter across the organisation, to support staff engagement and organisational values.	Nil	Optimise use of iMatter process and data to improve staff engagement and retention											
																14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce. 15. • Training and Development	Nil	Continue to implement and promote Staff Governance Action plans and staff engagement											
																16. • Development of the Learning and Development Framework strand of the Workforce Strategy 17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels	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 meets its statutory obligations	Nil	Review of L&D processes , planning and resources to ensure alignment to priorities											
																19. • The implementation of the Learning management System module of eESS to ensure all training and development data is held and to facilitate reporting and analysis	Nil	Full roll out of learning management self service											
																20. • Continue to address the risk of non compliance with Staff Governance Standard and HEAT standard requirements relating to KSF	Nil	Continuing implementation of the KSF Improvement and Recovery Plan											
																21. • Utilisation of the Staff Governance Standard and Staff Governance Action Plans (the "Appropriately trained" strand) is utilised to identify local priorities and drive local actions	Nil											
																22. • The development of close working relationships with L&D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working	Nil		Director of Workforce										

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
503	Lack of capacity in Podiatry Service unable to meet SIGN/ NICE Guidelines	Risk Closed		
1042	Staffing levels Community Services East unable to meet staffing establishment	No longer high risk	Moderate 12	K Nolan
1324	Medical Staff Recruitment	No longer high risk	Moderate 9	J Kennedy
1349	Service provision- GP locums may no longer wish to work for NHS Fife salaried practices	Risk Closed		
1353	Medical Cover- Community Services West- expected shortfalls on nurse staffing and GP cover	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	
90	
Position of Risk (Risk Register)	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register
Opened	23.08.2002
Title	National Shortage of Radiologists
Description	There is a risk that we will be unable to recruit to Consultant Radiologist 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.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (initial)	4 - Major
Risk level (initial)	High Risk
Rating (initial)	20
Current Management Actions	17/01/2020 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 is currently applying to NHS Fife. NHS Lothian has given notice of cessation of PA and sessional input to NHS Fife. Agency Locum usage has been reduced to 1 WTE. No candidates secured from participation in NHS Scotland International Recruitment Campaign.
Likelihood (current)	4 - Likely - Strong possibility this could occur
Consequence (current)	4 - Major
Risk level (current)	High Risk
Rating (current)	16
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	4 - Major
Risk level (Target)	Moderate Risk
Rating (Target)	8
Risk Owner	Burdock, Jeanette
Handler	Burdock, Jeanette
Previous Review Date	01.11.2019
Next Review	23.04.2020

Staff Governance Committee

DATE OF MEETING:	17th January 2020
TITLE OF REPORT:	HR Policy Update
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Bruce Anderson, Head of Staff Governance

Purpose of the Report (delete as appropriate)		
Information		

SBAR REPORT

Situation

This report provides an update to the Staff Governance Committee on the HR Policy development and review activity. It details the policies which have been approved at the HR Policy Group throughout the year 2019-20.

Background

The HR Policy Group is a partnership group which conducts the work of developing and maintaining HR policies. It meets bi monthly and ensures all policies meet the minimum requirements of PIN Policies and are sent to EDG and APF for approval.

Assessment

The Scottish Workforce and Staff Governance Committee (SWAG) formally approved on 23 October 2019 Phase 1 of the 'Once for Scotland' Workforce Policies Programme. This comprises the following workforce policies: Attendance, Bullying & Harassment, Capability, Conduct, Grievance, and a Workforce Policies Investigation Process.

A soft launch of the Phase 1 policies is underway (November 2019 - February 2020). This is a preparatory period for HR Departments and Staff side to ensure NHS Board readiness for launch with staff and managers on 1 March 2020. The HR policy group will lead on the soft launch local preparations and work has commenced in partnership to identify the training requirements for managers in applying the new policies, transitioning from our existing policies.

The APF has had an initial presentation of the supporting digital platform and this will provide managers, staff side colleagues and HR staff with FAQ's and helpful guides to policy application. Regional events have been arranged to start the programme of phase 2 policy developments and NHS Fife HR and staff side colleagues will again play a part in shaping the new policy development.

The "Once for Scotland" asked "*not to review policies during the work of the Programme*", only legislative or procedural amendments would be made to NHS Fife policies to keep them up-to-date until the 'Once for Scotland' policies are in use.

At the HR Policy Groups held to date since April 2019 the following policies were up dated:

HR33	Facilities arrangements for Trade Union and Professional Organisations
HR41	Equality, Diversity & Human Rights Policy
HR45	Shared Parental Leave Policy
HR47	Recruitment & Selection Policy

There are 37 current policies which are all within review date. This represents 100% of policies within their review status period.

Recommendation

For Information:
The Staff Governance Committee is asked to **note** the work undertaken by the HR Policy group in developing and maintaining HR policies.

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance Standards: Well Informed Appropriately Trained Involved in decisions which affect them Treated fairly and consistently Provided with an improved and safe working environment
HB Strategic Objectives:	Exemplar Employer Objectives

Further Information:	
Evidence Base:	Policies are developed in line with National PIN model policies.
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Area Partnership Forum for approval of amended policies and update to SGH&SCD

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

Staff Governance Committee

DATE OF MEETING:	17 January 2020
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Mark Doyle, Assistant Director of Finance

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

SBAR REPORT

Situation

The purpose of this report is to provide an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

Background

As part of the overall governance and assurance processes of the Board, both the Chief Internal Auditor and the Board's External Auditor (currently Audit Scotland) are required to provide an annual report within the dimensions of their respective remits.

Assessment

Audit Recommendations:

Both internal and external audit provided a series of recommendations for the Board, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to end of December 2019.

Recommendation

The Staff Governance Committee is asked to:

- **note** the actions taken to date, particularly in relation to the recommendations related to areas under its remit.

Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group

Impact: (must be completed)	
Financial / Value For Money	Financial Governance is a key component of the assurance process.
Risk / Legal:	Actions taken in response to audit recommendations seek to

	address / mitigate any risks identified
Quality / Patient Care:	Quality & patient care are a core consideration in all aspects of governance including financial governance.
Workforce:	Workforce issues are a core consideration in all aspects of governance including financial governance.
Equality:	Equalities issues are a core consideration in all aspects of governance including financial governance.

Annual Internal Audit Report 2018/19 Action Plan

Finding	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 31 December 2019
1. The annual statements of assurance from the Standing Committees provide an opportunity for reflection on the work of the Committee in the year, key issues for the coming year and the BAF risk4s delegated to the Committee as well as the quality and timing of assurances received. Our work indicates that this opportunity is not always being taken and that the quality of assurances provided by Standing Committees could be improved. Standing Committee Annual Reports do not routinely contain assurances over the BAFs assigned to that Committee.	The Board should consider the process by which the Annual Reports are approved and whether there would be merit in setting aside more time for considered reflection, rather than the Annual Report being potentially considered as just another item on a crowded agenda. The template for Standing Committee Annual Assurance Statements could assist in this process by including: • confirmation that they have considered all items on their workplan • explanations for any exceptions and overt consideration of whether they impact on the Committee's ability to provide meaningful assurance • Consideration of relevant internal and external audit reports (see recommendation 3) and external reviews received and their impact on the assurance provided • Commentary on any BAFs for which the Committee is responsible including: • assurance on the accuracy of the score, • the reasons for any movements in-year • the adequacy and effectiveness of the controls described in the BAF • the sufficiency of actions intended to bring the score to its target level the relevance and reliability of assurances over those controls and actions Some Committees may benefit from additional support/training in understanding the assurance requirements of the Board and we would note that the assurance mapping due for 2019/20 should assist in this process.	At present, Board Committee annual statements of assurance are largely prepared by the lead Director for each Committee, leading to some variability in both format and content. For future years, it is proposed that the Board Secretary co-ordinates their production and work to enhance the current template will be part of that exercise. Consideration will be given to including the additional content above to improve the quality of the assurances given.	**Board Secretary** **31 May 2020**	Audit & Risk	Initial consideration being given as to how to progress this, taking the advice of the internal auditors on the assurance letter guidance contained within the Scottish Public Finance Manual.

2. Formal assurances were provided by the Executive Directors and Senior Managers of NHS Fife that adequate and effective internal controls have been in place in their areas of responsibility, we note that only seven out of twelve assurance statements included a statement on the risk management arrangements within their area.	As with Standing Committees there is an opportunity to enhance the template but also to consider the process through which these assurance statements are produced and quality assured. Consideration should be given to the SPFM assurance letter guidance which is the subject of ongoing discussions between Internal Audit and the SGHSCD.	A review of the current process for capturing the assurances of senior staff, including the revision of the current template and consideration of which posts should be included in the exercise in future years, has already been agreed in discussions with the External Auditors. The input of Internal Audit would be welcome, to ensure that the new process is fully compliant with SPFM guidance and how this is expected to be implemented locally.	**Director of Finance & Performance and Board Secretary** **31 March 2020**	Audit & Risk	As above. Amended letter used for recent departures of Director of Health & Social Care, Director of Workforce and Chief Operating Officer.
3. The findings from our annual and interim reviews and other internal audit reports are not routinely reported to the relevant Standing Committee(s). We also noted that Audit Scotland's reports are not routinely presented to the relevant standing committee (eg the Audit Scotland Management Report 2017/18 included a finding relevant to Information Governance but was not presented to the Clinical Governance Committee). We also found areas where findings were reported but were not followed to their conclusion by the Committee. As a consequence, significant governance findings for which the agreed action had not been implemented were not identified by Standing Committees in their annual assurance statements.	Internal Audit reports, including annual and interim reports should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published. External Audit findings should be similarly communicated. For significant findings, the Committee should establish a suitable monitoring process and ensure it is followed through to completion.	In conjunction with Internal Audit we will seek to align individual audit reports to a specific Committee of the NHS Board. As and when reports are issued, the distribution of the report will include the lead Director for the relevant Committee, for inclusion at the next meeting. The covering email should include an explicit statement reminding the Director of this responsibility (1). Any actions required and taken will be reported accordingly through the minute (2), with a parallel monitoring process (already in place) via the Audit & Risk Committee for both internal and external audit recommendations (3)	**Internal Audit(1)/Board Secretary(2)/Director of Finance(3)** **30 September 2019**	All	Complete. Template developed for use with audit reports tabled to other governance committees.
4. There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.	An SBAR should be presented to the Audit & Risk Committee highlighting the challenges and reasons for the delay to the revision of the Risk Management Framework and how they will be addressed so that a realistic and achievable implementation schedule can be agreed and monitored and, most importantly, delivered.	We accept the recommendation and a report will be provided as described above	**Director of Nursing** **30 September 2019**	Audit & Risk	Risk Management report on agenda for A&R January 2020 meeting providing update on Framework development, with revised timescales.

5. Although high level updates on the preparation and approval of the NHS Fife Workforce Strategy have been provided to the SGC in 2018-19 it has not been formally updated on progress towards implementing the NHS Fife Workforce Strategy Action Plan, though we have been informed that the intention is to provide updates to the SGC using the action plan to the new strategy. The Terms of Reference of the NHS Fife Strategic Workforce Planning Group state that '*Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate*' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.	The Terms of Reference of the NHS Fife Strategic Workforce Planning Group should be amended to include a specific responsibility to provide an annual update on progress against the NHS Fife Workforce Strategy Action Plan to the SGC. This is particularly important given that the Workforce Strategy is the key control listed in the Workforce Sustainability BAF. Assurance on progress against the NHS Fife Workforce Strategy from the NHS Fife Strategic Workforce Planning Group to the Staff Governance Committee should be scheduled in the Committee's Annual Workplan for 2019-20 before the SGC Annual Assurance Statement is approved.	The workforce strategy forms part of the current workplan for the Staff Governance Committee. The above recommendation will be incorporated into future workplans and reports will be made as appropriate to the Staff Governance Committee. The ToRs described above will be amended accordingly.	**Director of Workforce** **30 September 2019**	Staff Governance	An update is scheduled to be provided to the Staff Governance Committee in January 2020 on these outstanding actions.
6. The NHS Fife Remuneration Sub-Committee has not undertaken a self assessment using the self assessment pack issued by Audit Scotland for 2017/18 or 2018/19.	The self assessment checklist for the Remuneration Sub-Committee should be completed for the years of 2017/18 and 2018/19. The self assessment should be completed annually before the Remuneration Sub-Committee's Annual Assurance Statement	Discussion on a retrospective self assessment will be discussed at the Sub Committee in June 2019. The self assessment checklist will be incorporated into the overarching Board and Committee self assessment process for 2019/20. Any relevant aspects of the recommendations emerging from national work through the Blueprint for Good Governance will be taken into consideration.	**Director of Workforce** **30 June 2019** **Board Secretary** **31 March 2020**	Remuneration	Agreed that no retrospective self-assessment for Remuneration Committee for years 2017/18 and 2018/19 would be undertaken, due to limited use of this exercise. Self-assessment for present year currently underway, using the same template as in use with other governance committees.
7. Our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework has not yet been fully addressed as aside from high level reports on GDPR compliance presented to CGC in January and March 2019 overt assurance on these areas has not been provided. The original timescale for implementation of actions to address this recommendation was by 31 December 2018.	A report should be provided to the NHS Fife Clinical Governance Committee clearly stating the Board's current status of compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework. The report should include overt statements on • How compliance with the NIS Directive will be managed and monitored • How NHS Fife will prepare for external review by the Competent Authority • How existing processes for GDPR, cyber-essentials and any other IG requirements will be assimilated/made congruent with the actions required for the NIS Directive • Overall assessment of likely gaps • Risk assessment.	We accept improvements are required in respect of overt assurance reporting to the Clinical Governance Committee. A detailed report, as described, will be considered by the Information Governance and Security Group in August 2019 for submission to the CGC in September.	**DPO/SIRO** **30 September 2019**	Clinical Governance	Report has been delayed, pending further discussion in early January 2020 with the Chair of Clinical Governance about the reporting lines of eHealth / IG and associated assurance needs of the Clinical Governance Committee. Report now estimated to be produced in Spring 2020.

8. The Executive Director's Annual Assurance Letter from the Chief Operating Officer for Acute Services Division who was identified as the Board's SIRO from 28 January 2019 provided their assurance as SIRO but only for the period from 28 January 2019 to 31 March 2019. No Executive Director's Assurance Letter was requested from the previous SIRO before they left.	The disengagement process for Executive Directors who leave NHS Fife should include obtaining from them an Executive Director's Assurance Letter covering the period they were in post.	We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post	**Board Secretary** **30 September 2019**	Audit & Risk	Complete (see 2 above). Process now in place to capture these assurances at times other than year end.

Issue / Risk	Recommendation	Management Response	Responsible Director Action by Date	Relevant Governance Committee	Update on Progress as at 30 December 2019
1. PECOS access controls In 2017/18 we found three users with approval permissions on the PECOS purchasing system that were not appropriate to their job role. Audit testing this year found one of the users identified last year still had inappropriate access, a further three users had approval rights despite having left the health board and one user had changed roles and access to PECOS was no longer appropriate. **There is a risk that users have inappropriate access to PECOS and erroneous or fraudulent entries could be made.**	User access permissions for PECOS should be reviewed on a regular basis to ensure that the permissions granted are appropriate to job roles and relate only to current employees.	On occasion, individuals may remain on the system with authorisations delegated to their deputy, pending the replacement starting. We will work with eHealth colleagues to ensure the IT access termination documentation also covers PECOS; and with HR colleagues to remind line managers of the requirement to advise on movers/leavers.	***Head of Procurement*** ***30 September 2019***	Audit & Risk	Currently being progressed. Verbal update to be given at A&R January meeting.
2. Changes to supplier details We reported last year that in the majority of cases no independent verification of changes to suppliers bank details were sought. From discussions with Finance staff this year there is still no agreed or consistent procedure for verifying changes. The Assistant Director of Finance – Financial Services confirmed the current procedure is to telephone suppliers when a letter from the supplier notifying a change in bank details is received. If an invoice is received that has new bank details on it there is no further verification. **There is a risk of exposure to fraud as not all requests to change bank details are verified from an independent source.**	A formal procedure should be prepared and shared with Finance staff which clarifies that all changes to supplier bank details should be verified as agreed by management in 2017/18.	An email has been sent to all ledger staff confirming the procedure for requested changes to supplier bank details. The desktop procedure is under review.	***Assistant Director of Finance*** ***31 July 2019***	Audit & Risk	Complete
3. Delivery of savings There is no information on the specific savings plans within the high level workstreams reported in the IPR or the proposals to address outstanding savings. **There is a risk financial targets will not be met as there is no detail on how savings will be achieved.**	Specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. Sufficient information on these plans should be provided to enable the FP&RC and Board to carry out effective scrutiny.	Detailed savings plans for 2019/20 have been considered via the IJB for Health & Social Care services but these are not sufficient to close the gap overall. The impact on the NHS Fife position has been requested from the Director of Health & Social Care. Detailed savings plans are in development for Acute Services, with a report to the FP&R Committee in May	***Director of Health & Social Care / Chief Operating Officer*** ***31 May 2019***	Finance, Performance & Resources	Discussions ongoing within the IJB in relation to delivery of savings. Deloitte LLP engaged to drive forward a robust programme of savings across Acute Services. Presentation, which has been provided to the FP&R Committee and the Board in November 2019, with further updates scheduled for January 2020 meetings.
4. Reliance on non recurrent savings NHS Fife continues to rely on non recurrent savings to deliver against the statutory financial target of break even and is relying on financial flexibility to offset the significant overspend within Acute Services. **There is a significant risk that the Board will not deliver the savings required to achieve a balanced budget on a recurring basis which increases the pressure on budgets in future years.**	The Board should take steps to reduce its reliance on non recurrent savings to achieve financial targets.	This issue is recognised and will be addressed in line with the previous action above.		Finance, Performance & Resources	Delivery of savings, within the context of the overall financial position, is a high risk on the BAF. A financial recovery plan is an essential component of the Annual Operational Plan for 2020/21.

5. Openness and transparency The NHS Fife website is not user friendly and some information, including committee papers, is either not available or is difficult to find. **There is a risk that the lack of information on the website impacts on the public's perception of the health board's openness and transparency.**	The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.	This issue is recognised. NHS Fife intends to invest in the creation of a new website design, hosting and development platform in 2019. This will be equipped with enhanced search, clear navigation and accessible service modules, viewable on a range of devices. A new content management system will ensure that the new NHS Fife website will be future proof, while still being capable of accommodating and indexing existing historical content. Meantime, a more robust checking procedure has recently been introduced to ensure that Board and Board Committee papers are uploaded timeously after the issue of papers to members and that the resultant file posted on the website is subsequently accessible to all users.	***Head of Communications*** ***31 December 2019***	Finance, Performance & Resources	Procurement and tender process completed and agreement reached to engage an external website development agency, to begin work early in 2020.
6. Escalation of issues to the NHS Fife Board There is a lack of follow up in relation to some items escalated to the NHS Fife Board by the Board committees. **There is a risk that issues escalated for consideration by the NHS Fife Board are not subject to effective scrutiny at this level.**	Further enhancement of the Board escalation process is required. There should be sufficient time and resources set aside at Board meetings to ensure there is proper consideration of the items escalated from committees. This should include appropriate follow up of ongoing issues.	There is no limitation placed by the Board on the time presently allowed for the escalation of items from Board Committees. Some key issues initially identified by Committees as matters for escalation to the Board can on occasion be covered elsewhere in the agenda, but Committee Chairs are all aware of the need to discuss potential topics for escalation at Committee meetings and explicitly identify these in the cover sheet accompanying Committee minutes. Items for subsequent follow-up by the Board will be flagged as such in the Board's rolling Action List.	***No further action required***	All	Complete

7. Committee self- assessment process Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date. **There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.**	A Board meeting or development session to consider common and/or ongoing issues identified as well as any further improvements to the process should be arranged and appropriate actions agreed.	After initial consideration by each Committee in March, the Board has considered the results of the Committee self-assessment exercise at its scheduled Development Session in April 2019. An action plan has been created, aligning this improvement work with the local implementation of the new NHS Scotland Blueprint for Good Governance, to ensure that governance-related improvements are co-ordinated and standardised across all Board Committees. A revised Committee questionnaire format, taking account of members' feedback on this year's process, will be put in place for the next iteration of the survey, to be undertaken across all Committees in late 2019.	***Board Secretary*** ***31 October 2019***	Audit & Risk	Update given to the Board in November 2019 on completion of the current Blueprint Action Plan, and this reported externally to the Scottish Government. Revised committee self-assessment questionnaire agreed with Committee chairs and now out for members' completion in December 2019.

8. Health and social care partnership arrangements Some of the local challenges around operational and governance arrangements for the health and social care partnership have not been fully resolved. Staff and members are sometimes predisposed towards the interests of their employing organisation rather than the partnership. **There is a risk that the health and social care arrangements in Fife are not operating effectively.**	The operational and governance arrangements between the Board and IJB should be clarified to ensure that staff, senior management and members of the partner bodies work as a partnership.	Fife – like all HSCP's – have been asked by SG & COSLA to complete a self-assessment against the recommendations of the Ministerial Steering Group Review of Integration. That self-assessment is to be completed and returned by 15 May. Senior leaders in the HSCP, NHS Fife and Fife Council met recently to discuss the self-assessment. That is now being worked up and will be agreed amongst all partners before submission on 15 May. The governance structure of the IJB remains under development, though further work has been undertaken in recent months by Partnership colleagues to create H&SCP versions of key governance documents (such as induction manuals and revised Committee Terms of Reference) to address the outstanding deliverables of the IJB's Governance Framework Action Plan (dated July 2018). A proposed review of the Integration Scheme by the parent bodies in 2019 will provide an opportunity to reflect on the current governance structures in place and make further changes to clarify roles and responsibilities, supporting effective partnership working.	***Chief Executive*** ***30 September 2019***	All	This matter is being addressed through the H&SCP / NHSF / FC joint response to the Ministerial Steering Group report on Integration, which includes a detailed action plan. This is being led by the Director of Health & Social Care. Meeting underway with Integration Partners to begin review of the present Integration Scheme, which will take into account existing governance structures and reporting lines.
9. IT data recovery There is no technical recovery procedure for either Trakcare or Patientrack at the present time. Scheduled data recovery testing has not been done for several years. **There is a risk that data recovery procedures are not effective resulting in the loss of data essential to patient care and/or business continuity.**	Technical recovery procedures for critical IT systems should be prepared. IT data recovery should be tested on a rotational basis that ensures all aspects are included, procedures are effective and that staff are familiar with the procedures and can implement them in a variety of scenarios.	Ongoing Network improvements between primary and secondary platforms for these systems will drive new recovery point and time objectives. These will be documented within a Business Impact Analysis (BIA) and new Technical Recovery Procedure Documentation. The BIA will also drive future recovery testing scope and frequency.	***General Manager, eHealth*** ***31 December 2019***	Clinical Governance	Attrition and flux within the technical teams and delays lining up the supplier (Service Catalogue and BIA assessment) has pushed this work back. The expected date of completion is now **30 June 2020**.

10. Organisational resilience self-assessment There is no formal action plan to monitor progress in respect of those standards included in the NHRU framework which were identified as not fully implemented following the Board's self-assessment in August 2018. **There is a risk that improvements to the Board's organisational resilience identified from completing the self-assessment are not achieved.**	A formal action plan should be prepared to monitor progress in implementing the NHRU resilience standards.	Whilst the Board has been addressing the issues outlined in the report, a formal action plan has not yet been approved. This will be submitted to the NHS Fife Resilience Forum in July 2019.	***Director of Public Health*** ***31 July 2019***	Clinical Governance	Complete. An action plan has been approved and delivery thereof is well underway. Scottish Government have responded to our initial self-assessment and a further progress update to SG will be prepared for submission in April 2020. An update in the meantime will be given to Clinical Governance and the Board in January 2020.
11. Cyber security There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. **There is a risk that cyber resilience efforts do not receive support and commitment at Board level.**	Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.	A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.	***General Manager, eHealth*** ***31 December 2019***	Clinical Governance	A change of Cyber Security Manager (who was assigned this work) has caused a delay. However, a Cyber Resilience Plan has now been drafted and this will drive the reporting based on the key deliverables. Full report path expected to be in place by **30 March 2020**.
12. GDPR compliance We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. **There is a risk that non compliance could result in data breaches, fines and adverse publicity**	NHS Fife should take action to address compliance with GDPR as a matter of urgency.	NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.	***General Manager, eHealth*** ***31 December 2019***	Clinical Governance	Outstanding activity is an audit in relation to adherence to 'records retention' policies, which has only recently commenced, and is expected to be completed by **30 March 2020**.

13. Sickness absence Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. **There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.**	NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.	Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in "hot spot" areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.	***Director of Workforce*** ***30 September 2019***	Staff Governance	Complete. Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.
14. Transformation programme governance framework Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected. **There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.**	The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board	A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance & Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees	***Director of Finance & Performance*** ***30 September 2019***	All	The need for focus on joint transformation has been recognised and the outcomes from the summer Joint Transformation Workshop has informed the savings plans of the Health Board and IJB, with further work underway.
15. Reporting on progress with the transformation programme There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis. **There is a risk that progress with the transformation programme is not subject to effective scrutiny.**	The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement. Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.	This issue is recognised and will be addressed in line with the previous action above		All	The refresh of the governance arrangements for transformation across Fife has resulted in the establishment of the Integrated Transformation Board (ITB). Further support is available via the Interim Director of the Project Management Office for a six-month period.

16. Update on the Clinical Strategy The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. **There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.**	An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.	The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere	***Associate Director of Planning & Performance*** ***30 September 2019***	Clinical Governance	A refresh of the clinical strategy is scheduled and is expected to be completed by the end of the financial year.
17. Timetable for unaudited accounts We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. **There is a risk his could delay completion of the final accounts audit beyond 30 June.**	NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.	Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.	***Director of Finance*** ***31 March 2020***	Audit & Risk	Timetable for 2019/20 has been agreed as part of External Audit Annual Plan, and internal support will be aligned appropriately.

18. Holiday pay accrual The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias **There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.**	A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.	We will review the sampling method in place to determine if it is feasible to replicate the process for medical & dental staff or identify an alternative means of ensuring a robust approach for this calculation.	***Deputy Director of Finance*** ***31 March 2020***	Audit & Risk	Work will commence in the new calendar year.
19. Efficiency savings NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed. **There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.**	Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.	There are detailed plans in place for the health budgets delegated to the Health & Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance & Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.	***Chief Operating Officer*** ***31 July 2019***	Finance, Performance & Resources	See update provided for items 3 & 4 above.

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Ms Anna Gilbert
Head of Staff Governance
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Date: 24 December 2019
Our Ref: SGRET/BA/NOV19
Your Ref:
Contact: Bruce Anderson
DDI: 01592 648187
email: Bruce.Anderson@nhs.net

Dear Anna

NHS FIFE STAFF GOVERNANCE STANDARD MONITORING RETURN 2018/19

Thank you for your letter of 29 November 2019, providing feedback on our annual Staff Governance Monitoring return submission. We value the positive feedback you have provided in relation to our submission and the Staff Governance activity being undertaking in Fife.

My apologies for the delay in providing the Board's response. The additional information you have requested is detailed below:

Staff Experience / Staff Engagement

The intention of the 70%+ expectation that teams produce an action plan is to set an improvement target for both the Board and each Director to monitor and ensure compliance is fulfilled.

Culture & Values

We have continued to promote the culture and values of the organisation in line with the 2018/19 Vision throughout the year. This includes at Corporate Induction of all new staff and in the delivery of iMatter awareness training sessions, which places culture and values at the centre of the staff engagement experience. The care and compassion which we expect all staff to demonstrate when interacting with patients, clients, carers and other service users is the same we expect when interacting with each other as staff. The promotion of a "Culture of Kindness" has been central to the core values in the Workforce Vision.

TURAS Appraisal

The Board's recovery plan has seen an improvement in appraisal completion; however, it is acknowledged that there is still work to do to achieve 80%+. The October 2019 figure rose to 56% compliance.

Bullying & Harassment and Whistle Blowing

The one case of whistle blowing raised in 2018/19 has been fully investigated and the complainant informed of the outcome.

Ms Anna Gilbert
24 December 2019

Equalities Data Monitoring

As part of the roll out of the eESS system and related communications and promotion, staff have been encouraged to check and update their equalities data within the eESS system and make any changes to more accurately reflect their status. It is hoped that this direct access will improve the accuracy of employee equalities data in future.

Healthy Working Lives

The Board were asked to present the story of their success and further improvements in Healthy Working Lives initiatives to the National NHS Scotland Staff Well Being Conference in November 2019. The team of contributors from Fife were very well received by conference delegates and presented the developments in "Going Beyond Gold", the promotion of Mindfulness and good conversations through the creation of a locally trained resource of staff practitioners. There was also a contribution from our Laboratory team, who demonstrated the improvement in personal and team resilience from resilience training undertaken within the Laboratories. A copy of the Power Point presentation to the conference can be provided. In addition, the Board is hosting a conference in May 2020, to celebrate and showcase work on this agenda.

I hope this provides helpful contribution to the National consultation process.

Yours sincerely

Catherine Peman

pp **BRUCE ANDERSON**
Head of Staff Governance
NHS Fife

STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	17 January 2020
TITLE OF REPORT:	Implementation of the Health and Care (Staffing) (Scotland) Act 2019
EXECUTIVE LEAD:	Helen Buchanan
REPORTING OFFICER:	Janette Owens Valerie Reid

Purpose of the Report (delete as appropriate)		
	For Information	

SBAR REPORT

Situation

This report has been prepared to provide an update to the Staff Governance Committee on the Health and Care (Staffing) (Scotland) Act 2019 (the Act), and to detail work being progressed across Fife to ensure that the Board meets its duties in relation to safe staffing legislation.

Background

The Health and Care (Staffing) (Scotland) Act received Royal Assent on 6 June 2019. The Act provides a statutory basis for appropriate staffing in health and care settings to enable safe and high quality care.

The Health and Care (Staffing) Implementation team, located in the Chief Nursing Officer's Directorate, is now preparing statutory guidance to accompany the Act and to prepare for implementation.

The Implementation team met with Fife NHS Board on 9 December 2019 to provide an overview of the duties that will come into force as the legislation is commenced. The meeting included a short presentation followed by informal discussion with all members of the Board, clinical, workforce, general management and professional leads. The Implementation team noted that NHS Fife is an exemplar Board in Scotland in relation to work already being taken forward for safe staffing.

The Act has put the current nursing and midwifery workload tools and methodology in statute, ensured a multi-disciplinary approach is considered in future tool development and put a framework in place to ensure the voice of clinical professionals are heard as part of the process of decision making.

The Act also creates a new role for Health Improvement Scotland (HIS) who have been given a function to monitor and review the current workload tools and develop new workload tools with a duty to consider a multi-disciplinary approach when revising existing or developing any new tools, monitor and review the common staffing method and. monitor and report to Ministers on NHS Board compliance with the duties in this Act.

A significant change is the inclusion of all health care professionals in 'safe staffing' rather than the initial focus on nursing and midwifery. The Director of Workforce, the Director of Nursing and the Medical Director will take this forward as guidance and direction are received from the Implementation team.

The Scottish Government has made resources available from August 2018 to September 2020 to support preparation for the legislation, by providing funding for a Band 8A Senior Nurse: Workforce Planning.

A 'Safe Staffing Steering Group' (Appendix 1) has been established, which is overseeing work being taken forward in relation to:

- Workload Tools
- Escalation and Risk Assessment
- Nursing and Midwifery Recruitment
- Supplementary Staffing

Assessment

WORKLOAD TOOLS:

- The Act seeks to make it more explicit that the analysis resulting from the application of the tools, in addition to better staff involvement, risk-based decision making and senior clinical involvement, is used to ensure better decision-making in relation to staffing across health settings at all times.
- The purpose of the Act is to place on a statutory footing the use of an existing, but enhanced, workforce planning method (tools).
- A Schedule (Appendix 2) has been agreed to ensure that the Tools are applied across all areas in a 12 month period.

ESCALATION AND RISK ASSESSMENT

- A Risk Assessment tool is being developed at a national level, which will be completed on an annual basis.
- Escalation processes are being formalised in Fife to ensure that decisions taken during the course of a day to ensure safe staffing levels, are clearly documented. Health Improvement Scotland (HIS) will be inspecting and scrutinising Boards' actions.

NURSING AND MIDWIFERY RECRUITMENT

A number of initiatives are being undertaken to increase recruitment of nurses and midwives to NHS Fife:

- **Recruitment of Student Nurses and Midwives:**

BRANCH	2016	2017	2018	2019
Adult	68	96	91	124
Mental Health	15	17	17	30
Learning Disability	1	8	16	25
*Midwifery		10	23	22
Total	**84**	**131**	**147**	**201**

**Note that there was an 'over-recruitment' to midwifery by 20 staff prior to current student recruitment*

- **Return to Practice:**
  - In June 2019, 4 staff commenced the RtP programme with the University of Dundee.
- **HNC:**
  - In 2019, 9 HNC Students (NHS Fife Health Care Support Workers (HCSW)) commenced 2nd year nursing at the University of Dundee; 8 HCSWs began the HNC programme in September

- **Working with schools and colleges to promote nursing and midwifery careers:**
  - Work is being taken forward to link with local high schools, inviting 2 year pupils and 5th / 6th year pupils to consider careers in healthcare
  - As part of the national 'Future Nurses of Scotland' initiative, 36 children made the journey to Victoria Hospital. The initiative is aiming to change perceptions of nursing by connecting with children in the early years of their education.

SUPPLEMENTARY STAFFING:

There has been a significant increase in the use of supplementary staffing (Bank and Agency) this year. The task group, set up as part of the Safe Staffing Steering Group, has been superseded by a senior group chaired by the Board Director of Nursing.

Recommendation

The Staff Governance Committee is asked to note this update

Objectives: (must be completed)	
Healthcare Standard(s):	Nursing 2030; Staff Governance; Quality Strategy
HB Strategic Objectives:	Clinical Strategy; H&SCP Strategic Plan; Delivery of patient care

Further Information:	
Evidence Base:	ISD; CNOD;
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Associate Directors of Nursing / Midwifery

Impact: (must be completed)	
Financial / Value For Money	Review of supplementary staffing utilisation
Risk / Legal:	Risk – there may not be sufficient supply of Registrants to comply with legislation
Quality / Patient Care:	appropriate staffing in health and care settings to enable safe and high quality care.
Workforce:	Sufficient supply of Registrants; legislation will also cover AHPs
Equality:	n/a

NHS FIFE SAFE STAFFING STEERING GROUP
TERMS OF REFERENCE

1. PURPOSE

1.1. The NHS Fife Safe Staffing Steering Group (SSSG) is responsible for overseeing a number of nursing and midwifery workforce work-streams including: safe staffing legislation; nursing and midwifery recruitment; supplementary staffing costs; workforce strategy and workforce projections

1.2. The SSSG will support, advise and facilitate nursing and midwifery teams to review workforce information to:

1.2.1. inform service redesign

1.2.2. develop nursing and midwifery roles

1.2.3. ensure that services and workforce are responsive to the needs of patients.

2. MEMBERSHIP

2.1. Formal membership of the Assurance Group shall comprise of:

- Associate Director of Nursing (Corporate Nursing) – chair
- Associate Director of Nursing (Acute)
- Associate Director of Nursing (H&SCP)
- Head of Midwifery
- Head of PPD
- Senior Nurse: Workforce Planning
- Excellence in Care Lead
- Clinical Nurse Manager (Nurse Bank)
- Head of Nursing (Acute Services, with particular focus on Emergency Care)
- Head of Nursing (Acute Services, with particular focus on Planned Care)
- Head of Nursing (H&SCP, with particular focus on Fife-wide Division, including Mental Health, Learning Disability, Health Visiting, School Nursing and Community Childrens Services)
- Head of Nursing (H&SCP, with particular focus on East Division including Community Hospitals)
- Head of Nursing (H&SCP, with particular focus on West Division including Community Nursing, specialist nursing, palliative care)
- HR Manager (Workforce)
- HR Manager (Recruitment)
- Staff side rep

2.2. The Group may co-opt additional experts on to the SSSG to provide specialist knowledge / skills

3. REMIT

The remit of the Safe Staffing Steering Group is to:

3.1. *SAFE STAFFING LEGISLATION:*

Lead development of, and manage implementation of systems to:

3.1.1. ensure the common staffing method is embedded in practice. This will include development and implementation of an annual plan to ensure all workload workforce tools are applied within nationally agreed timescales

3.1.2. ensure a consistent approach to analysis of workload and workforce information, quality measures and local context to inform staffing requirements across the NHS Board

3.1.3. ensure a consistent approach to risk identification, escalation and prioritisation on a NHS Board wide basis.

3.1.4. utilise data to identify service redesign and role development opportunities and to predict future service and nursing and midwifery workforce requirements in the NHS Board.

3.1.5. develop and implement training and education programmes on workload and workforce planning across the NHS Boards.

3.1.6. maintain collaborative working with the NMWWPP Programme Advisor to ensure local need is met and appropriate materials etc are available to support local implementation of legislative requirements.

3.1.7. maintain collaborative working with local NHS Board Excellence in Care Lead to ensure the quality aspect of triangulation is embedded in workforce and workload planning process and practice.

3.2. NURSING AND MIDWIFERY RECRUITMENT:

3.2.1. Develop recruitment strategies to reduce the number of vacancies across the branches of nursing and midwifery in NHS Fife

3.2.2. Identification, roll-out and monitoring of socially responsible recruitment practices within the Nursing and Midwifery workforce

3.3. SUPPLEMENTARY STAFFING:

3.3.1. Monitor bank and agency usage and support initiatives to reduce utilisation of supplementary staff

3.3.2. Monitor use of 'additional hours' to gain a more complete understanding of nursing and midwifery workload and workforce

3.4. WORKFORCE STRATEGY AND PROJECTIONS

3.4.1. Review and analyse of NHS Fife's progress in meeting the workforce strategy and workforce projections relevant to Nursing & Midwifery

4. ACCOUNTABILITY / REPORTING ARRANGEMENTS

4.1. The SSSG is directly accountable to the Director of Nursing (DoN) via ENMAC and to EDG. Minutes will go to Workforce Planning Group.

5. MEETINGS

5.1. Meetings of the SSSG will take place on a monthly basis

5.2. The over-arching action plan will be updated following each meeting and will be sent out 5 working days before the meetings

Schedule Tool Roll Out /Reports - 2020

APPENDIX 2

Tool / Week	Jan	Jan	Jan	Jan	Jan/Feb	Feb	Feb	Feb	Mar	Mar	Mar	Mar	Apr	Apr	Apr	Apr	May	May	May	May
Adult Inpatient																				
Maternity							Training/SSTS					Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report
Community Nursing	Report											Training/SSTS				Tool Use/PJ 2 weeks				QA
MHLD																Training/SSTS				
CCSN								Training/ SSTS			Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs			Report		
CNS																				
EDEM																				
Small Wards																				
Neonatal									PJ 2 weeks		Report									
SCAMPS											PJ 2 weeks	Report								

Week	Jun	Jun	Jun	Jun	Jul	Jul	Jul	Jul	Aug	Aug	Aug	Aug	Sep	Sep	Sep	Sep	Oct	Oct	Oct	Oct
Adult Inpatient								Training/SSTS					Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs			
Maternity																				
Community Nursing	Quality Assurance / finalise outputs				Report															
MHLD	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report											
CCSN			Training/ SSTS		Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs			Report						Training/		
CNS							Training/SSTS				Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs					Report
EDEM												Training/SSTS				Tool Use/PJ 2 weeks				QA
Small Wards																Training/SSTS				
Neonatal																				
SCAMPS																				

Week	Nov	Nov	Nov	Nov	Dec	Dec	Dec	Dec	Dec/Jan	Jan
Adult Inpatient	QA	Report								
Maternity										
Community Nursing			Training/ SSTS		Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs	
MHLD										
CCSN	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report	
CNS										
EDEM	Quality Assurance / finalise outputs				Report					
Small Wards	Tool Use/PJ 2 weeks				Quality Assurance / finalise outputs				Report	
Neonatal										
SCAMPS										

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday 17 January 2020
TITLE OF REPORT:	Attendance Management Update
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

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

SBAR REPORT

Situation

The purpose of this report is to update the Staff Governance Committee on the latest NHS Fife Sickness Absence statistics. This report takes account of discussion at the November 2019 Staff Governance Committee meeting, with reduced narrative and additional information on the absence trend within the Acute Services Division.

Background

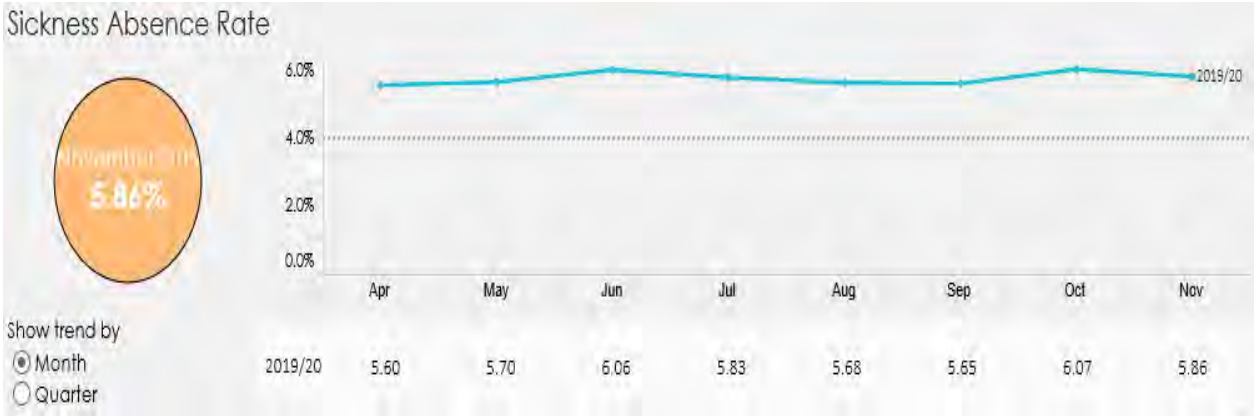
1. CURRENT NHS FIFE SICKNESS ABSENCE DATA

1.1 As previously reported, the Regional Workforce Dashboard, a shared reporting tool providing a suite of Tableau reports populated by accessing and extracting information from a number of operational systems, is being implemented across NHS Borders, Fife and Lothian. This Attendance Management update references information available within the Dashboard.

1.2 Absence data is populated by accessing SSTS information, SWISS data and eFinances. Information is reported in a more timely manner by accessing these systems, separate from the Information Services Division reporting timeframe. In the short term, it is likely to result in an increase in the absence rate reported internally within NHS Fife because projected absence data is entered into the SSTS system.

1.3 The NHS Fife sickness absence rate for November 2019 via Tableau was 5.86% (Graph 1).

Graph 1 – Sickness Absence Trend, NHS Fife



1.4 It should be noted that the NHS Fife sickness absence rate for November 2019 via SWISS was 5.57%, which is lower than the Tableau sickness absence rate. As the Tableau information is obtained in a more timely manner, it incorporates projected sickness absence data which is corrected prior to the population of the SWISS figures.

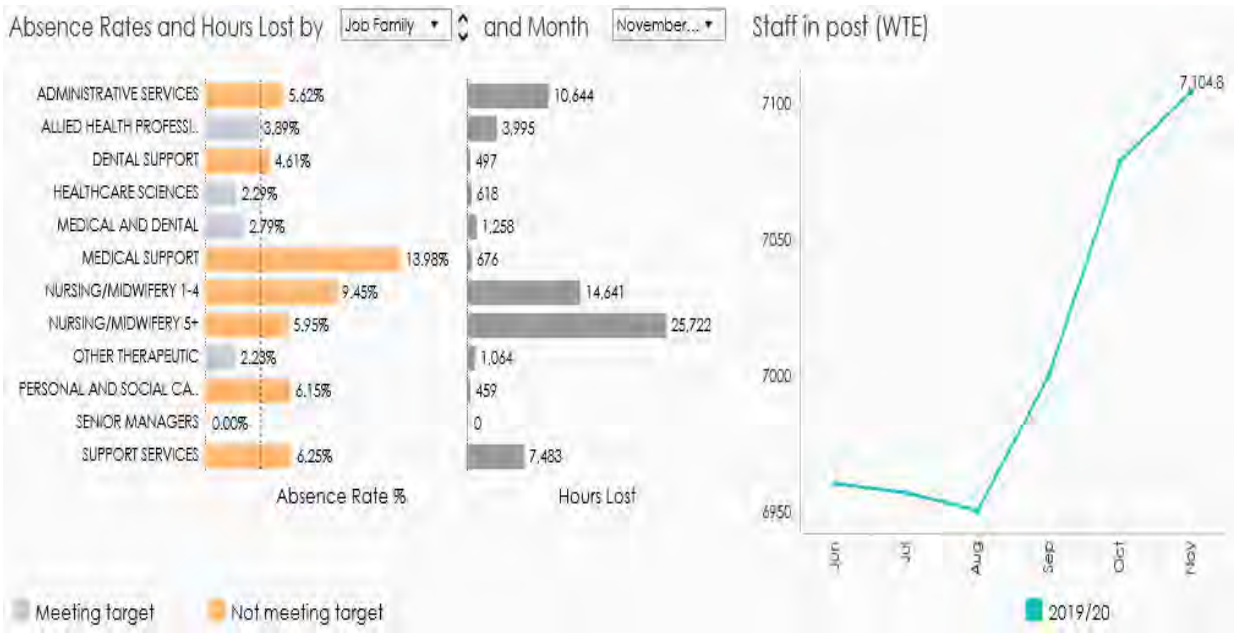
1.5 Due to a noted increase in the Acute Services Division sickness absence rates, a more detailed analysis is attached at **Appendix 1**, for information.

1.6 Comparative information by Division, based on average attendance rates for a six month period ending November 2019, is provided in Graph 2 below. Four areas reported average attendance rates below the trajectory set of 4.89% by the end of March 2020.

Graph 2 – Average Sickness Absence by Divisional Area

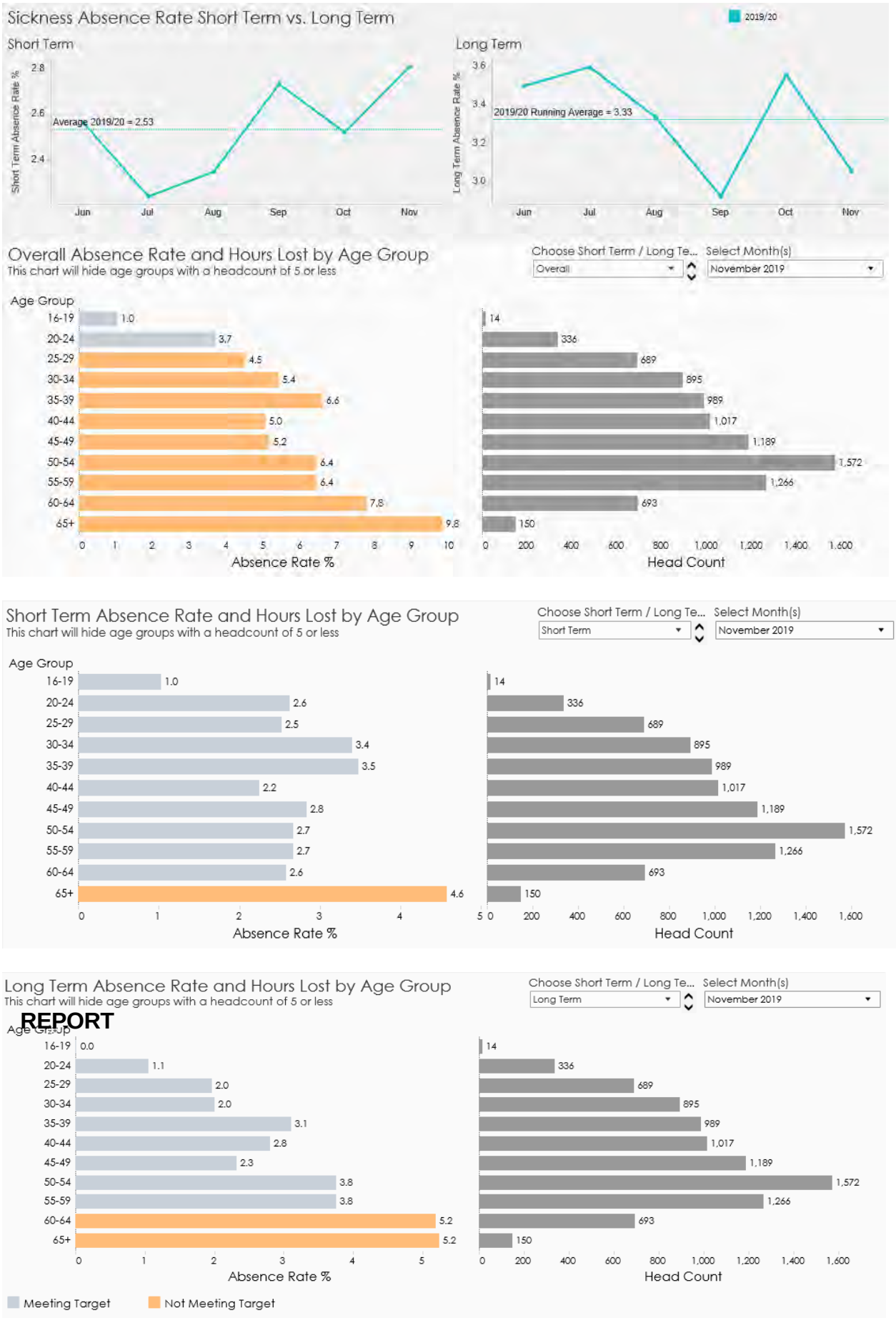
1.7 The trajectory for sickness absence is to achieve a rate of 4.89% by the end of March 2020. In November, six job families had an average attendance rate below the trajectory set of 4.89%.

Graph 3 – Sickness Absence by Job Family



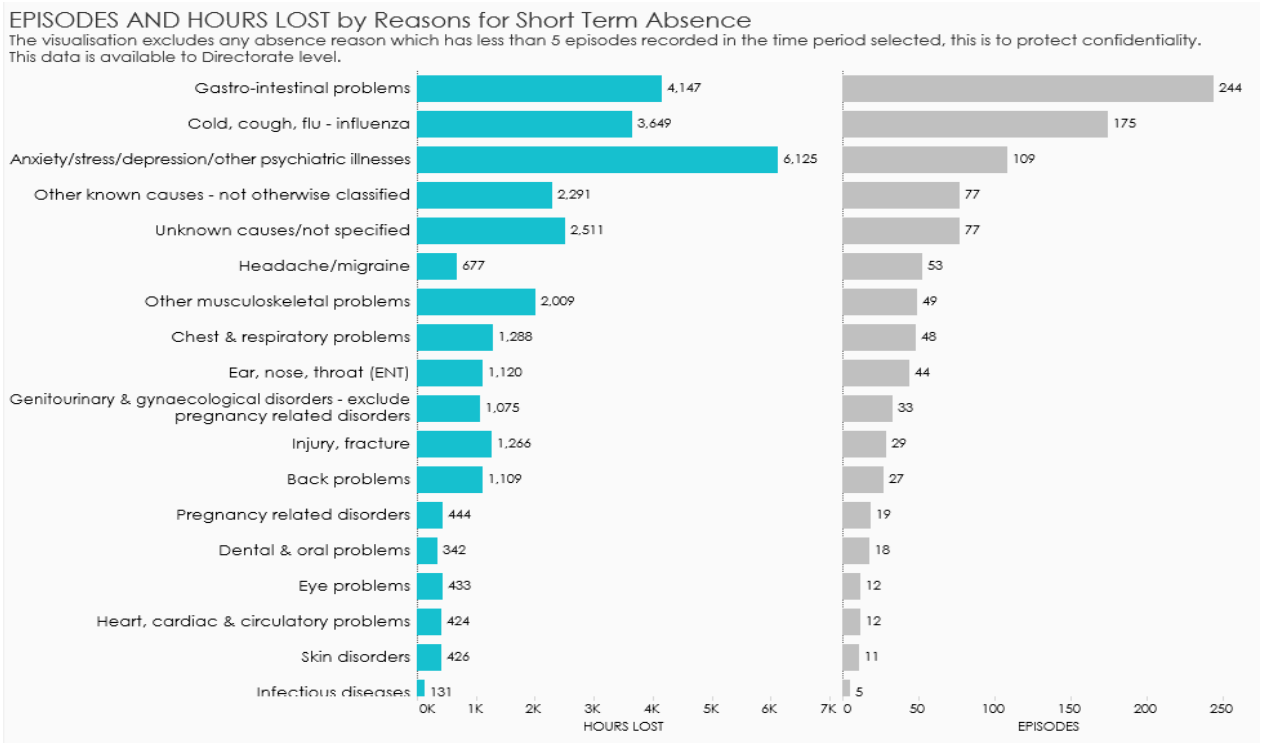
1.8 Sickness absence is broken down by duration and age demographics in Graph 4 below. Based on this information staff aged between 16 and 29 on average achieved the March 2020 attendance target of 4.89% in November 2019, with those aged 30 and above exceeding this target. The graph identifies that the proportion of staff who report short term absence appears consistent between the various age ranges, although there seems to be a closer correlation between long term absence and an ageing workforce.

Graph 4 – Sickness Absence by Duration and Age Demographics

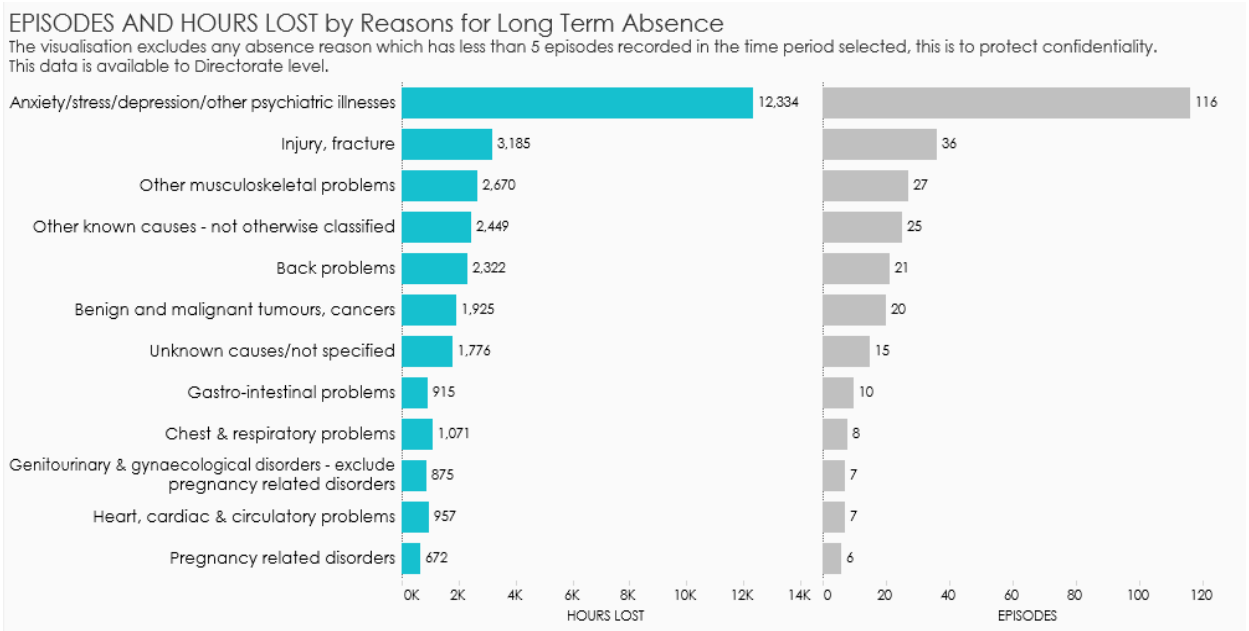


1.9 The reasons for both short and long term sickness absence are detailed in Graphs 5 and 6 below. In both instances Anxiety / Stress / Depression / Other Psychiatric illnesses accounts for the most hours lost within NHS Fife in November 2019. This is because the number of episodes that these conditions account for. When determining the average duration of absence, it is noted that musculoskeletal related absences result in a similar duration of absence.

Graph 5 – Short term Absence by Reason



Graph 6 – Long term Absence by Reason



1.10 The Regional Workforce Dashboard is to be rolled out to local managers providing them the ability to interrogate sickness absence data based on the eFinance structure (i.e. cost centres) and to identify their priority areas based on in-built algorithms within the Dashboard. This work will be complemented by the current Review and Improvement Panel process.

Assessment

The sickness absence rates in the year to date continue to be disappointing given on-going managerial, Occupational Health and HR efforts. It is anticipated that the launch of the new Once for Scotland Promoting Attendance policy on 1 March 2020 will secure a fresh impetus, alongside the plan for the Chief Executive to chair a new Task Force, specifically focussing on promoting attendance.

Recommendation

Staff Governance Committee members are asked to **note** the position in relation to sickness absence.

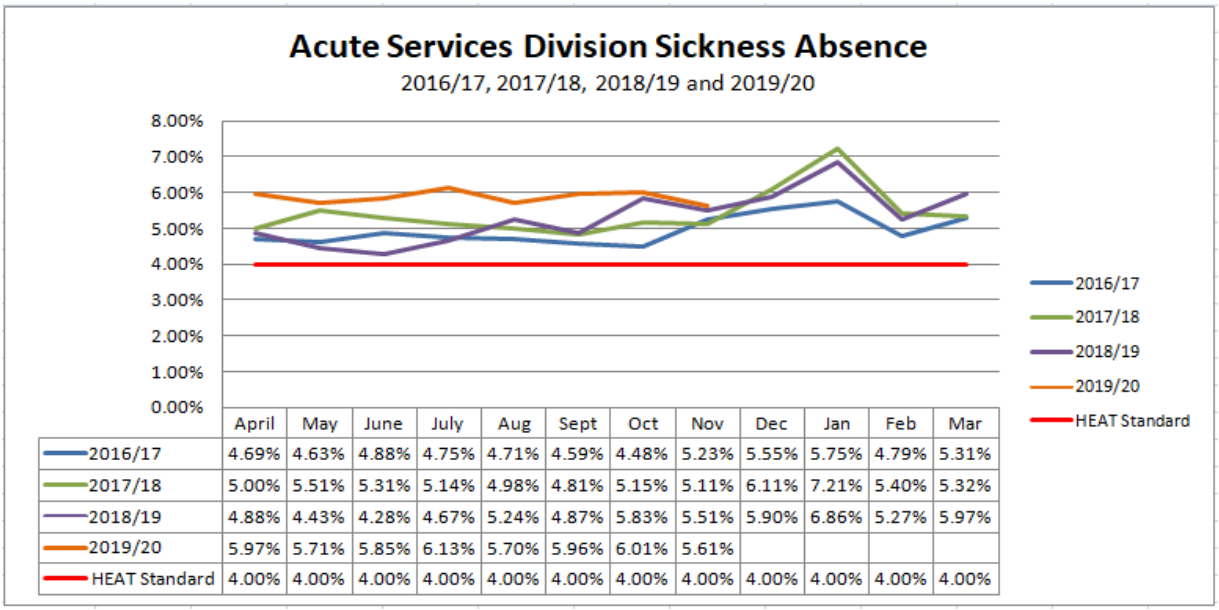
Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance
HB Strategic Objectives:	Employer of Choice. Delivery of Patient Care

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

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

ACUTE SERVICES DIVISION SICKNESS ABSENCE RATES

1.1 The Acute Services Division sickness absence rates have been higher for the first eight months of the 2019/20 financial year when compared with the 2018/19 financial year. The average sickness absence rate has increased by 0.91% when compared with the first eight months of the 2018/19 financial year.

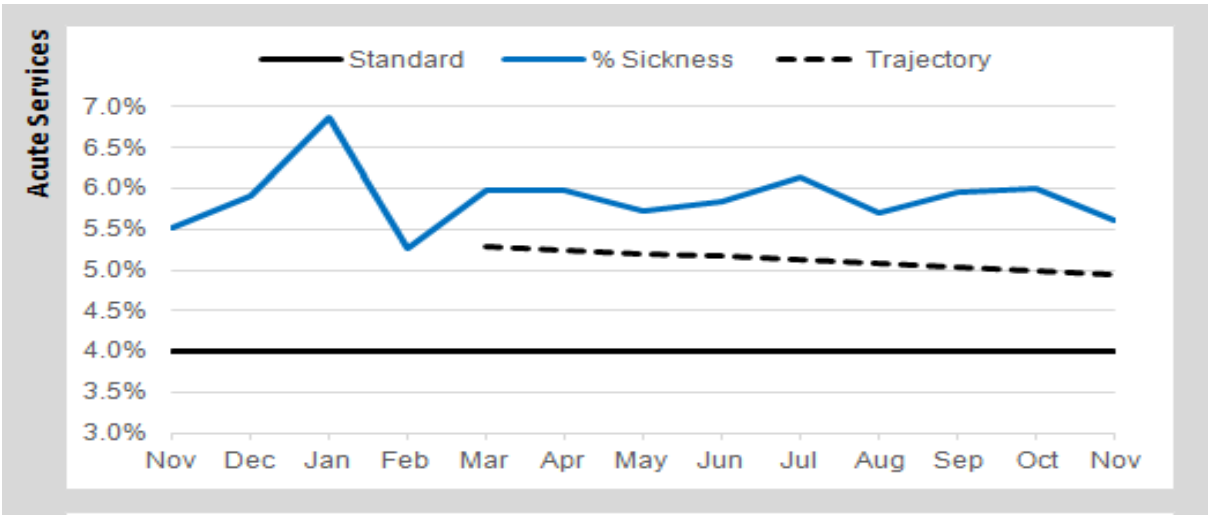


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.69%	4.63%	4.88%	4.75%	4.71%	4.59%	4.48%	5.23%	5.55%	5.75%	4.79%	5.31%
2017/18	5.00%	5.51%	5.31%	5.14%	4.98%	4.81%	5.15%	5.11%	6.11%	7.21%	5.40%	5.32%
2018/19	4.88%	4.43%	4.28%	4.67%	5.24%	4.87%	5.83%	5.51%	5.90%	6.86%	5.27%	5.97%
2019/20	5.97%	5.71%	5.85%	6.13%	5.70%	5.96%	6.01%	5.61%				
HEAT Standard	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

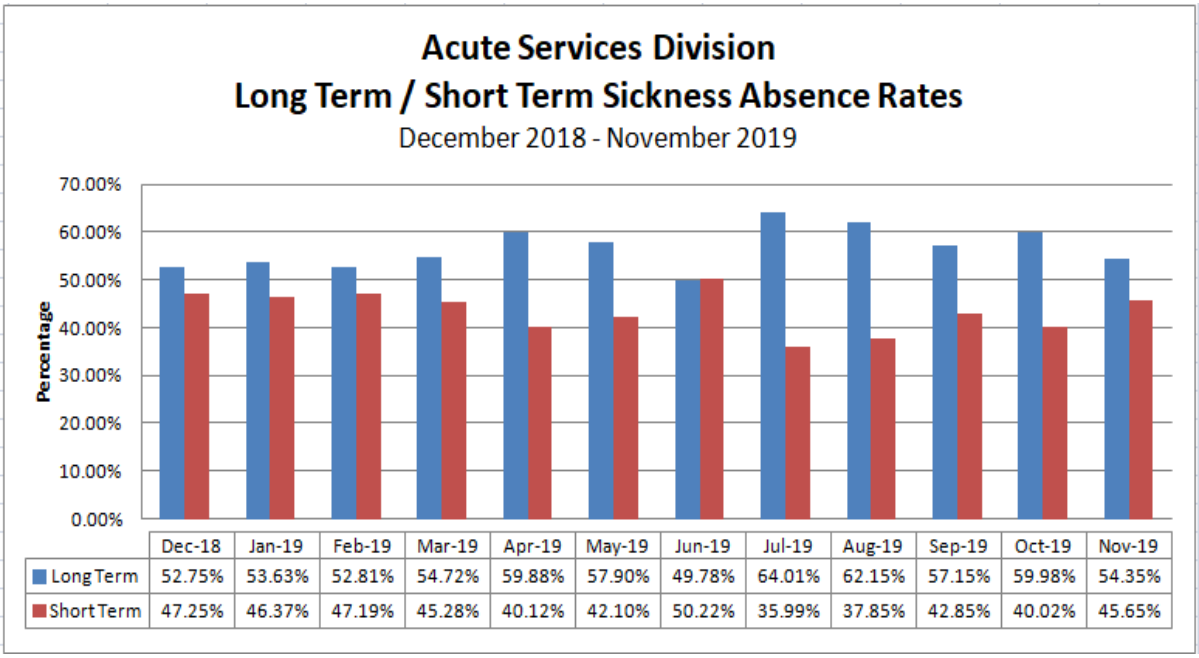
1.2 Nursing and Midwifery staff lost the most available hours within Emergency Care, Planned Care and Women, Children and Clinical Services, equating to 18,187.60 hours lost or an additional 113.17 wte staff for the month of November 2019. However, it should be noted that this is relative to the whole time equivalent Nursing & Midwifery resource available within these operational units.

1.3 Administrative Services lost the most available hours within eHealth, equating to 2,325.23 hours lost or an additional 14.47 wte staff for the month of November 2019. Again, it should be noted that this is relative to the whole time equivalent Administrative Services resource available within the eHealth.

1.4 The Division did not meet the planned trajectory of 4.96% for November 2019, with a rate of 5.61%.



1.5 Long term sickness absence was greater than short term absence within the Division for eleven months of the rolling twelve month period from December 2018 to November 2019, with the exception of June 2019.



	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Long Term	52.75%	53.63%	52.81%	54.72%	59.88%	57.90%	49.78%	64.01%	62.15%	57.15%	59.98%	54.35%
Short Term	47.25%	46.37%	47.19%	45.28%	40.12%	42.10%	50.22%	35.99%	37.85%	42.85%	40.02%	45.65%

1.6 The top three reasons for absence for the month of November 2019 within the Division are Anxiety / Stress / Depression / Other Psychiatric Illnesses; Unknown Causes / Not Specified; and Gastro-intestinal Problems, as detailed in the table below:

Reason For Absence	Hours Lost	%
Anxiety/stress/depression/other psychiatric illnesses	7390.77	27.83%
Unknown causes/not specified	4115.96	15.50%
Gastro-intestinal problems	2473.59	9.31%
Cold, cough, flu - influenza	1685.51	6.35%
Other known causes	1625.41	6.12%
Back problems	1578.50	5.94%
Other musculoskeletal problems	1481.58	5.58%
Injury, fracture	1454.91	5.48%
Genitourinary & gynaecological disorders	742.33	2.79%
Pregnancy related disorders	655.58	2.47%
Skin disorders	508.75	1.92%
Chest & respiratory problems	490.00	1.84%
Heart, cardiac & circulatory problems	480.40	1.81%
Headache/migraine	370.85	1.40%
Ear, nose, throat	349.25	1.31%
Nervous system disorders	327.00	1.23%
Benign and malignant tumours, cancers	213.50	0.80%
Endocrine/glandular problems	167.50	0.63%
Blood disorders	157.50	0.59%
Dental & oral problems	154.87	0.58%
Eye problems	70.42	0.27%
Infectious diseases	67.00	0.25%

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday 17 January 2020
TITLE OF REPORT:	Well at Work Update
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

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

SBAR REPORT

Situation

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

Background

The purpose of this report is to provide an update on the activities which are currently in place or are being planned to support the Board's on-going commitment to staff health and wellbeing:

- The next Promoting Attendance event has been delayed until February / March 2020.
- A series of Staff Influenza Immunisation Clinics have been held within the main hospital sites throughout October to November 2019. A total of 5,460 recorded vaccinations have been carried out to date. This equates to an uptake of around 62.5%, which is a 7.6% rise in the vaccinations carried out across the whole campaign.
- The third "All About You" – Supporting Staff Health and Wellbeing newsletter is now available to staff via the Intranet, Notice Boards and Ward / Department Briefings.
- The Culture of Kindness Conference has been confirmed to take place on Tuesday 19 May 2020 within the Lochgelly Centre to show case the work on Mindfulness, Good Conversations and Joy in Work and planning is well underway.
- The new dedicated space ("Pause Pod") within Whyteman's Brae Hospital to allow individual and groups to practice mindfulness and hold related sessions, will be launched in the near future. Communications are involved in the branding and advertising arrangements.
- A Coastal Walk at Earlsferry (near Elie) has been arranged for Saturday 18 January 2020 at 10.00 am.
- In line with the sustainability agenda, Meat-free Mondays' will be rolled out in January 2020 within Dining Rooms throughout NHS Fife.
- The People's Piano Recital Programme at Victoria Hospital continues to run events until March 2020. Further details are available via the intranet. As part of the programme, the Healthy Harmonies performed at the piano on Wednesday 11 December 2019.
- The Samaritans are encouraging workplaces to host "Brew Monday" events across the UK on Monday 20 January 2020. The aim of these events are to encourage staff who may be going through a difficult time to get together, on what is known as the "most difficult day of the year", for a cuppa and chat with trained volunteers. Further information will be available on the intranet in due course.

- The local Well at Work Groups continue to support different workshops, themes and events throughout the year to promote staff health and wellbeing.

Assessment

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

Recommendation

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

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

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

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

Staff Governance Committee

DATE OF MEETING:	17th January 2020
TITLE OF REPORT:	Core Training Update
EXECUTIVE LEAD:	Linda Douglas Director of Workforce
REPORTING OFFICER:	Bruce Anderson Head of Staff Governance

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

SBAR REPORT

Situation

To update Staff Governance Committee on the NHS Fife Core skills compliance performance in the rolling year 1st November 2018 to 31st October 2019.

Background

The term **Core Skills** refers to those common training subject areas which organisations are required to deliver to their workforce, in order to meet either legal training requirements) or comply with key quality standards in accordance with organisational policy and regulatory requirements.

Non compliance in this area gives rise to a number of organisational risks including: reputational and financial risk through failure to meet statutory obligations; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. NHS Fife Executive Directors Group (EDG) has identified compliance with Core Skills training requirements as an organisational priority.

Assessment

Improving performance compliance in each of the identified core training areas requires action by all training providers to ensure optimum delivery capacity, appropriate delivery models and accessibility of provision. Managers have a key role in prioritising core skills compliance, supporting staff participation, and monitoring local compliance rates.

1. Core Training Activity Summary

In the operational year 1st November – 31st October 2019 there were **34.010** episodes of core compliance training undertaken across the 9 core skills areas which equates to **78%** of the annual training target required to maintain / achieve compliance. E-learning continues to be the most accessed and cost effective learning medium with **73, 076** modules completed at a unit cost of **0.13p** per module.

NHS Fife compliance across all 9 subject areas in the rolling year ending 31st May 2019 is **78%**. There is an overall increase of 6% compared to the rolling year period ending 31st May 2019. The rolling year period ending 30th June 18 shows 100% compliance in core skills however in-depth analysis has shown that in some subject areas, staff were engaging in multiple activities that individually met their Core compliance requirement or refreshing skills before the defined period of certification had passed. Previous IPRs reflected these instances as individual engagement and as such, have given a false indication of core skills compliance levels throughout the organisation.
Without the availability of a single Learning Management System hosting all L&D formats (classroom based, competency assessed and eLearning) with the ability to associate Core Training requirements to specific posts, it is proving difficult to accurately track Core Skills compliance using multiple systems giving information in variable formats.

Table 1 below provides a more detailed breakdown of performance by subject area. Organisationally Health & Safety, Protection for All, Equality & Diversity and Violence & Aggression compliance are exceeding annual activity requirements whereas the remaining 5 subjects show variable compliance across the spectrum.

Table 1: NHS FIFE – Core Skills Compliance as at 31st October 2019

Subject area	*refresh period (year)*	*Target Population*	*NHS Fife compliance %age*	*AS compliance %age*	*H&SCP Compliance %age*	*Corporate Compliance %age*
Manual Handling	*1*	*all clinical staff (2 years for non clinical staff)*	*78*	*80*	*79*	*64*
Fire Safety	*1*	*all staff*	*78*	*83*	*74*	*76*
ABLS	*1*	*all clinical staff*	*62*	*61*	*65*	*28*
HAI	*1*	*all clinical +key non clinical staff*	*72*	*89*	*54*	*91*
Information Governance	*3*	*all staff*	*66*	*89*	*77*	*36*
Health & Safety	*3*	*all staff*	*94*	*69*	*100*	*44*
Protection for All	*3*	*all clinical + key non clinical staff*	*99*	*100*	*100*	*14*
Equality & Diversity	*once*	*all staff*	*99*	*100*	*100*	*25*
Violence & Aggression	*1 year / 3yrs*	*all clinical staff in priority areas + key non clinical staff*	*83*	*45*	*100*	*66*
Total			**78**	**83**	**81**	**56**

Table 2 details the rolling year compliance performance since monitoring commenced. Compliance peaked in June 2018 with variable engagement thereafter.

Table 2: Rolling Year Compliance Performance Improvement

Rolling year - Period ending	31st Dec 2017	31st March 2018	30th June 2018	30th Sept 2018	31st Dec 2018	28th Feb 2019	31st May 2019	31st Oct 2019
Compliance rate	**83%**	**87%**	**100%**	**61%**	**66%**	**64%**	**72%**	**78%**
Improvement (+/-)	**+2%**	**+4%**	**+13%**	**-39%**	**+5%**	**-2%**	**+2%**	**+6%**

Recommendation

- **Note** the performance in Core Skills training activity
- **Note** the improved Core Skills compliance position

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance Standard
HB Strategic Objectives:	Compliance with legal and regulatory requirements

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

Impact: (must be completed)	
Financial / Value For Money	Financial risk from non-compliance is minimised Increased e-learning usage releases Non Cash Efficiency savings
Risk / Legal:	Mitigation of organisational risk from non-compliance
Quality / Patient Care:	Competent and safe workforce to provide quality patient care
Workforce:	Competent and safe workforce
Equality:	Applies to all staff + increased availability of e-learning enhances access

Fife Integrated Performance & Quality Report

Produced in December 2019

NHS Fife

Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

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

b. National Benchmarking

c. Indicatory Summary

d. Assessment

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
- Operational Performance
- Finance

Staff Governance

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

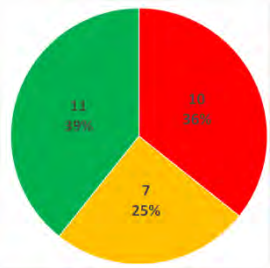
A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

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 NHS Boards.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 11 (39%) classified as **GREEN**, 7 (25%) **AMBER** and 10 (34%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

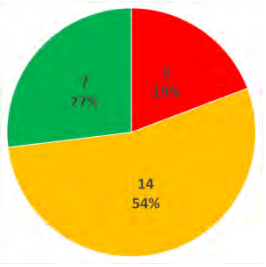


There are three indicators that consistently exceed the Standard performance; IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted…

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.37 per 1,000 Occupied Bed Days
- Rate of Caesarean Section SSI remaining at or under target level for second successive quarter
- Rate of SAB HAI/HCAI significantly below the new target measure
- Diagnostics (Patients Waiting over 6 Weeks at Month End), continuing to be very close to the 100% target
- Cancer 31-Day DTT achieving the Standard for the fifth successive month, with monthly improvement also noted for Cancer 62-day RTT

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◄►); based on 11 mainland NHS Boards. The current benchmarking status of the 26 indicators within this report has 7 (27%) within upper quartile, 14 (54%) in mid-range and 5 (19%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Oct-18	76	Sep-19	63	Oct-19	51	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Jun-18	N/A	Mar-19	1.01	Jun-19	1.04	↓	YE Jun-19	1.04	●	1.00
	N/A	Inpatient Falls	5.97	Month	Oct-18	7.47	Sep-19	6.25	Oct-19	6.80	↓	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-18	1.77	Sep-19	1.22	Oct-19	1.37	↓	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-18	1.43	Sep-19	0.76	Oct-19	1.00	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Sep-18	2.3%	Jun-19	2.0%	Sep-19	2.5%	↓	QE Jun-19	2.0%	●	1.0%
	N/A	SAB - HAI/HCAI	20.2	Quarter Ending	Oct-18	N/A	Sep-19	15.5	Oct-19	6.6	↑	YE Jun-19	17.6	●	16.7
	N/A	SAB - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	11.7	Oct-19	8.5	↑	YE Jun-19	10.8	●	9.6
	N/A	C Diff - HAI/HCAI	6.9	Quarter Ending	Oct-18	N/A	Sep-19	8.9	Oct-19	14.3	↓	YE Jun-19	7.7	●	13.8
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-18	N/A	Sep-19	3.20	Oct-19	1.07	↑	YE Jun-19	5.9	●	5.5
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-18	82.4%	Sep-19	80.1%	Oct-19	82.5%	↑	2017/18	77.5%	●	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-18	58.7%	Sep-19	62.3%	Oct-19	60.7%	↓	2017/18	49.7%	●	52.8%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-18	100.0%	Sep-19	100.0%	Oct-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Oct-18	95.8%	Sep-19	92.0%	Oct-19	92.7%	↑	Oct-19	92.7%	●	88.0%
	95%	New Outpatients Waiting Times	95%	Month	Oct-18	93.5%	Sep-19	94.1%	Oct-19	92.4%	↓	Sep-19	94.3%	●	72.9%
	100%	Diagnostics Waiting Times	100%	Month	Oct-18	98.6%	Sep-19	98.9%	Oct-19	99.0%	↑	Sep-19	99.0%	●	82.3%
	100%	Patient TTG (Ongoing Waits)	80%	Month	Oct-18	83.4%	Sep-19	90.6%	Oct-19	90.5%	↓	Sep-19	91.2%	●	67.5%
	90%	18 Weeks RTT	84%	Month	Oct-18	77.9%	Sep-19	79.8%	Oct-19	79.6%	↓	Sep-19	79.8%	●	76.9%
	95%	Cancer 31-Day DTT	95%	Month	Oct-18	95.0%	Sep-19	97.4%	Oct-19	98.1%	↑	QE Jun-19	93.0%	●	94.7%
	95%	Cancer 62-Day RTT	94%	Month	Oct-18	85.6%	Sep-19	77.7%	Oct-19	91.0%	↑	QE Jun-19	85.4%	●	82.4%
	29%	Detect Cancer Early	27%	Year Ending	Jun-18	26.5%	Mar-19	24.8%	Jun-19	25.2%	↑	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-18	6.4%	Sep-19	8.8%	Oct-19	6.4%	↑	QE Jun-19	7.6%	●	6.7%
	80%	Antenatal Access	80%	Month	Aug-18	86.8%	Jul-19	84.8%	Aug-19	86.2%	↑	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	473	YTD	Jul-18	87.0%	Jun-19	92.4%	Jul-19	97.5%	↑	YT Jun-19	92.4%	●	92.4%
	90%	CAMHS Waiting Times	88%	Month	Oct-18	83.5%	Sep-19	77.1%	Oct-19	62.5%	↓	QE Sep-19	75.2%	●	64.5%
	90%	Psychological Therapies Waiting Times	82%	Month	Oct-18	71.9%	Sep-19	69.0%	Oct-19	64.2%	↓	QE Sep-19	66.5%	●	79.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Sep-18	69.6%	Jun-19	74.0%	Sep-19	77.0%	↑	YT Jun-19	74.0%	●	90.0%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Aug-18	98.3%	Jul-19	97.1%	Aug-19	95.7%	↓	QE Jun-19	95.5%	●	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2016/17	87.5%	2017/18	87.5%	2018/19	90.2%	↑	2018/19	90.2%	●	58.6%
	N/A	Dementia Referrals	TBD	Annual	2016/17	60.1%	2017/18	55.4%	2018/19	60.5%	↑	2018/19	60.5%	●	40.8%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Oct-18	N/A	Sep-19	69.3%	Oct-19	57.9%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Nov-18	N/A	Oct-19	£7.570m	Nov-19	£7.633m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Nov-18	N/A	Oct-19	£2.545m	Nov-19	£3.891m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Oct-18	5.69%	Sep-19	5.46%	Oct-19	5.70%	↓	YE Sep-19	5.67%	●	5.33%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
HSMR	1.00	N/A	N/A	YE Jun-19	1.04	YE Jun-19	●
The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3. HSMR changed to be an annual measure at the start of 2019, the way in which the data is created as changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.							
Inpatient Falls Reduce falls with harm by 20%	2.16	Oct-19	2.16	Oct-19	1.37	N/A	N/A
Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted, significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete with roll-out underway. LEARN summaries are discussed within the group to support shared learning system wide.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Oct-19	1.00	N/A	N/A
The number of pressure ulcers(PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas. This will complement any current QI work.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Sep-19	2.5%	Sep-19	2.5%	QE Jun-19	●
Following a review of the surveillance methodology, a new process for ascertaining SSI status was adopted from the start of October. There was a significant reduction in SSI rate during Q2 of 2019, and this rate increased slightly in Q3. It is hoped that a sustained lower rate will be achieved throughout the remainder of the year.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-19	20.2	QE Oct-19	6.6	YE Jun-19	●
There were 4 SAB in October, none of which were hospital acquired and none of which had diabetes as an underlying factor. Two infections were healthcare associated, one CAUTI and one unknown, while two were community associated, one of which occurred in a PWID.							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Jun-19	6.9	QE Oct-19	14.3	YE Jun-19	●
There were 7 CDIs in October, all healthcare associated. Two of these occurred in the VHK while one occurred in QMH.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-19	60.7%	FY 2017/18	●
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Discussions are taking place with the Director of Health & Social Care, with the aim being to ensure that the complaints handling and approval process is consistent across the Partnership and Acute Services. This discussion is ongoing, however there has already been a vast improvement in the performance for H&SCP.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Oct-19	92.7%	Oct-19	●
Performance improved slighty in October, however, attendances remain above the level of the same period of 2018. The access target is affected by the capacity pressures within the hospital and focus is now on Daily Dynamic Discharge process. This work is being supported by the SG Unscheduled Care team.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Aug-19	95%	Oct-19	92.4%	Sep-19	●
Performance has deteriorated since April, is below trajectory and moved below the Standard in September, with 92.4% of patients having waited less than 12 weeks. Problems with capacity due to unexpected vacancies, absence and an increase in demand in a number of high volume specialities have led to the deterioration in performance. Additional independent sector capacity has been commissioned to recover the position due to challenges of medical staff conducting in house waiting list initiatives as a result of the pension impact.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Oct-19	90.5%	QE Sep-19	●
Performance remains better than the agreed improvement trajectory. Additional independent sector activity continues to be delivered whilst recruitment to vacant posts funded through the waiting times improvement plan are progressed.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Oct-19	91.0%	QE Jun-19	●
Performance improved significantly in October. The six 62-day RTT breaches ranged in duration from 3 to 131 days (average 33 days) while the two 31-Day DTT breaches ranged from 10 to 14 days (average 12 days). There continues to be variability in the standards with issues seen with PET and delays in the prostate pathway resulting in breaches.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Oct-19	6.4%	QE Jun-19	●
Performance improved in October, with both the number of patients in delay (and as a consequence the bed days lost to patients in delay) reducing. The % of bed days lost is the same as at October 2018, though still short of the 5% target. It will be challenging to reduce this level during the winter period.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	Jul-19	97.5%	YT Jun-19	●
On ward training has been delivered in the VHK to raise awareness of the Temporary Abstinence pathways and access to NRT, and a small increase in referrals has been noticed. The Mobile Unit has been fully branded to raise awareness of the service, and a '24 days of Christmas' smoking cessation Advent Calendar is being promoted on Twitter.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Oct-19	62.5%	QE Sep-19	●
Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks continues to have an adverse impact on the 18 week RTT. Work is underway with the Scottish Government Mental Health Performance & Improvement Unit to analyse the current and future demand against existing capacity and resources data in order to accurately assess the CAMHS ability to meet the 18-Weeks RTT target by December 2020.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Oct-19	64.2%	QE Sep-19	●
We continue to meet the RTT for patients with less complex needs, and service redesign in this area has freed capacity for high intensity work. Addressing the longest waiting patients impacts negatively on our RTT performance. We continue our programme of service redesign to develop capacity and improve system flow for more complex patients. Work with an ISD/MHAIST data analyst and now SG advisor is on-going.							
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Oct-19	57.9%	N/A	N/A
October's performance figures largely reflect both the challenges in moving day-to-day FOI management to a new team, and the impact of closing overdue cases. Performance is expected to improve rapidly once this backlog has been fully addressed. October saw 39 individual cases completed, with 67 further cases closed at time of writing in late November. Streamlining of admin processes continues.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Nov-19	+ £7.633m	N/A	N/A
The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend. The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Nov-19	£3.891m	N/A	N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Oct-19	5.70%	YE Sep-19	●
The sickness absence rate for October was 5.7%, an increase of 0.24% compared to September. This means that the gap has increased by 0.56% between the 5.14% trajectory set at the start of the FY and the actual sickness absence rate. Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.							

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

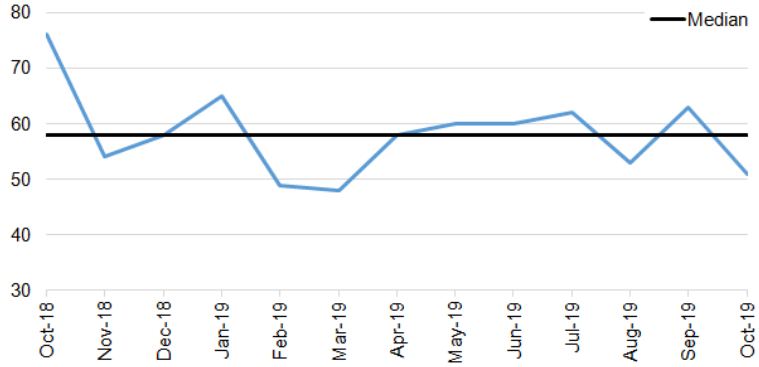
Finance, Performance & Resources – Finance

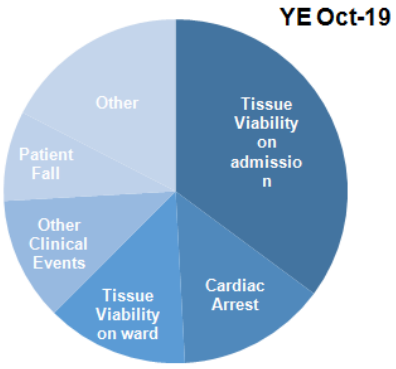
Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2018					2019							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1466	1286	1240	1348	1263	1280	1234	1290	1237	1402	1293	1241	1321
	Acute Services	614	614	578	630	585	574	537	593	563	561	571	527	653
	HSCP	771	630	619	667	626	662	645	625	627	798	668	669	623
	Corporate	81	42	43	51	52	44	52	72	47	43	54	45	45
CLINICAL	NHS Fife	965	925	870	973	873	895	853	933	830	912	832	810	916
	Acute Services	570	566	519	568	523	524	485	550	513	518	518	482	591
	HSCP	372	348	340	389	337	355	356	346	297	379	284	311	303
	Corporate	23	11	11	16	13	16	12	37	20	15	30	17	22

Commentary

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

Clinical Governance

HSMR

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

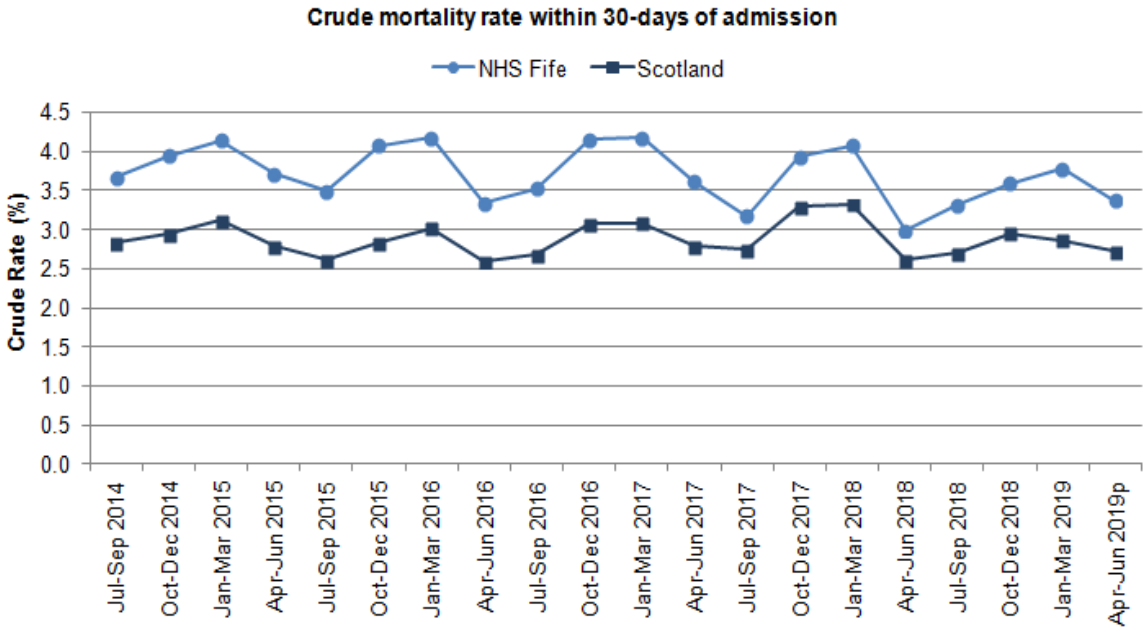
Reporting Period; July 2018 to June 2019[p]

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.

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

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,525	25,525	697,417	3.7%	1.00
NHS Fife	1,748	1,689	38,104	4.6%	1.04
Queen Margaret Hospital	65	46	7,524	0.9%	1.41
Victoria Hospital	1,624	1,579	30,335	5.4%	1.03

Crude Mortality Rate



Commentary

The annual HSMR for NHS Fife increased during the second quarter of 2019. The number of deaths is small, but the predicted deaths per year rose by 15, and this led to a Fife rate which is higher than the Scottish average. This could easily fall back during quarter 3.

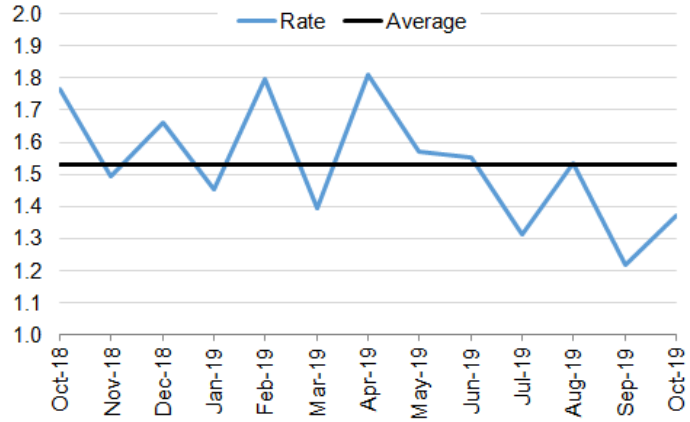
HSMR changed to be an annual measure at the start of 2019, the way in which the data is created has changed and it is possible this doesn't properly reflect a hospital such as QMH, which is largely populated by elderly patients.

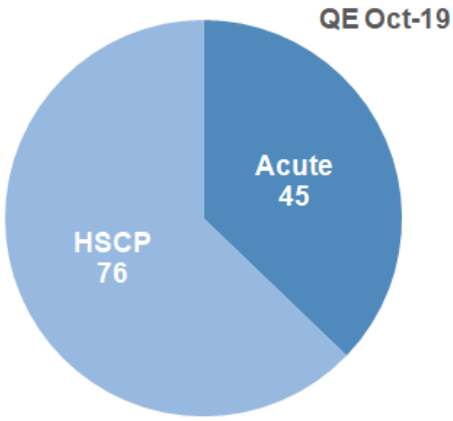
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 1,000 Occupied Bed Days (OBD)
*Improvement Target rate (by end December 2019) = **2.16 per 1,000 OBD***

Local Performance





Service Performance

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53	1.22	1.37
Acute Services	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34	1.13	0.88
HSCP	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70	1.29	1.79

Commentary

Work continues to focus on improvement in the reduction of falls with harm with a generally downward trend overall. Scrutiny at local level highlights areas that require a bit more support and where this was previously noted significant reduction is noted with work to sustain this. The revised falls toolkit has been relaunched and the new Comfort Clock testing complete and roll out underway. LEARN summaries are discussed within the group to support shared learning system wide.

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

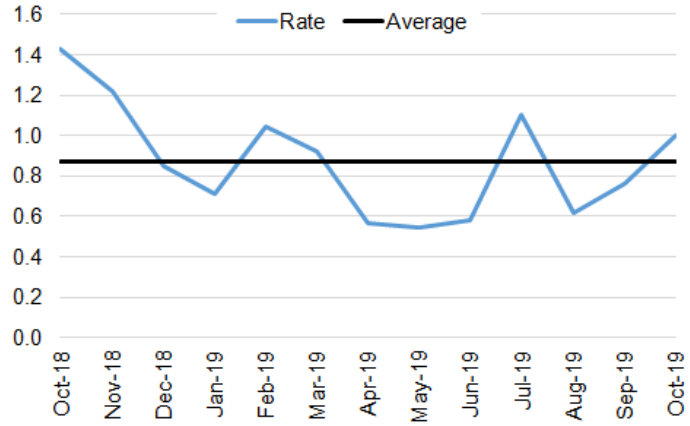
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart		Complete
2. Develop Older People's Knowledge and Skills Framework		Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit is planned for January 2020.	Jan 2020 On Track
4. Care and Comfort Rounding	Care and Comfort Clock now fully tested, and completed document at printers to support system wide roll-out over the coming weeks	Complete
5. Improve effectiveness of Falls Champion Network	The Falls Champions Network was anticipated as a regular face to face session to support champions. Ongoing evaluation notes the challenges in staff from in-patient areas being able to attend frequent sessions. This is currently being reviewed to explore a range of methods of providing update and support	Apr 2020 *** **NEW** ***

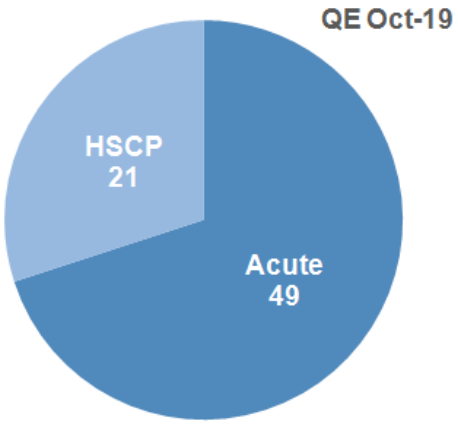
Clinical Governance

Pressure Ulcers

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

Local Performance





Service Performance

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.76	1.00
Acute Services	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.98	1.47
HSCP	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.58	0.62

Commentary

The number of pressure ulcers(PU) reported continues to vary with no sustained improvement. The current PU collaborative finishes 31/12/2019, with a new Quality Improvement (QI) programme commencing in the New Year across Fife within identified areas, this will complement any current QI work.

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

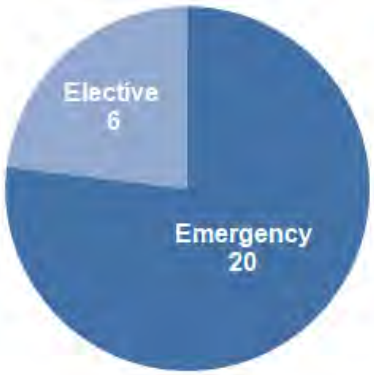
Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing **Although marked as Complete, weekly audits will continue in 2020**	Dec 2019 Complete
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 Complete
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme **A new QI programme will start in 2020**	Dec 2019 Complete

Clinical Governance

Caesarean Section SSI

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

Local Performance



Service Performance

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%		
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%			

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

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated following receipt of Exception Report for Q1 2019. New case ascertainment methodology adopted from October.	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Current strategies remain in place: • Family Health Team • Winning By Losing • Smoking Cessation Data analysis of these improvement strategies continues to assess effectiveness	Mar 2020 On Track

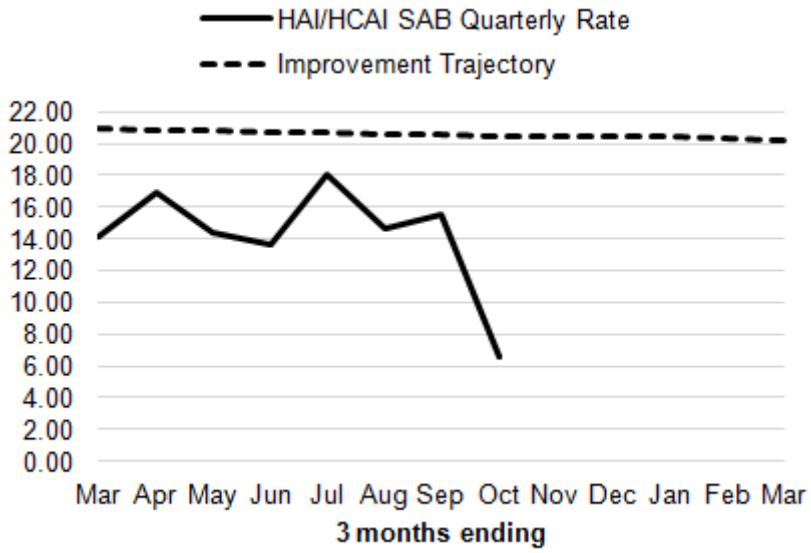
Clinical Governance

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 over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19	FY 2019/20			
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HAI & HCAI Infection Rate (per 100,000 TOBD)	20.9	17.6			
Scotland		16.8	16.7			

Current Challenges	Increase in number of VAD-related infections – ***Actions 1 and 4***
	Number of SAB in diabetic patients – ***Action 2***
	Increase in number of SAB in People Who Inject Drugs (PWID) – ***Action 3***
	Reducing number of CAUTI infections – ***Action 5***

Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group		Complete
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients		Complete
3. Reduce the number of SAB in PWIDs	Meetings with key stakeholders have continued to take place. Information leaflets for Staff and Patients have been ordered, while a SOP for accessing antibiotics for patients identified with SSTI by Addiction Services has been drafted and is out for consultation with GPs.	Mar 2021 On Track
4. Ongoing surveillance of all VAD-related infections	Data analysis used to identify wards with increased incidence, and local Quality Improvement work directed to these areas	Mar 2021 *** NEW ***
5. Ongoing surveillance of all CAUTI infections	Urinary Catheter Improvement Group (UCIG) meeting bi-monthly to identify key issues and take appropriate corrective actions	Mar 2021 *** NEW ***

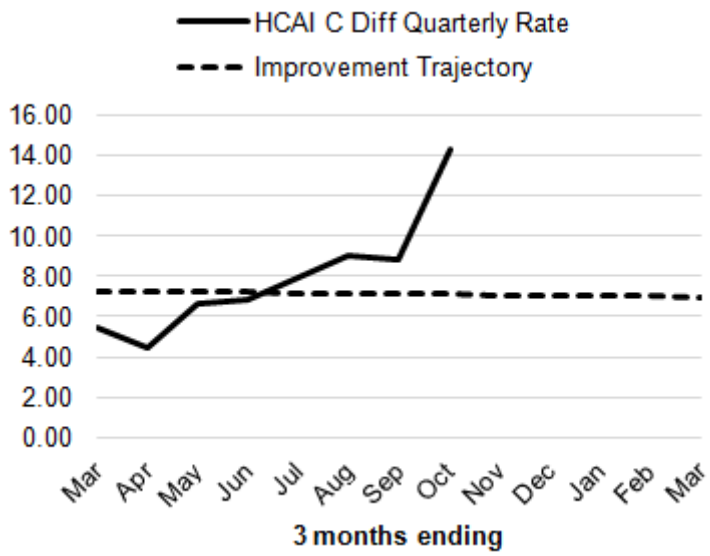
Clinical Governance

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 over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance | Quarter Ending



National Benchmarking | Year Ending

Year Ending		FY 2018/19	FY 2019/20			
		Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.2	7.7			
Scotland		14.8	13.8			

Current Challenges	High % of all HCAI CDIs classed as 'Recurrence of CDI' **– *Action 1***
	Addressing antimicrobials as a risk factor for CDI – ***Action 2***
	Achieving HPS reduction of HCAI CDIs by 10% by 2021/22 – ***Action 3***

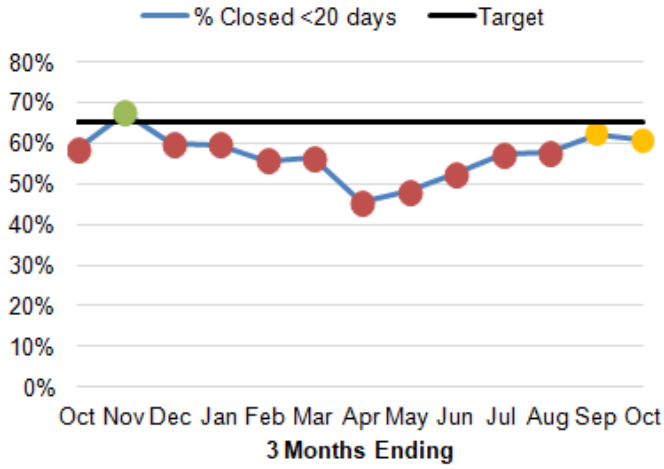
Improvement Actions	Progress	Timescale/ Status
1. Reducing recurrence of CDI	Pioneering work focusing on patients with recurrent infection started in October. Each patient is assessed for suitability for extended pulsed fidaxomicin (EPFX) regime, aiming to reduce recurrent disease in high risk patients.	Oct 2020 ***** NEW *****
2. Reduce overall prescribing of antibiotics	National antimicrobial prescribing targets are defined by the Scottish Government and supported by the Scottish Antimicrobial Group. These targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs.	Oct 2020 ***** NEW *****
3. Reduce HCAI CDIs	Optimise communication with all clinical teams in Acute services & HSCP. Monthly anonymised CDI reporting with Microbiology comments to gain better understanding of disease process.	Oct 2020 ***** NEW *****

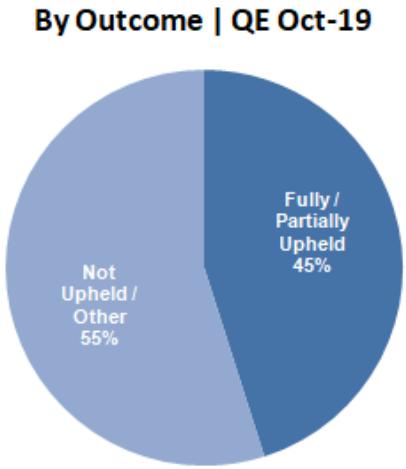
Clinical Governance

Complaints | Stage 2

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

Local Performance





Local Performance by Directorate/Division

3-Month Ending	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	52.3%	57.3%	57.8%	62.3%	60.7%
Acknowledged <= 3 Days	88.9%	93.2%	93.2%	89.9%	92.3%	92.4%	92.2%	93.3%	91.9%	95.1%	94.0%	95.1%	95.1%
ASD	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.7%	71.4%	66.7%	64.2%	61.0%
HSCP	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%	52.8%	55.9%

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

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

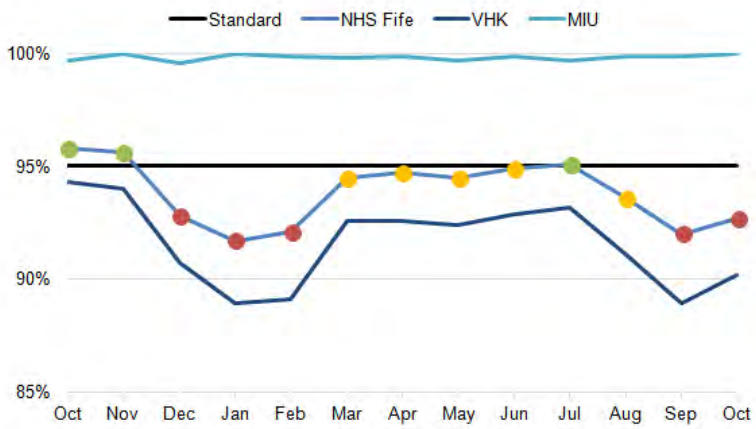
Finance, Performance & Resources – Operational Performance

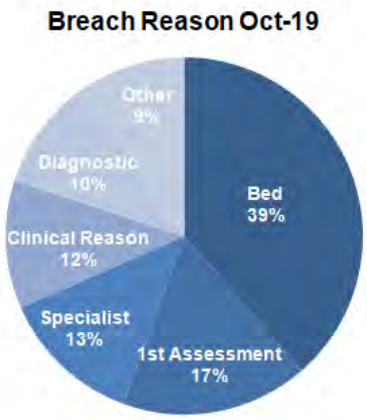
4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment

*Improvement Target for 2019/20 = **96%***

Local Performance





National Benchmarking

Month	2018/19						2019/20						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%
Scotland	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%

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

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Local KPIs have been agreed with internal services and changes made within ED to improve patient pathways for certain presentations.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway		Complete
3. Implementation of OPAT		Complete
4. Development of services for ECAS	Monitor ECAS utilisation and medical/staffing model with aspiration to move services closer to front door	Mar 2020 On Track

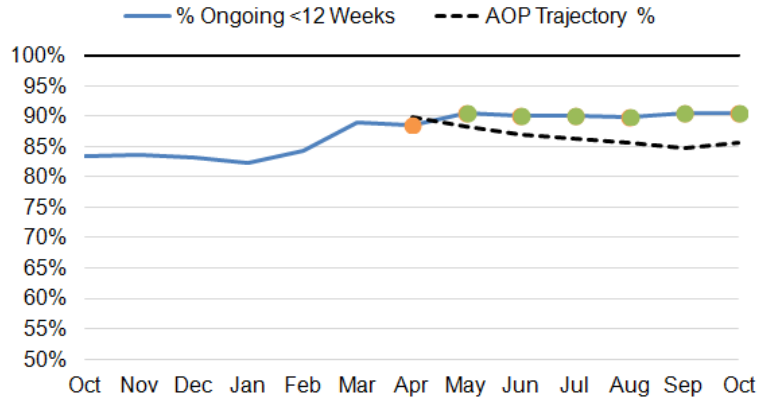
Finance, Performance & Resources – Operational Performance

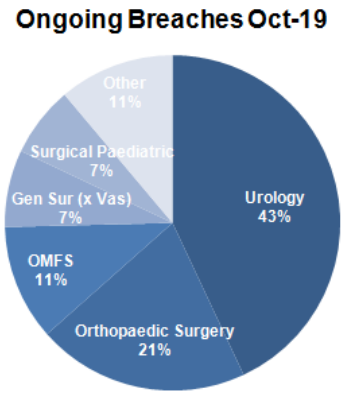
Patient TTG

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

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

Local Performance





National Benchmarking

	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	**88.3%**
Scotland			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%		

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

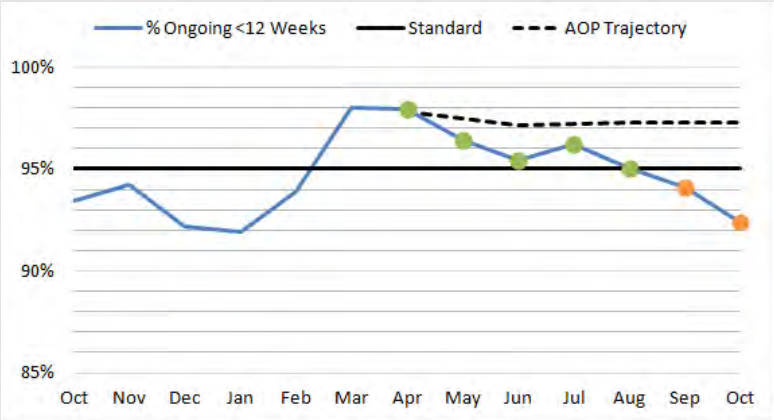
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20		Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action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

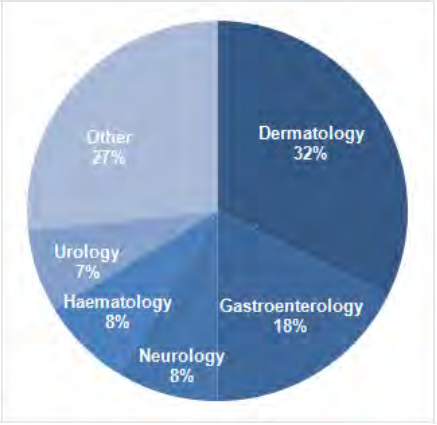
Finance, Performance & Resources – Operational Performance

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance





National Benchmarking

	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	93.5%	94.2%	92.2%	91.9%	93.9%	98.0%	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	**97.3%**
Scotland			70.1%			75.0%	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%		

Current Challenges	Recurring gap in Outpatient capacity – ***Actions 1, 2 and 3***
	Difficulty in recruiting to Specialist Consultant posts – ***Actions 2 and 3***
	Difficulty in staffing additional in-house activity - ***Actions 1 and 2***

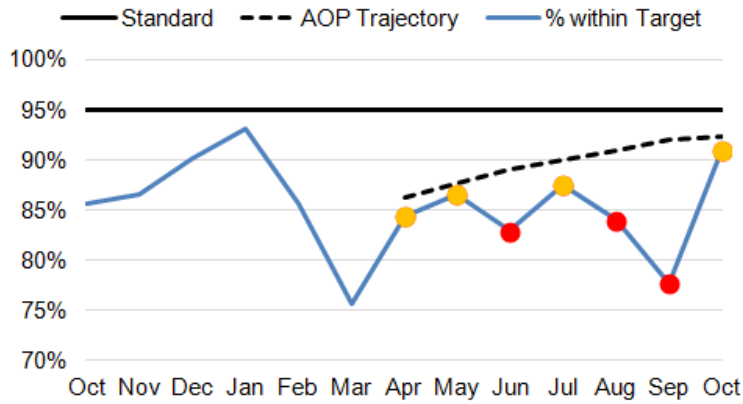
Improvement Actions	Progress	Timescale/ Status
1. Review DCAQ and secure activity to deliver funded activity in waiting times improvement plan for 19/20	DCAQ up to October reviewed and alternative solutions to deliver additional activity agreed. Plans being implemented to improve position. Plan for 2020/21 being reviewed for submission.	Dec 2019 ***** NEW *****
2. Develop and deliver Outpatient Transformation programme to reduce demand	New action – progress report and timescale will be specified next month	TBD ***** NEW *****
3. Improve recruitment to vacant posts and/or consider service redesign to increase capacity	Mid year review of service plans undertaken, revised plans being developed. Consultants posts in Urology, General Surgery, Cardiology and Dermatology have been recruited to.	Jan 2020 ***** NEW *****

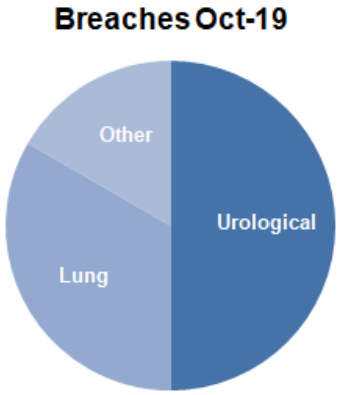
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

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

Local Performance





National Benchmarking

		2018/19						2019/20							Dec-Targ
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS Fife	% within Target	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	93.(
Scotland		81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	

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

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1st OPA, MRI, TRUS biopsy. Further work is being undertaken with the clinical team, radiology and pathology to minimise waits between steps.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	• Governance structure agreed • Meetings to be arranged and ToRs finalised • CWT education package under development • SOP to be reviewed • Cancer Scorecard in development Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. **Staffing issues have resulted in delays to completing education, SOP and scorecard.**	~~Dec 2019~~ Delayed to Mar 2020
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review. Escalation protocols being developed by each service to avoid any "communication delays in pathway". Colorectal and Head & Neck pathways have been reviewed, with comments received from H&N Consultants. Timings are to be added.	Jan 2020 On Track

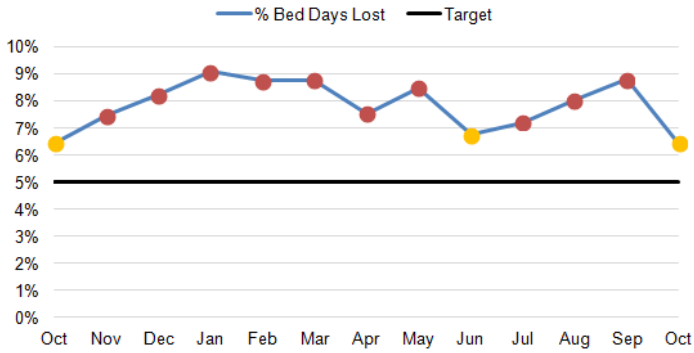
Finance, Performance & Resources – Operational Performance

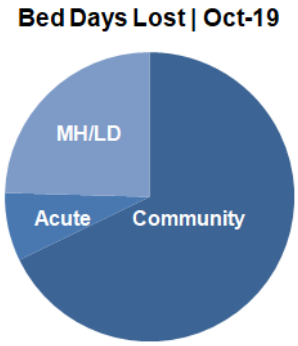
Delayed Discharges

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

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

Local Performance





National Benchmarking

Quarter Ending		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			
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685			
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%			
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,540,155			
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422			
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%			

Current Challenges	To reduce the number of hospital bed days lost due to patients in delay – ***Actions 1 and 3***
	To improve the time taken to complete social work assessments – ***Actions 2 and 4***

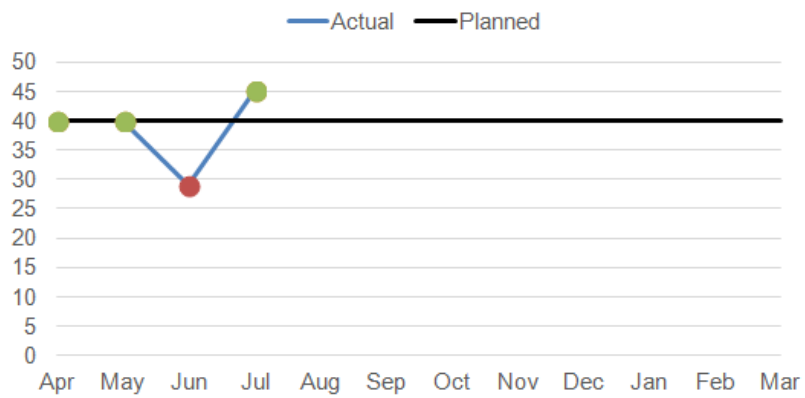
Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed. **This will continue into the new year.**	~~Dec 2019~~ Delayed to Jan 2020
2. Review timescales of SW assessments	Review complete, improvements identified – see new Action 4	Complete
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter **Still to be signed off.**	~~Nov 2019~~ Delayed to Dec 2019
4. Improve flow of communication between wards and Discharge HUB	Progressing two tests of change to improve efficiency of assessments and reduce waits – direct transfer of information on to iPads at ward level, and a 'sticker' system	Mar 2020 *** **NEW** ***

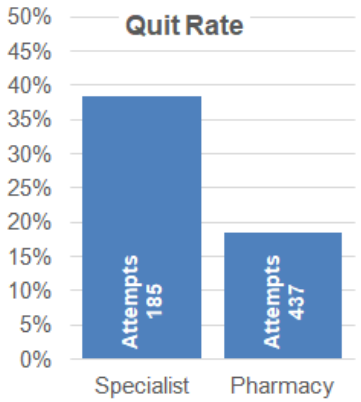
Finance, Performance & Resources – Operational Performance

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								
	Actual Cumul	40	80	109	154	154	154	154	154	154	154	154	154
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%								
Scotland	Achieved			92.4%									

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

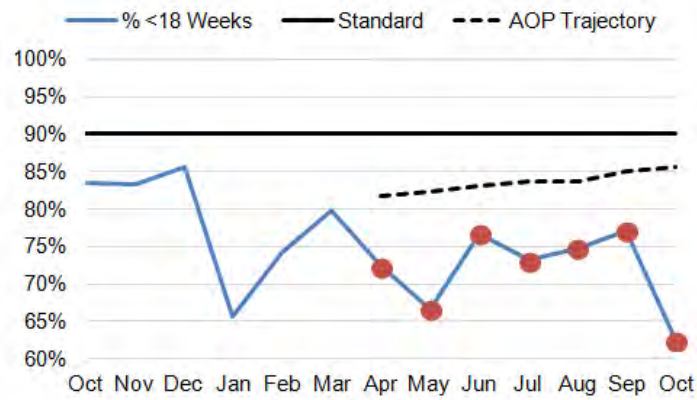
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton		Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways. Committee approval has been received and the first trial run (to check process and procedures) will start on 12th December. The real time test will start on 9th January.	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

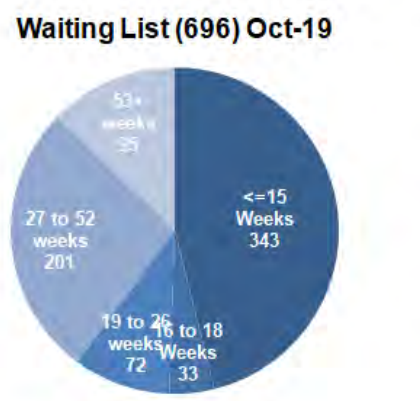
Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month		2018/19						2019/20							Dec-19
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	**87.0%**
Scotland		72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%		

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

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Four additional staff were recruited on 1-year contracts in April, and the impact was extremely positive, with a significant amount of C&YP signposted following assessment to alternative service providers. Unfortunately, these people have since left the service to take up permanent posts elsewhere. Recruitment has been successful for 4 wte temporary posts, and these posts will be filled in early 2020. The service is currently operating with 3 staff instead of 7, which has significant negative consequences on appointment times which now sit between 8-9 weeks compared to the planned response time of 2-3 weeks.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional Tuesday and Wednesday evening clinics are now running. It is anticipated that 80-100 additional C&YP will be allocated individual therapy, depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until January 2020.	Sep 2019 to Feb 2020 On Track
3. Introduction of Substantive Team Leader Role	East & West Team Leader Posts filled. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

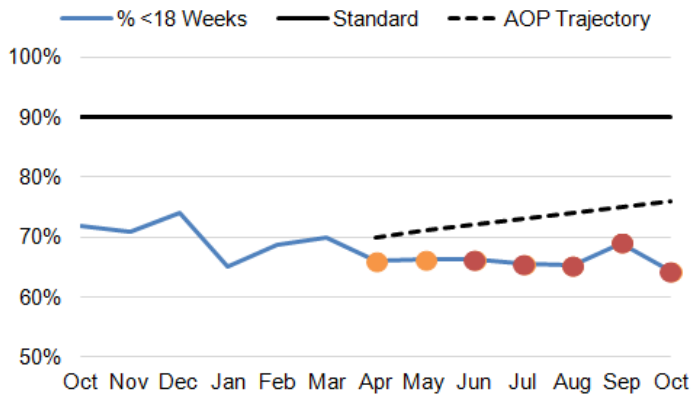
Finance, Performance & Resources – Operational Performance

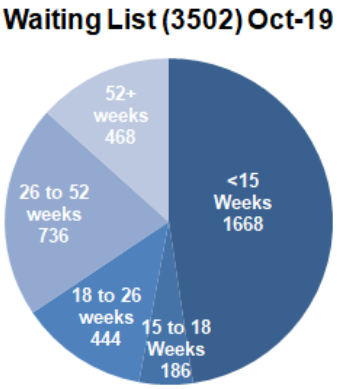
Psychological Therapies 18 weeks RTT

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

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

Local Performance





National Benchmarking

Month		2018/19						2019/20							Dec-19
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	% <18 Weeks	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	**78.0%**
Scotland		75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%		

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

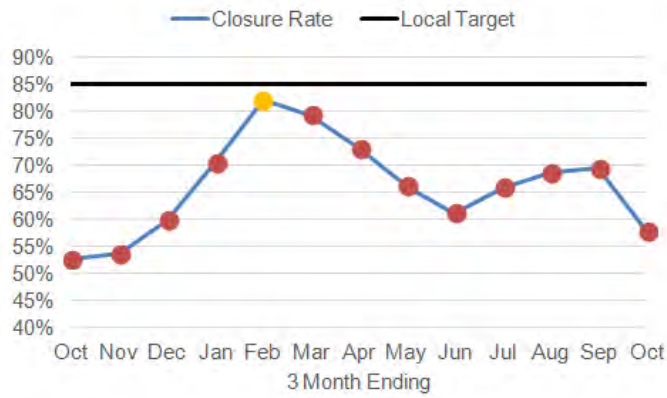
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Plans to utilise SCI gateway option to facilitate this have had to be abandoned due to technical issues. Staff will continue to implement using paper-based systems until all services are using same e-health systems.	Complete (as far as possible)
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Data indicates that this change has had a sustained positive impact on capacity. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service.	Mar 2020 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implementation of mental health triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September; final evaluation due September 2020	Sep 2020 On Track

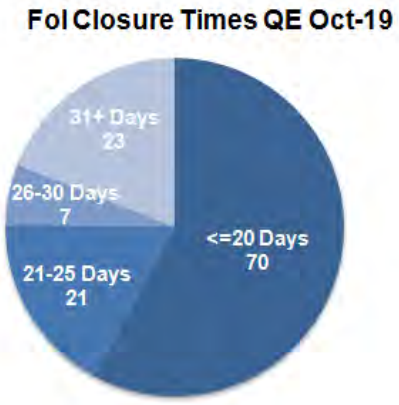
Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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

Local Performance





Service Performance

Monthly	2018/19			2019/20									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	55.6%	55.4%	76.0%	83.7%	80.4%	73.8%	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	34.3%
IJB				100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%

Current Challenges	Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – ***All actions***

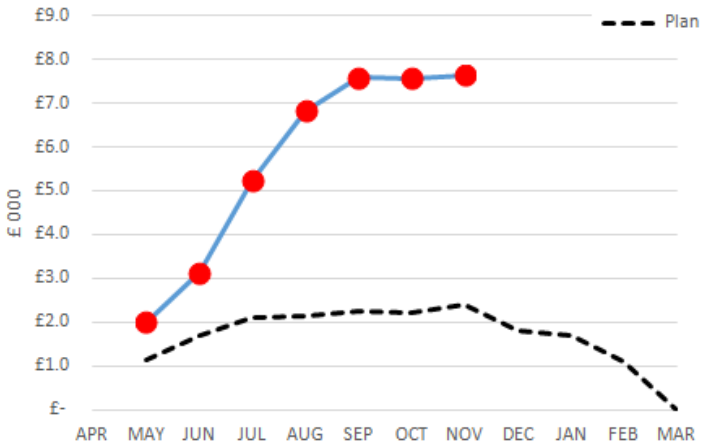
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses		Complete
2. Improve FoI case recording and monitoring of timeliness of responses		Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience		Complete
4. Update of processes to reflect involvement of IG&S Team	Meetings underway to review and update administrative pathways, processes and existing paperwork / templates, in advance of introduction of Axlr8 case management software (software roll-out now estimated for early 2020).	Dec 2019 On Track
5. Refresh process with H&SC partnership for requests received that relate to their services	Initial meeting took place in October with IJB FOI officer to discuss further, and agreed to be taken forward in tandem with process mapping review. Further meeting scheduled for early December.	Dec 2019 On Track
6. Align internal reporting on FOI to avoid unnecessary duplication of effort	Agree and implement one format of reporting on FOI performance, aligned to that developed for IPQR, for quarterly meetings of Information Governance & Security Group. Further discussion to be held on data capture to ensure information gathered can also be utilised for external reporting to Scottish Information Commissioner.	Jan 2020 On Track

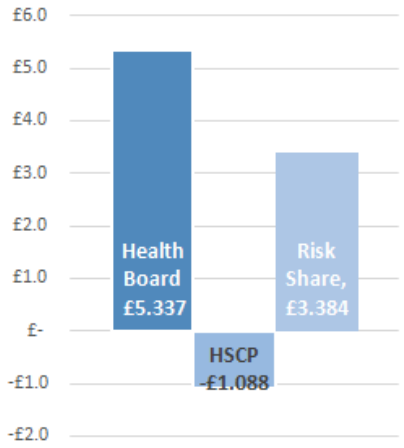
Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance





Expenditure Analysis

Memorandum	Budget FY £'000	Budget CY £'000	Budget YTD £'000	Expenditure Actual £'000	Expenditure Variance £'000	Expenditure Variance %	Variance split by Run Rate £'000	Variance split by Savings £'000
Health Board	415,845	417,183	271,402	276,739	5,337	1.97%	-205	5,542
Integration Joint Board (Health)	349,276	351,509	233,379	232,291	-1,088	-0.47%	-1,205	117
Risk Share	0	0	0	3,384	3,384	0.00%	3,384	0
Total	765,121	768,692	504,781	512,414	7,633	1.51%	1,974	5,659

Current Challenges	Acute Services Division: overspend of £10.542m, the key drivers being run rate overspend and shortfall on savings delivery – ***Action 1 and 3***
	IJB: extent of social care overspend and significant risk to delivery of break even position if we are required to fund the full forecast IJB overspend (as opposed to the original budget gap) – ***Actions 2 and 3***
	Non recurring financial flexibility: under continuous review but currently insufficient to offset full extent of overspend, including IJB risk share – ***Action 3***

Improvement Actions	Progress	Timescale/ Status
1. Savings	(Deloittes) external review complete ASD to prepare detailed action plan **This will be an ongoing activity throughout 2019/20 and 2020/21**	Mar 2020
2. Discussions with Scottish Government to support financial position	Meetings held in October and November – remains a live conversation and is likely to continue over next few months	Jan 2020 On Track
3. Ongoing grip and control measures across all services	Detailed assessment of potential financial flexibility (including assessment of winter and waiting list monies) ongoing, with early decision, action and release of identified benefit to the financial position **Action completion date adjusted**	Dec 2019 On Track

Finance, Performance & Resources – Finance

1. Annual Operational Plan

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

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the November core revenue and core capital allocation amounts on 3 December. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £740.014m; and anticipated allocations total £4.311m.

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 confirmed non core RRL funding of £20.867m; along with an anticipated non core allocation of £3.5m.

Total RRL

2.3 The total current year budget at 30 November is therefore £769.692m as detailed in Appendix 1.

3. Summary Position - Commentary

3.1 The revenue position for the 8 months to 30 November reflects an overspend of £7.633m. Based on this in-year position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case of £13.8m overspend. Consistent with our year to date reporting, the aforementioned position assumes the risk share cost to NHSF is capped to £7.05m (the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective Chief Officers).

3.2 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend per 3.1 above to be reduced and work continues to identify further opportunities to bring the position to financial balance.

3.3 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

3.4 The key challenges continue as previously reported and comprise: the overspend on Acute Services (run rate overspend related to a number of cost pressures; and non delivery of savings), and includes £4.039m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board; the risk share impact of the Integration Joint Board position (entirely driven by social care costs) capped and full overspend; and the growing cost pressure in relation to activity outside Fife and in particular, the

number of specialist high cost, low volume procedures undertaken in Edinburgh reported in recent months which continues.

3.5 A detailed and focused review of further potential offsetting financial flexibility benefits continues. Scoping work is underway on any potential benefits from balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding.

3.6 However, as previously highlighted in the Integrated Performance & Quality Report, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting has reverted to 72% (from 61% reflected in month 7 which has not been accepted by partners) for NHS Fife. The pressure reported is 72% of the initial £6.5m budget gap, plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers (i.e. £5.1m). This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

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

3.8 Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.337m is attributable to Health Board retained budgets; whilst an underspend of £1.088m is attributable to the health budgets delegated to the Integration Joint Board; and an overspend shown of £3.384m relating to the IJB risk share (capped at the opening budget deficit of £6.5m plus agreed additional social care packages.)

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

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	198,651	206,608	138,641	149,183	10,542	7.60%	5,127	5,415
IJB Non-Delegated	8,289	8,408	5,622	5,673	51	0.91%	15	36
Estates & Facilities	72,837	73,018	48,055	47,699	-356	-0.74%	-418	62
Board Admin & Other Services	53,234	71,344	50,571	50,094	-477	-0.94%	-506	29
Non-Fife & Other Healthcare Providers	85,946	85,946	57,319	58,316	997	1.74%	997	0
Financial Flexibility & Allocations	22,069	14,692	4,656	-455	-5,111	-109.77%	-5,111	0
Health Board	**441,026**	**460,016**	**304,864**	**310,510**	**5,646**	**1.85%**	**104**	**5,542**
Integration Joint Board - Core	373,913	401,018	267,375	266,475	-900	-0.34%	-1,017	117
Integration Fund & Other Allocations	13,804	966	0	-200	-200	0.00%	-200	0
Sub-total Integration Joint Board Core	**387,717**	**401,984**	**267,375**	**266,275**	**-1,100**	**-0.41%**	**-1,217**	**117**
IJB Risk Share Arrangement	0	0	0	3,384	3,384		3,384	0
Total Integration Joint Board - Health	**387,717**	**401,984**	**267,375**	**269,659**	**2,284**	**0.85%**	**2,167**	**117**
Total Expenditure	**828,743**	**862,000**	**572,239**	**580,169**	**7,930**	**1.39%**	**2,271**	**5,659**
IJB - Health	-38,441	-50,475	-33,996	-33,984	12	**-0.04%**	12	0
Health Board	-25,181	-42,833	-33,462	-33,771	-309	**0.92%**	-309	0
Miscellaneous Income	**-63,622**	**-93,308**	**-67,458**	**-67,755**	**-297**	**0.44%**	**-297**	**0**
Net Position Including Income	**765,121**	**768,692**	**504,781**	**512,414**	**7,633**	**1.51%**	**1,974**	**5,659**

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £10.542m for the year to date**. This reflects an overspend in operational run rate performance of £5.127m, and unmet savings of £5.415m. Within the run rate performance, pay is overspent by £4.341m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with the

workforce planning tool, as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required. Included within the ASD position is £4.039m overspend relating to the budgets 'set aside' for inclusion in the IJB's strategic plans but which remain managed by the NHS Board.

4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. The Acute Services management team have set up a transformation programme and are committed to translating findings from the external Deloitte report in to the 'art of the possible' for 2020/21 and beyond. In parallel an interim PMO Director has been appointed to review and advise on the overarching governance arrangements and infrastructure across Health and into Social Care.

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

	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	67,787	71,199	47,316	50,743	3,427	**7.24%**	1,552	1,875
Emergency Care & Medicine	73,156	76,691	51,946	56,980	5,034	**9.69%**	3,588	1,446
Women, Children & Cinical Services	54,063	55,029	36,797	39,746	2,949	**8.01%**	855	2,094
Acute Nursing	596	616	388	334	-54	**-13.92%**	-54	
Other	3,049	3,073	2,194	1,380	-814	**-37.10%**	-814	
Total	**198,651**	**206,608**	**138,641**	**149,183**	**10,542**	**7.60%**	**5,127**	**5,415**

Estates & Facilities

4.3 The Estates and Facilities budgets report an **underspend of £0.356m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

4.4 Within the Board's corporate services there is **an underspend of £0.477m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.997m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards.

Financial Plan Reserves & Allocations

4.6 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, and therefore form part of devolved budgets. A number of residual uplifts and new in-year allocations are held in a central budget and are subject to review each month. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses. Details of flexibility released at month 8 are per Appendix 4.

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

Integration Services

4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £1.100m for the year to date**. This position comprises an underspend in the run rate performance of £1.217m; together with unmet savings of £0.117m. The underlying

drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned underspend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife.

4.9 In addition the IJB risk share for the first 8 months of 2019/20 is a **cost of £3.384m**, representing a revised risk share percentage (72%) of the overall initial budget gap of £6.5m plus £0.550m relating to additional approved social care packages. In previous years, and in agreement with Fife Council colleagues, the overspend on the IJB has been managed through the risk share arrangement described at 8.2.4 of the Integration Scheme.

4.10 The initial health IJB position at month 8 is therefore a **net £2.284m overspend**. The key financial risk in relation to the Health & Social Care Partnership is this overall gap and the increasing actual overspend on social care budgets, the latter of which is a live discussion and, for reporting purposes, is assumed to be met from the respective partner organisation.

4.11 However if NHS Fife are required to fund the full HSCP overspend this will add an additional £4.3m - £4.9m pressure the outturn position.

Income

4.12 A small over recovery in income of £0.297m is shown for the year to date.

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended November 2019

	Annual Budget	Budget	Actual	Net Over/(Under) Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	374,239	248,628	250,665	2,037
GP Prescribing	72,665	48,541	48,508	-33
Drugs	30,780	21,271	20,688	-584
Other Non-Pay	377,042	254,803	257,125	2,322
IJB Risk Share	0	0	3,384	3,384
Efficiency Savings	-8,385	-5,659	0	5,659
Commitments	15,658	4,656	-200	-4,856
Income	-93,308	-67,458	-67,755	-297
Net Underspend	**768,692**	**504,781**	**512,414**	**7,633**

Pay

5.2 The overall pay budget reflects an overspend of £2.037m. There are underspends across a number of staff groups which partly offset the overspend position within nursing & midwifery and medical & dental staff; both are being largely driven by the additional cost of supplementary staffing to cover vacancies; sickness absence and supervision policies.

5.3 Against a total funded establishment of 7,845 wte across all staff groups, there was 7,843 wte staff in post in November.

Drugs & Prescribing

5.4 Across the system, there is a net under spend of £0.617m on medicines largely due to an under spend of £0.584m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and August and September 2019 actual information (2 months in arrears). Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.322m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by underspends across a number of areas including energy and diagniostic supplies.

6 Financial Sustainability

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

6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below and disappointingly reflects a c50/50 split.

Table 4: Savings 2019/20

	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,873	1,026	1,638	2,664	8,209
Integration Joint Board	6,460	3,485	2,799	6,284	176
Total Savings	**17,333**	**4,511**	**4,437**	**8,948**	**8,385**

7 Key Messages / Risks

7.1 The key challenges include the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures; and includes £4.039m overspend relating to a number of ASD budgets that are set aside for inclusion in the IJB's strategic plans, but which remain managed by the NHS Board); the risk share impact of the IJB position (entirely driven by social care costs); and the increasing cost pressure associated with non-Fife activity and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.

7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £6.5m overspend to a potential worst case of £13.8m overspend as detailed in table 5 below:

Table 5: Financial Outturn (modelling based on actual position at 30 Nov 2019) – capped HSCP overspend

Forecast Outturn	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Acute Services Division	9,851	8,772	7,778
Acute Services Division (Acute Set Aside)	6,108	5,805	5,503
IJB Non-Delegated	139	106	74
Estates & Facilities	-145	-600	-1,875
Board Admin & Other Services	-685	-1,224	-1,299
Non-Fife & Other Healthcare Providers	1,521	1,521	1,521
Financial Flexibility	-7,439	-7,439	-7,439
Miscellaneous Income	-350	-350	-350
Health Board Retained Budgets	**9,000**	**6,591**	**3,913**
IJB Delegated Health Budgets	27	-1,219	-2,220
Integration Fund & Other Allocations	-300	-300	-300
Sub Total IJB Delegated Health Budgets	**-273**	**-1,519**	**-2,520**
Risk Share	5,076	5,076	5,076
Net IJB Health Position	**4,803**	**3,557**	**2,556**
Total Forecast Outturn	**13,803**	**10,148**	**6,469**

7.3 Discussions have been held with the Director and Deputy Director of Health Finance, Scottish Government, to work collaboratively to find a solution to the financial challenges facing NHS Fife. Areas considered included: review of all allocations; review of balance sheet accruals (both value and accounting treatment); risk share methodology; acute set aside budgets; capital to revenue funding transfer; and ADEL funding. A number of potential offsetting benefits may allow the optimistic overspend above to be reduced and work continues to identify further opportunities to bring the position to financial balance.

7.4 However the current forecast overspend of the IJB is significantly higher than the original approved budget gap. Correspondence and discussions to date between the respective partners continue. Notwithstanding, if we are required to fund the full IJB overspend, the forecast outturn position worsens to an overspend of £10.8m (best case) to £18.7m (worst case). This then compromises our ability to achieve financial balance and our ability to meet our statutory obligations.

7.5 Taking into account the points in 7.3 and 7.4 aboe, the impact on the forecast outturn is summarised below.

Table 6: Financial Outturn (modelling based on actual position at 30 Nov 2019) – full forecast HSCP overspend

Financial Modelling per Month 8	Pessimistic £'000	Mid-Range £'000	Optimistic £'000
Forecast Outturn per IPQR	**13,803**	**10,148**	**6,469**
Potential offsetting benefits			
Capital to revenue transfer	-1,000	-1,000	-1,000
Additional ADEL	-1,500	-1,500	-1,500
Review of balance sheet	-2,600	-2,600	-2,600
Revised Forecast Outturn (1)	**8,703**	**5,048**	**1,369**
Risk share on full forecast outturn	4,935	4,655	4,306
Revised Forecast Outturn (2)	**13,638**	**9,703**	**5,675**

7.6 The optimistic forecast has been used for reporting purposes and is scrutinised each month as part of a balanced risk approach. Key areas for highlighting this month include the Emergency Care Directorate within Acute Services whose use of agency staff continues for which there does not appear to be an exit plan. This is exacerbated by the surge ward capacity which was open for 5 months of the last financial year, but is expected to be in place for this full year. This unanticipated additional exceptional cost is in spite of additional grip and control measures being put in place and contributes to the forecast overspend. This position remains under close review. In parallel the Planned Care Directorate optimistic forecast assumes that the remaining months will realise a break even position in each remaining month of the year, and that additional savings will be identified. This assessment will be reviewed on a continual basis in light of its associated high risk.

7.7 The range of Estates & Facilities forecasts varies greatly between each scenario and is underpinned by detailed assumptions, plans and risk assessment ratings. The optimistic forecast used in the overall reporting at £1.9m underspend (compared to £0.6m 'realistic scenario' underspend) includes £0.3m high risk assumptions; and £0.7m medium risk assumptions.

7.8 The level of financial flexibility released in to the position at month 8 includes potential slippage of £1m re waiting times funding following an updated assessment of progress to date and expected activity to the year end. This carries with it a degree of managed risk - this earlier release of flexibility means that there is less scope to respond to anticipated exceptional events which may occur later in the year; but equally allows an earlier (part) mitigation of the potential year end overspend (notwithstanding the risk share cost associated with the IJB).

7.9 There is limited assurance that NHS Fife can remain within the overall revenue resource limit should there be a requirement to cover the impact of the IJB position. The risk share arrangement reflected in month 8 reporting at 72% of the initial £6.5m budget gap plus £0.550m additional social care packages agreed between the partnership's respective Chief Executive Officers,) ie £5.1m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB.

7.10 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR), a funding assumption to the value of the risk share impact has been included together with a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility. This does, however, hold a degree of risk.

7.11 Discussions with SGHSCD colleagues in relation to the financial position continue, and positive steps are being made to identify further non-recurring financial opportunities in order to move towards a balanced year-end outturn.

8 Recommendation

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

- **Note** the reported overspend of £7.633m for the year to 30 November 2019; and

- **Note** the previously reported *potential* outturn position of break even is at risk, even with an assumption of additional funding from SGHSCD to support any impact of the IJB risk share.

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Confirmed	Opening	662,752			662,752	
Confirmed	May Adjustments	-696		-229	-925	
Confirmed	June Adjustments	16,293	3,774	6,265	26,332	
Confirmed	July Adjustments		2,863	1,678	4,541	
Confirmed	August Adjustments	280	3,268	2,341	5,889	
Confirmed	September Adjustments	-29	52,759	2,236	54,966	
Confirmed	October Adjustments		-157	1,842	1,685	
Confirmed	Cancer & Diagnostics Activity			123	123	Based on submission
Confirmed	Depreciation to non core			-13,056	-13,056	Annual adjustment
Confirmed	Lyme's disease correction	12			12	
Confirmed	NSD Topslice			-3,097	-3,097	annual adjustment agreed through BCE
Confirmed	NSD Topslice - Pay & Pensions	-543			-543	
Confirmed	Golden Jubilee SLA			-28	-28	For the services provided by Golden Jubilee
Confirmed	Mental Health Outcomes Framework		1,363		1,363	Covers the original Mental Health Bundle, Innovation Fund & Capacity building CAMHS & Psychological Therapies
	Total Core RRL Allocations	**678,069**	**63,870**	**-1,925**	**740,014**	
Anticipated	CAMHS Regional Post			35	35	
Anticipated	Distinction Awards			227	227	
Anticipated	New Medicine Fund			3,005	3,005	
Anticipated	Scotstar			-348	-348	
Anticipated	Primary Care Fund GP Sub Committee			34	34	
Anticipated	Primary Care Improvement Fund			1,124	1,124	
Anticipated	Capital to Revenue			234	234	
	Total Anticipated Core RRL Allocations	**0**	**0**	**4,311**	**4,311**	
Confirmed	PFI Adjustment			3,374	**3,374**	
Confirmed	Donated Asset Depreciation			117	**117**	
Confirmed	Impairment			1,000	**1,000**	
Confirmed	AME Provision			-843	**-843**	
Confirmed	IFRS Adjustment			4,833	**4,833**	
Confirmed	Depreciation from Core Allocation			12,386	**12,386**	
	Total Non-Core RRL Allocations	**0**	**0**	**20,867**	**20,867**	
Anticipated	Non-Core Del			3,500	**3,500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**3,500**	**3,500**	
	Grand Total	**678,069**	**63,870**	**26,753**	**768,692**	

Appendix 2: Corporate Directories

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E-Health Directorate	12,790	7,661	7,694	33
NHS Fife Chief Executive	207	138	139	1
NHS Fife Finance Director	6,318	4,156	3,735	-421
NHS Fife HR Director	3,160	2,128	2,046	-82
NHS Fife Medical Director	6,953	4,058	3,952	-106
NHS Fife Nurse Director	3,771	2,462	2,723	261
Legal Liabilities	18,258	16,913	16,912	-1
Public Health	2,206	1,453	1,340	-113
Early retirement & Injury Benefits	269	0	-45	-45
Regional Funding	284	202	199	-2
Depreciation	17,129	11,399	11,399	0
Total	**71,344**	**50,571**	**50,094**	**-477**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	63	38	-25
Borders	43	28	31	3
Dumfries & Galloway	24	16	40	24
Forth Valley	3,089	2,058	2,223	165
Grampian	349	233	209	-24
Greater Glasgow & Clyde	1,607	1,072	1,044	-28
Highland	131	88	148	60
Lanarkshire	111	74	101	27
Lothian	30,600	20,400	18,801	-1,599
Scottish Ambulance Service	98	65	70	5
Tayside	39,772	26,516	26,829	313
	75,919	**50,613**	**49,534**	**-1,079**
UNPACS				
Health Boards	8,063	5,375	7,048	1,673
Private Sector	1,209	806	1,138	332
	9,272	**6,181**	**8,186**	**2,005**
OATS	690	460	533	73
Grants	65	65	63	-2
Total	**85,946**	**57,319**	**58,316**	**997**

Appendix 4 - Financial Flexibility & Allocations

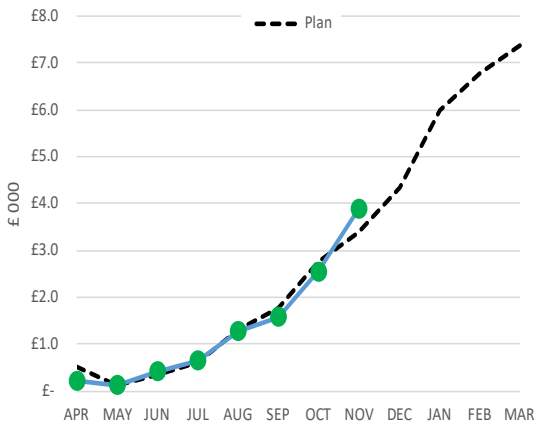
	CY Budget £'000	Flexibility Released to Nov-19 £'000
Financial Plan		
Drugs	2,909	667
Complex Weight Management	50	33
Adult Healthy Weight	104	69
National Specialist Services	54	36
Band 1s	307	205
Unitary Charge	213	92
Junior Doctor Travel	106	57
Consultant Increments	50	33
Cost Pressures	3,475	1,781
Financial Flexibility	527	350
Sub Total Financial Plan	**7,795**	**3,323**
Allocations		
Health Improvement	93	0
AME impairments	1,195	0
AME Provisions	-22	0
Pay Awards	52	0
Distinction Awards	37	0
Waiting List	2,694	667
CAMHS Post	35	0
Best Start	337	125
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	95	0
Carry Forward 18-19	260	173
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	17	0
Capital to Revenue	234	0
ADEL	1,000	333
Winter Planning	619	0
Cancer Waiting Times	122	35
Golden Jubilee Sla	-3	0
Sub Total Allocations	**6,897**	**1,333**
Total	**14,692**	**4,656**

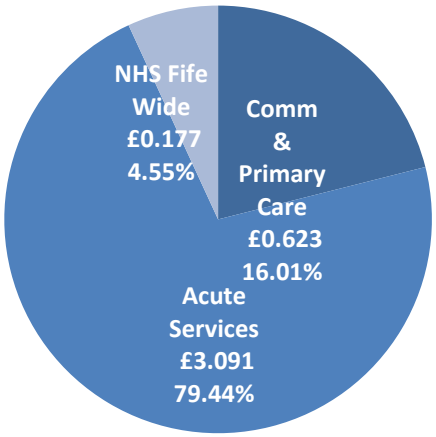
Finance, Performance & Resources – Finance

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 Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 8 months to November shows investment of £3.891m, equivalent to 52.62% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

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

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

1. Annual Operational Plan

1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m). NHS Fife has received a letter confirming they will receive a capital allocation of £0.120m for Hospital Eye Scotland for the procurement of ophthalmic equipment.

2. Capital Receipts

2.1 Work continues on asset sales with several disposals planned or completed:

- Lynebank Hospital Land (Plot 1) (North) – Under offer
- Forth Park Maternity Hospital – Sold
- Fair Isle Clinic – Sold
- Skeith Land – now on market
- ADC – Sold

Discussions are underway with the SGHSCD on the potential use of the capital receipts to support the challenges in the Board's revenue position.

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 £3.891m or 52.62% 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	£1.091m
Minor Works	£0.178m
Equipment	£1.831m
E-health	£0.155m
Elective Orthopaedic Centre	£0.614m

4. Capital Expenditure Outturn

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

5. Recommendation

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

note the capital expenditure position to 30 November 2019 of £3.891m 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 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	823	483	823
Capital Minor Works	353	100	353
Capital Expenditure	81	40	81
Condemned Equipment			
Total Community & Primary Care	1,256	623	1,256
ACUTE SERVICES DIVISION			
Capital Equipment	1,984	1,695	1,984
Statutory Compliance	1,962	609	1,962
Minor Works	165	78	165
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	614	614	614
Total Acute Services Division	4,819	3,091	4,819
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	155	1,041
Equipment Balance	18	0	18
Scheme Development	60	0	60
Contingency	100	22	100
Statutory Compliance - Fire Compartmentation	100	0	100
Minor Works	0	0	0
Total NHS Fife Wide Schemes	1,319	177	1,319
TOTAL ALLOCATION FOR 2019/20	**7,394**	**3,891**	**7,394**

Appendix 2: Capital Plan - Changes to Planned Expenditure

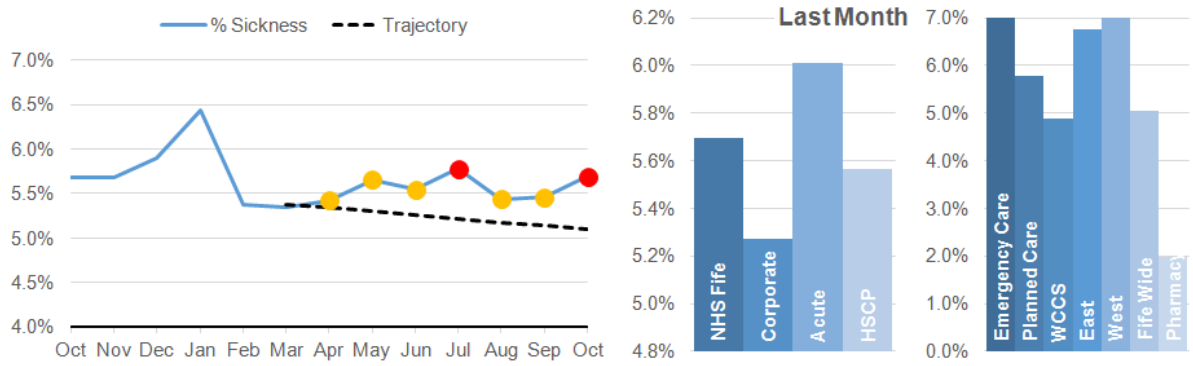
Capital Expenditure Proposals 2019/20 Routine Expenditure	Board Approved 27/03/2019 £'000	Cumulative Adjustment to October £'000	November Adjustment £'000	Total November £'000
Community & Primary Care				
Minor Capital		316	37	353
Capital Equipment		87	-6	81
Statutory Compliance		820	3	823
Condemned Equipment				
Total Community & Primary Care	**0**	**1,223**	**33**	**1,256**
Acute Services Division				
Minor Capital		164	1	165
Capital Equipment		1,945	39	1,984
Statutory Compliance		2,067	-105	1,962
Condemned Equipment		94		94
Elective Orthopaedic Centre		587	27	614
	0	**4,857**	**-38**	**4,819**
Fife Wide				
Minor Work	498	-485	-13	
Information Technology	1,041			1,041
Backlog Maintenance / Statutory Compliance	3,569	-3,469		100
Condemned Equipment	90	-90		
Scheme Development	60			60
Fife Wide Equipment	2,036	-2,036	18	18
Fife Wide Contingency Balance	100			100
Total Fife Wide	**7,394**	**-6,080**	**5**	**1,319**
Total	**7,394**	**0**	**0**	**7,394**

Staff Governance

Sickness Absence

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

Local Performance



National Benchmarking

Month	2018/19						2019/20							Dec-19
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Target
NHS Fife	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	**5.01%**
Scotland	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	

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

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. A plan for additional OH support, including OH Drop-in Sessions, has been developed. Sessions took place throughout September and October, and further sessions will be held in Spring 2020.	Mar 2020 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed later in the year. Feedback being sought from OH, HR and service colleagues on the early referral approach.	Feb 2020 On Track

PAUL HAWKINS
Chief Executive
18th December 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

Report to Staff Governance Committee

DATE OF MEETING:	Friday 17 January 2020
TITLE OF REPORT:	An Integrated Health & Social Care Workforce Plan for Scotland
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Linda Douglas, Director of Workforce

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

SBAR REPORT

Situation

An Integrated Health & Social Care (H&SC) Workforce Plan for Scotland was published in December 2019. For the first time the H&SC Workforce Plan for Scotland considers the challenges being encountered in an integrated context, with additional workforce planning guidance aimed at promoting effective workforce planning across the statutory, third and independent sectors at national, regional and local levels.

The Workforce Planning for Scotland: Guidance document replaces the requirement for NHS Boards to produce Annual Workforce Plans by introducing a three year workforce planning cycle to be adopted by NHS Boards no later than 31 March 2021.

Background

The previous National Workforce Plan for Health and Social Care was published in three parts between June 2017 and April 2018. This document recognised the challenges of effective workforce planning within the integrated environment, and set out a series of commitments to address the fragmented nature of workforce planning within a sector which employs a workforce comprising over 368,000 headcount, which translates to 291,000 Whole Time Equivalent (WTE).

One of the primary commitments to address the fragmented nature of workforce planning within the Sector was the future publication of an integrated Workforce Plan, with revised workforce planning guidance and a greater use of scenario planning. The publication of An Integrated H&SC Workforce Plan for Scotland and its associated guidance sees this commitment starting to be realised.

Assessment

An Integrated H&SC Workforce Plan for Scotland encourages a more collaborative approach to workforce planning between the NHS, Local Authority, Third and Independent Sectors. It understands the workforce planning requirements and practices differ across health and social care organisations, subject to the size of the employer, and has signposted a range of methodologies employers could use in the planning for the workforce they require. An Integrated H&SC Workforce Plan for Scotland therefore supports the direction of travel for Workforce Planning within Fife. NHS Fife's Strategic Workforce Planning Group, and Fife's H&SC Partnership Workforce and OD Strategy Group has tailored its workforce planning methodology to reflect the needs to its services, ensured an overall consistency in approach and common understanding by enabling cross representation of group members, and encourage input from the Regional Workforce Planning Group plus representation from the Third and Independent Sectors.

The largest impact that the revised An Integrated H&SC Workforce Plan for Scotland will have on NHS Fife, and Fife's H&SC Partnership, is therefore not linked to the content of the document, or its direction of travel, rather it will be the impact this publication will have on Workforce Strategy cycle. This revised guidance responds to concern that the existing requirement to publish Annual Workforce Plan's, detailed in CEL(2011)32, minimised an NHS Boards ability to align workforce plans with other organisational strategic planning timescales. Consequently the revised guidance will require NHS Fife to publish a three year Workforce Plan, by 31 March 2021, covering the period up to 31 March 2024.

In preparation for the revised guidance NHS Fife published a three year Workforce Strategy in 2019 which covered the period up to 31 March 2022. This enabled the workforce planning cycle to match that of Fife's H&SC Partnership. This three year cycle for the Workforce Strategy will require to be modified slightly to correlate with the revised publication cycle requirement.

The revised Workforce Planning arrangements will be complimented with the introduction of an Annual Workforce Planning Reporting Template. This template will require to be completed in those years between the publication of the full three year Workforce Plan. The first of these annual templates will be issued for return by 31 March 2022. There is no change to the requirement to submit annual workforce projections to the Scottish Government for the time being.

An Integrated H&SC Workforce Plan for Scotland also builds on the previous commitment to increase workforce planning capacity and capability in the service, and improve Data to support Workforce Planning. The Scottish Government continue to work with partner organisations to provide opportunities in promote fundamental aspects of workforce planning, and where appropriate, deliver more advanced training in workforce planning methodologies to Workforce Planners. NHS Education for Scotland are also continuing to work closely with partners to bring together the necessary data sources to allow the creation and visualisation of workforce scenarios, using data held, for the first time, in the one place.

Recommendation

The Staff Governance Committee are asked to **note** the content of this paper, and the revised three year publication cycle for NHS Fife's Workforce Plan.

Objectives: (must be completed)	
Healthcare Standard(s):	Staff Governance Standards
HB Strategic Objectives:	Workforce to be aligned to future needs of NHS Fife, including H&SC

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

Impact: (must be completed)	
Financial / Value For Money	Aligns to financial and service planning cycle
Risk / Legal:	Revised workforce planning timetable to ensure Scottish Government compliance
Quality / Patient Care:	Supports Service Delivery
Workforce:	Changes to workforce planning cycle as outlined in paper at supporting documentation
Equality:	No impct

COSLA

An Integrated Health and Social Care Workforce Plan for Scotland

NHS SCOTLAND

Healthier Scotland
Scottish Government

December 2019

Contents

Joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) Foreword

We share a common aim: to ensure everyone in Scotland receives the high-quality health and care services they need, at the right time and in the right place.

Central to that aim is the need to anticipate, gauge and respond effectively to the changing needs of our population; understanding the health and social care workforce we need to deliver services is crucial to this.

Every day the many thousands of people who work in our health and social care services display extraordinary leadership, professionalism, skill and knowledge. In everything they do they demonstrate outstanding personal commitment. It follows that the planning carried out to recruit, deploy, nurture, and retain this vital workforce must also be exemplary.

As people's health and social care needs change we are seeing a renewed focus on prevention and wellbeing, on early intervention and in supported self-management. This work will require us collectively to:

- embed and sustain health and social care integration;
- transform mental health services;
- improve access to services;
- respond to innovations and advances in treatment and care, as well as how people experience services.

This Plan reflects these requirements, in setting out:

- the key workforce factors we must consider in assessing growing and changing demand;
- the skills and size of the workforce we will need to meet demand;
- the actions we are taking to ensure a sustainable workforce – how we grow and retain our community-based workforce, our mental health workforce, and the workforce needed to support improved access in other key areas of health and social care.

We have known for many years that workforce planning is not an exact science. It is often described as a multi-dimensional and iterative process, capable of handling changing circumstances as they emerge. We must ensure Scotland's people continue to benefit from a fully sustainable health and social care workforce into the future, which remains a huge challenge. There is much still to do to further develop our collective knowledge, for example on the growing demands for social care. This in turn will support informed decision-making and the workforce skills we require.

This Plan represents an important milestone because it is tackling these issues at a national level and in an integrated context for the first time. It will support employers and workforce planners to address the complex interactions between demand and supply across all parts of the health and social care system. It reinforces that having a skilled, supported and sustainable workforce remains absolutely critical to delivering safe, effective and person centred care – at the right time and in the right place – wherever in Scotland it is being provided.

In developing this first Integrated Plan, individuals and organisations have shared their experiences of workforce planning across the statutory, third and independent sectors. It has provided a solid base for future work in further iterations of this Plan. It has also promoted a shared recognition of how specific workforce challenges confront different employers and organisations, and what they can do to meet them - locally, regionally and nationally.

One specific aim for this Plan, and its supporting guidance, is to equip planners and employers in local authorities, the NHS, the third sector, and the independent sector, with the planning resources they need to help build sustainable services. To do this to the best of their abilities, all sectors need better coordinated and more comprehensive workforce intelligence and insight, as well as the capacity to undertake appropriate workforce planning.

Working alongside COSLA and other stakeholders, the Scottish Government has an important part to play in leading this work and ensuring the continued development of a whole-system approach to workforce planning.

We are pleased to jointly commend this Plan to the many colleagues working across all of our health and social care organisations across Scotland. We encourage them to make good use of the revised guidance and scenarios published alongside it.

As we enter the third decade of the 21st century we believe this Plan now elevates workforce planning to its rightful position - fundamental to securing the best possible health and care outcomes for Scotland's people.

Executive Summary and Summary of Commitments

This Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence which can support the many national actions we are taking to address the challenges our services face. Crucially this Plan reflects our approach to effective workforce planning in an integrated environment – essential to delivering and sustaining the world-class services we all rely on**.**

How services and support are planned, designed, developed, commissioned and delivered is also a key part of the reform of adult social care. As part of that, we are reviewing national data for social care support, to put in place measures and evidence that better reflect policy intentions to support independent living and promote sustainability.

With key partners, we recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential.

Better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed. That applies across the health and social care workforce operating in very distinct landscapes of service commissioning, provision and employment. Scottish Government has already delivered on ambitious commitments to expand and strengthen the health and social care workforce – for example, delivering 100 more GP specialist training places and 500 more health visitors in the workforce. The Scottish Government has also supported the introduction of the real Living Wage for adult social care workers, while the registration and regulation of the social services workforce will complete its final phase of implementation in 2020, resulting in regulation of around 80% of the social care workforce.

We have also seen recent successes in medical trainee recruitment, such as:

- an increase in the overall fill rate to medical training places to 92% in 2019, from 85% in 2018;
- 37 specialities achieved a 100% fill rate (out of a possible 60);
- 33 more GP Speciality Training places were filled in 2019 compared to 2018;
- a 100% fill rate in ST1 Clinical Radiology training places.

And we remain on track to deliver:

- access to Pharmacist support for all GP practices by the end of 2021;
- 250 community link workers working in GP surgeries by 2021;
- 2,600 more nursing and midwifery training places by 2021;
- 500 additional Advanced Nurse Practitioners trained by 2021;
- 1000 more paramedics training in the community;

- 800 additional Mental Health Workers in A&E departments, GP practices, police custody suites and a range of other settings;
- 250 additional School Nurses by 2022;
- 80 additional counsellors in Further and Higher Education over the next four years;
- all children and young people (over the age of 10) will be able to access counselling services in every secondary school by September 2020;
- an increase to the GP workforce of 800 by 2027.

To ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through:

- developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board;
- delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place;
- commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges;
- delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.

Initiatives to enhance staff numbers have been particularly successful with record numbers of staff now working in NHS Scotland and in Scottish Social Services. National workforce statistics from September 2019 show that:

- NHS Scotland's staffing levels are at a record high, up by over 14,300 WTE – an 11.3% increase between September 2006 and September 2019;
- numbers of Consultants working in our NHS are at a record high, up 51.4%;
- numbers of Qualified Nurses & Midwives have increased 6.7%;
- numbers of Nursing & Midwifery support staff are at a record high, up 2.8%;
- AHP numbers are at a record high, up 17.5%, or by 1,547.9 WTE (8,842.1 WTE to 10,390.0 WTE);
- numbers of staff in the social care workforce have risen by 1.2% since 2017, the highest level recorded since reports began.

We must consider this in the wider UK context, where:

- NHS staffing per head in Scotland is higher than NHS England – there are 26 staff per 1,000 people in Scotland (Sept 2019), while in England the figure is 19.7 (August 2019);
- there are also more Qualified Nurses and Midwives per 1,000 population in Scotland than in England: 8.1 WTE in Scotland (Sept 2019) compared to 5.5 WTE in England (August 2019).

We must continue to ensure our efforts are targeted, and support delivery of integrated services in Scotland. Some of the challenges we face are not unique to

Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade. In other, less developed, countries there are significant challenges linked to the appropriate training and skills mix of consultants and their migration.

This Plan focusses on national challenges including further embedding integration, improving waiting times and improving mental health support. The recommendations we are making below will significantly augment our capacity to address these challenges. The steps we can take to further improve workforce planning in Scotland, will also equip our staff with the right skills to meet them.

The key commitments in this Plan are:

Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.
Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.
Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology. Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes.
Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years.
Support an additional 60 Clinical Psychologists in training by: – Increasing the training programme intake by 10 students per year for the next three years. – Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.
Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23. In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs.

Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).
In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.
Scottish Government , working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.
Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce.
Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Introduction

The approach we are taking

In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning[1] have underlined the need for a range of responses to global supply and demand challenges. That is why we have focused on implementing clear methodologies, generating better quality data to help assess gaps, and building collective knowledge around workforce planning.

It is important to recognise the variance in the aims and needs for workforce planners, considering different areas of the health and social care workforce. For example, social services are commissioned from a range of providers, with the workforce employed by more than a thousand providers in the public, independent and third sectors, many of whom employ less than 50 people. The majority of social service staff achieve their qualification after they have started work in the sector, in contrast with many professional groups in health services. These differences have implications for workforce planning arrangements and needs for different parts of the system, and for the levers available to influence workforce supply.

Complex, constantly shifting dynamics around the health and social care workforce mean that difficult choices around resources and priorities will continue to arise. For example, the shift in emphasis from planning for single professions towards multi-disciplinary, team-based care needs further progress to be made on workforce data to develop the evidence base required.

The modelling assumptions in this Plan and the associated scenarios therefore range in robustness, reflecting our best assessment at this point. However they provide a base for building our collective workforce planning capabilities, and future iterations of this plan will develop these still further – for example by including improved intelligence on social care career pathways. These developments in service delivery, data quality and understanding of demand underpin the need for workforce planning to be an iterative process.

The workforce we require

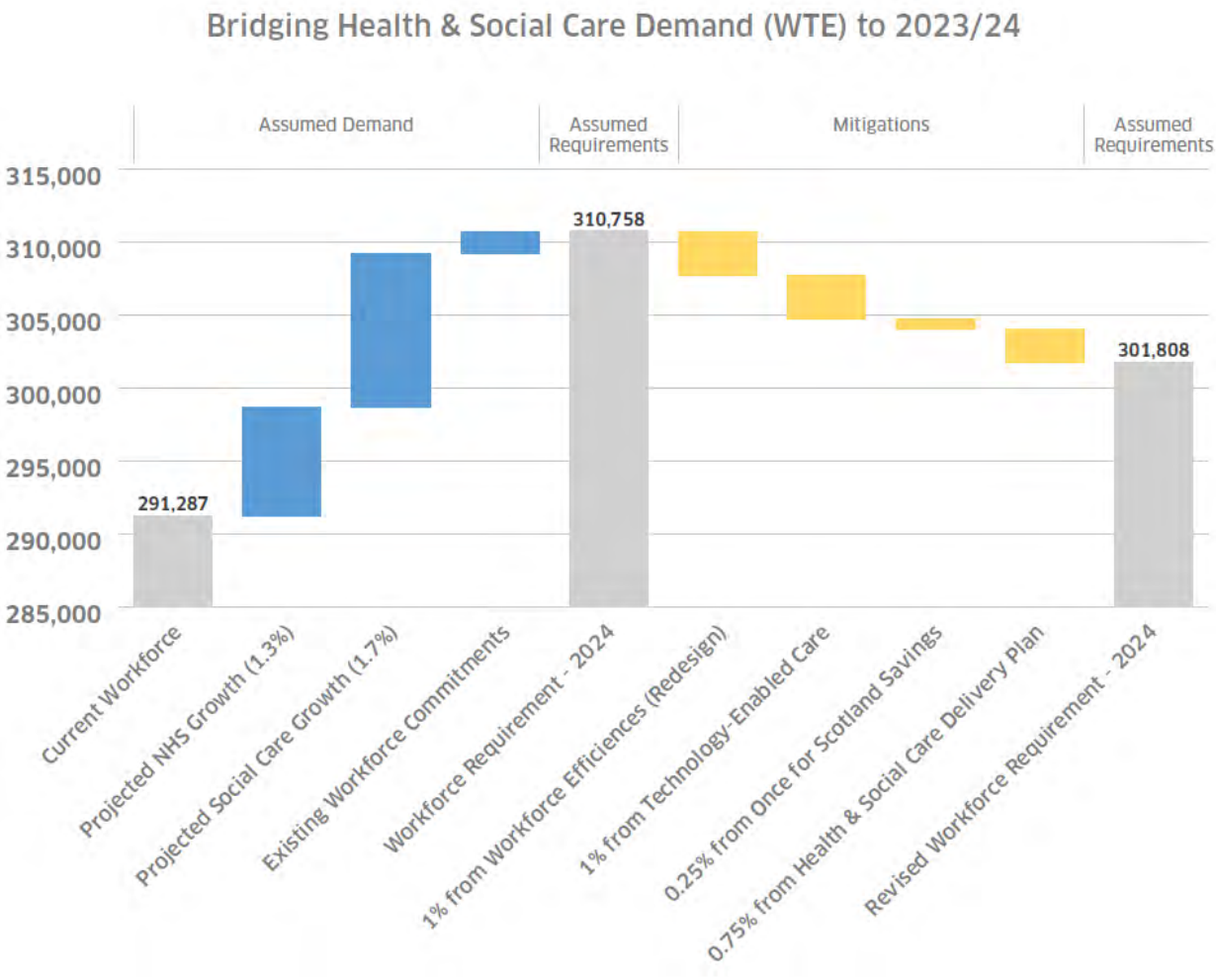
Cumulatively our current health and social care workforce stands at over 368,000 headcount. This translates to 291,000 Whole Time Equivalent (WTE - calculated using the most up to date available data on the NHS workforce and Scottish Social Services Council official statistics on the social services workforce).

The Scottish Government's Medium Term Financial Framework[2] (MTFF) estimates that to address the effects of demand, we will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24.

[1] Health Workforce Planning in OECD Countries, June 2013
[2] Health and Social Care: medium term financial framework, Scottish Government, October 2018

In terms of these estimates, and to address the likely effects of health and social care demand, we estimate that Scotland will require around 20,000 WTE more health and social care employees in the period to 2023/24.

While the steps taken in successive Programmes for Government will help, growing this number of staff in response to demand is a challenging target to achieve in a comparatively short timeframe, particularly when services are subject to sustained pressure.



Assessing and addressing need and demand

As set out in the diagram above mitigating actions may help reduce this requirement by up to 10,000 WTE, by enabling redesigned workforce roles, realising technology-enabled care, and examining how we deliver services.

For technology-enabled care, for example[3], the MTFF equates technology-enabled care with a 1% saving in terms of staffing demand. The MTFF also identifies potential efficiency savings of 0.25%, accruing from regional working and other approaches set out in Once for Scotland. Recognising the need for sustained change over the longer term Scottish Government estimates that the policies to shift

[3] The Topol Review Health Education England - February 2019

the balance of care and set in play in the Health and Social Care Delivery Plan[4] published in December 2016, will help to reduce the demand in the numbers of staff we need by around 0.75%.

Analysing the evidence

As Audit Scotland has observed[5] broader analysis is needed to support planning for a different type of workforce. Alongside other organisations, we recognise that wider evidence will be essential in developing national modelling and scenario planning capacity for the future. National modelling being undertaken around the Delivery Plan by ISD Scotland already includes a workforce dimension alongside service planning and financial planning elements. In addition to this NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are both working to develop a more comprehensive evidence base around the health and social care workforce.

This work will help workforce planners to fully understand the impact of change on our health and social care staff and service delivery, and help to forge new partnership approaches. For example, the Scottish Government is working alongside Cancer Research UK to help determine the shape of the future cancer workforce, and expects to do so with many more stakeholder groups and organisations in the coming months and years.

Successive iterations of this Plan will continue to build and sustain these collaborative links – assessing demand and providing analysis to ensure our health and care services have the right numbers of staff that people in Scotland need and deserve, well into the future.

[4] The Health and Social Care Delivery Plan
[5] NHS in Scotland 2019: https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019

What does demand look like?

Workforce planning is shaped by the increasing demand for health and social care services as we live longer lives, often with more complex and intensive needs.

A number of studies have attempted to quantify this demand based on forward projections of need including analysis carried out by the Health Foundation, the Fraser of Allander Institute, the International Monetary Fund and the Organisation for Economic Co-operation and Development. Most conclude that demand for health and social care will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

- **Price Effects:** general price inflation within health and social services;
- **Demographic Change:** this includes the effect of population growth on the demand for health and social care services, the impact of a population living longer, and demographic change in the workforce itself;
- **Non-Demographic Growth:** demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example expenditure on new drugs.

We have drawn on these national and international analyses in defining an approach to assessing future demand in Scotland's health and social care services. The Scottish Government MTFF[6] provided additional funding for the health portfolio of £3.3 billion by 2023-24. That sits alongside a rigorous reform agenda as set out in the Health and Social Care Delivery Plan[7]. An example of Scottish Government's commitment to the reform agenda was announced in the Programme for Government 2019/2020: Scottish Government will support Social Work Scotland to work with local authorities and others to design and test a framework of practice for self-directed support across Scotland, including approaches to assessment and resource allocation. This will result in more consistent experiences, making it easier for supported people to move from one area of Scotland to another. Local flexibility will ensure authorities can work with their communities to develop systems that suit local strengths and needs, particularly in remote, island and rural areas.

This twin approach of investment and reform is essential to create sustainable health and social care services for the future.

We recognise there is a plethora of published material expressing varying views on the rates of growth in the Scottish Economy, the Health and Social Care sector being no exception. For the purposes of this Plan we have used the growth assumptions outlined within the MTFF. The Framework projects that over the next five years **future demand would rise by 3.5% per annum for health and 4% for social care,** based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms. In reflecting the impact of the NHS pay deal and similar expected impact for social care (2.2%-2.4% per annum), we have assumed an non-pay **average annual growth of around 1.3% for health and around 1.7% for social care.**

[6] Health and Social Care: medium term financial framework, Scottish Government, October 2018
[7] The Health and Social Care Delivery Plan, Scottish Government, December 2016

In this Plan we use these figures as the starting point to assess future workforce planning needs. However we cannot simply apply them across the health and social care workforce. For example, the overall number of care at home and housing support workers increased by 12% between 2009-2018, while the number of care home for adults staff decreased by 1% over the same period[8]. To make our workforce planning as robust as possible we must adjust the figures to take account of particular demand and supply issues which affect all or individual staffing groups.

In assessing how demand will be met we need to take account of new forms of provision such as the creation of Elective Centres, the Waiting Times Improvement Plan, The Health and Care (Staffing) (Scotland) Act and technology enabled care.

Elective Centres
Projections indicate that our elderly population will be 25-30% higher by 2035 than it is now. This will mean a substantial increase in demand for treatments such as cataract surgery and hip and knee replacement operations.

The elective centres aim to provide additional capacity to accommodate the increasing demand for age related treatments, such as those mentioned above, as a result of an increasingly elderly population. The new centres will separate emergency and non-urgent services, resulting in shorter waiting times and improved outcomes which result in an overall improvement in the population's health as well as better value and financial sustainability.

Elective centres are being created in Highland, Grampian, Tayside and Lothian with an expansion of facilities at the Golden Jubilee Foundation and Forth Valley and will start to come on stream from this year. These centres will create additional capacity and provide a more efficient way of delivering services to meet the increasing demand for these treatments.

The creation of the centres will have particular impact on workforce demand in specialties such as Orthopaedics, Ophthalmology, General Surgery and Dermatology. The impact on these specialties will be as a result of the increasing demand for the age related treatments as detailed above and skill mix and roles will need to evolve to support this increase in demand.

Waiting Times Improvement Plan
Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably.

The Waiting Times Improvement Plan, which is a key Scottish Government commitment published in October 2018, directs more than £850 million of investment to substantially and sustainably improve waiting times by spring 2021. This investment focusses on the future shape of services, capital planning and workforce sustainability. While this Plan is predominantly set in the context of NHS waiting times, there is a recognition that a whole-system approach to tackling long waiters is

[8] Scottish Social Service Sector Report on 2018 workforce data, Scottish Social Services Council, November 2019

required if the ambitions set out in the Plan are to be achieved. In our workforce planning, we need to reflect the fact that delivery of the Improvement Plan will have particular impact upon workforce demand in specialties such as Urology, Dermatology and General Surgery, as well as Diagnostics. We set out in this Plan the steps we are taking to build the workforce which will improve our waiting times. This includes targeted actions on diagnostic capacity and efficiency and plans in the medium term for a recruitment campaign targeting the medical specialties which support our waiting times priorities.

The Health and Care (Staffing) (Scotland) Act

The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multi-disciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.

Technology

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology. Technology – when used appropriately and innovatively – offers the opportunity to automate some tasks and to use artificial intelligence to free up the time of healthcare and social care professionals, enabling them to focus on high value activities, leading to better and improved outcomes for everyone. Technology can also have a positive impact on staffing demand, as recognised in the Topol Review.[9]

[9] The Topol Review Health Education England - February 2019

An example of the use of technology to deliver the best care is the introduction of the Attend Anywhere service, a web-based platform, which gives patients the opportunity to video call their healthcare provider. In the past year, the Attend Anywhere Scale-up Challenge has seen increased usage and reports of significant savings in both patient and clinician travel. As announced in Scottish Government's Programme for Government, this will now roll out to primary care and social care services so more services can be delivered closer to people's homes. The Blood Pressure service for remote diagnosis and management of hypertension will also be scaled up.

Another example of technology playing an increasing role in the delivery of care is the telecare services provided by local authorities and providers. Telecare is the provision of technology enabled solutions which can support daily living activities such as cooking or prompting and dispensing medication. These services allow individuals to continue to live at home by supporting their independence and enhancing their wellbeing and safety. Utilising telecare means that services can be delivered more efficiently by freeing up the workforce who have traditionally been involved in delivering some of these daily living activities to focus on the more complex areas of holistic care and support.

However, to take full advantage of these opportunities our workforce must have the necessary digital skills. In this Plan we set out how we are addressing this through the workforce development aspect of our Digital Health and Care Strategy.

Supply: the skills and people we need

Meeting demand requires us to look at both the types of skills and numbers of people we need, taking into account any additional supply factors.

Skills

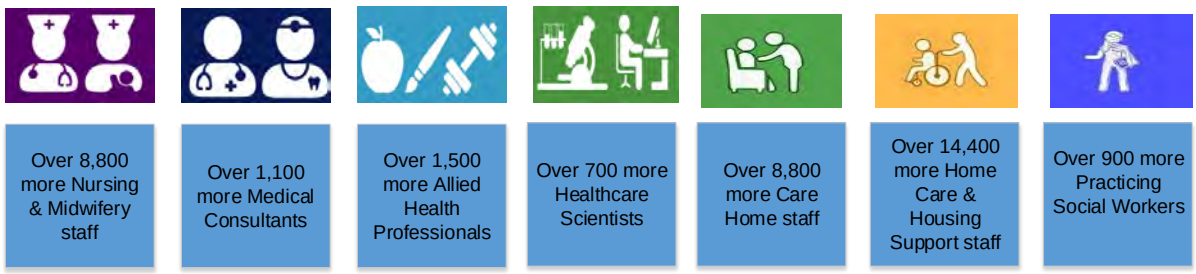
We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multi-disciplinary teams. As an illustration of what this might mean for the skills required, we will have particular need for:

- **Team working** skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected;
- Skills to provide **more complex support and care** to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care;
- **Working with health and care service users and their families.** In a community setting this will focus on promoting self-care, prevention and shared decision making[10];
- Understanding of **mental health issues** and how to support people – across the workforce;
- An understanding of how **digital solutions** can improve care and how to effectively implement and use these solutions in delivering care.

The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skills requirements.

People

Using an assumed average annual growth, where no mitigating actions have been taken, of around 1.3% for the healthcare workforce and around 1.7% for the social care workforce (from the MTFF, referred to earlier in this Plan), we can estimate what this means for the **overall** numbers that may be required in key staffing groups over the next 10 years.



[10] Workforce Skills Report 2016-17. Scottish Social Services Council, 2017.

However these need to take account of the particular supply issues as well as the demand factors identified earlier. Significant current factors which need to be taken account of in considering supply are the impact of potential EU withdrawal, the changing shape of our workforce and particular supply issues in certain job families and areas of Scotland.

Impact of potential EU withdrawal on workforce supply

Potential EU withdrawal poses a significant risk to the recruitment and retention of staff in the health and social care workforce. These sectors employ considerable numbers of EU citizens, with particular concentrations of EU staff in some regions and specialties. Based on the best information available we estimate that in Scotland non-UK EU nationals make up:

- 7.3% of registered nurses employed in adult social care;
- 5.9% of Scotland's doctors;
- 5.9% of people employed in care homes for adults;
- 4.1% of people employed within housing support and care at home services;
- 1.5% of (band 5) nurses and midwives.[11]

Potential withdrawal from the EU is already having an impact. The number of EEA qualified nurses and midwives currently practising across the UK decreased by 5.9% between March 2018 and March 2019. When this figure is extrapolated, this is just over 1% of the 69,047 nurses and midwives currently practising with a registered address in Scotland[12].

Changing shape of our workforce

We also have to take into account the changing shape of our workforce. Many staff now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers.

Vacancies and Turnover

While there has been an upward trend in the numbers of staff working in health and social care, [13][14] turnover and vacancy rates are generally above the Scottish average.

- In medicine, more than half the long term vacancies are at consultant level, with particular pressures in Clinical Radiology, General Practice and Psychiatry;
- In nursing and midwifery turnover and vacancy rates have also been rising in part due to the number of leavers;
- In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies with the highest rate and numbers in physiotherapy;

[11] EU Workers in Scotland's social care workforce: contribution assessment, July 2018

[12] Nursing and Midwifery Council Register data, March 2019
[13] NHS Scotland Workforce Statistics, ISD June 2019
[14] Scottish Social Service Sector Report on 2018 Workforce Data, Scottish Social Services Council, August 2018

- There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirals in the next 10 years. One area where this could have a significant impact is nursing and midwifery, where 19.2 % of the workforce is expected to retire in that period;
- There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average[15]. The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs. Nursing posts in care homes also have relatively high levels of vacancies;
- Many Local Authorities are also reporting a shortfall around their ability to provide sufficient numbers of Mental Health Officers to deliver key statutory services[16]. For social workers, recent trends have seen a small decrease in numbers and relatively steady vacancy rates. However, there is evidence that a significant number of Mental Health Officers are approaching retirement and this, aligned to a forecast increase in demand for social workers, may impact on vacancy rates.

Remote, Rural and Island Sustainability

There are distinct recruitment issues across health and social care in remote, rural and Island areas driven by specific patterns of demographic change[17]. For example, parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026.[18] Work to explore these issues and develop actions to address them has commenced under Part 2 of the Workforce Plan and we will learn from actions already in progress to address recruitment challenges in remote and rural areas in primary care.

We must do all that we can to ensure equity and sustainability of health and care services and delivery across the geographic landscape of Scotland. The actions we are taking, and will take, aim to address the specific challenges in delivering health and care services in remote, rural and island settings.

All of this must be taken in the context of employment forecasts for Scotland being generally cautious. Scotland is already at a near record high for employment. The Scottish Fiscal Commission, in its May 2019 Economic and Fiscal forecast[19], projected an average increase in employment in Scotland of around 0.1% per year over the next 5 years. Labour market forecasts produced by Oxford Economics indicate that over the next 10 years there could be significant churn in our labour market – although this is not a new feature of our labour market.

Scenario Planning

We are creating an increasingly robust evidence base for workforce planning decisions through a greater understanding of these complex demand and supply issues. This is informing the decisions and actions we take and is enabling us to plan ahead, rather than 'firefighting' at the point when a workforce issue is identified.

[15] Care Inspectorate, Scottish Social Services Council (2018_ Staff vacancies in care services 2017 report
[16] Mental Health Officers (Scotland) report 2018, Scottish Social Services Council, August 2019
[17] NHS Scotland Workforce Statistics, ISD June 2019
[18] National Records of Scotland: Population Projections for Scottish Areas, March 2018
[19] Scottish Economic and Fiscal Forecasts, May 2019

This can be done through scenario planning, which uses evidence-based assumptions that can be revised annually and triangulated with workforce data. It is also an important tool for workforce planning at national, regional and local levels, where it can help employers to visualise the workforce they need and informs the decisions they take in the future. Workforce planning is a statutory responsibility for the NHS. Local government and other sectors are generally at an earlier stage of developing workforce planning approaches.

The annex published alongside this Plan sets out scenarios illustrating potential workforce changes. Alongside core staffing groups we have produced scenarios on some key groups which can make a significant contribution in our three priority areas – building the community based workforce, mental health and waiting times performance:

- Care Home for Adults;
- Care at Home and Housing Support;
- Practicing Social Workers;
- Social Work – Mental Health Officers;
- Primary Care Advanced Musculo-Skeletal Practitioners;
- Pharmacists;
- Dentists;
- Nursing and Midwifery;
- Clinical Radiology;
- Reporting Radiographers;
- Cardiac Physiologists;
- Clinical Psychology.

As well as overall increase in demand, the scenarios take into account current vacancies, age profiles and assumed retiral ages, outflow (leavers) and inflow (joiner) trends and student numbers and assumed education course completion rates.

The use of high level scenario planning starts to offer a way of workforce planning across health and social care. However, in the social care sector, with 32 local authorities and thousands of providers, workforce planning is extremely complex and will take some time to mature.

These are only a selection of the scenarios which could be developed. This Plan signals a commitment to developing workforce planning beyond the NHS, by offering support and guidance for integration bodies and others to develop their local approaches to workforce planning. We will work closely in partnership with stakeholders to further develop the scenarios, outlined in the annex to this document, and to develop scenarios for additional staffing groups. The scenarios form part of the evidence base for the actions we will take, set out in the next section.

Actions we will take to meet those needs & challenges

As we have set out earlier in this Plan, the demand and supply landscape for the health and social care workforce is a complex one. There is no one simple solution to address these issues and ensure that we have a sustainable workforce for the future. The solutions lie in a range of national and local actions to attract, retain and develop our whole workforce, which are based on the best available evidence and flexible enough to adapt to changing circumstances.

In this section we set out the actions which are underway or which we are committing to through this Plan. We are taking actions on:

- overall investment in health and social care;
- increasing the supply of staff into training or as qualified staff;
- supporting recruitment into health and social care careers;
- widening access to grow the workforce;
- supporting the development and retention of the current workforce;
- improving workforce planning across health and social care;
- improving fair work practices across the social care workforce.

In doing so we have a particular emphasis on building the workforce in our key priority areas to address the demand and supply issues identified in this Plan.

Overall Investment in Health and Social Care
Underpinning all of our commitments is investment in health and social care services. The investment Scottish Government has made to these services will continue, and over the remainder of this parliamentary term, the Scottish Government's main health and social care expenditure commitments will:

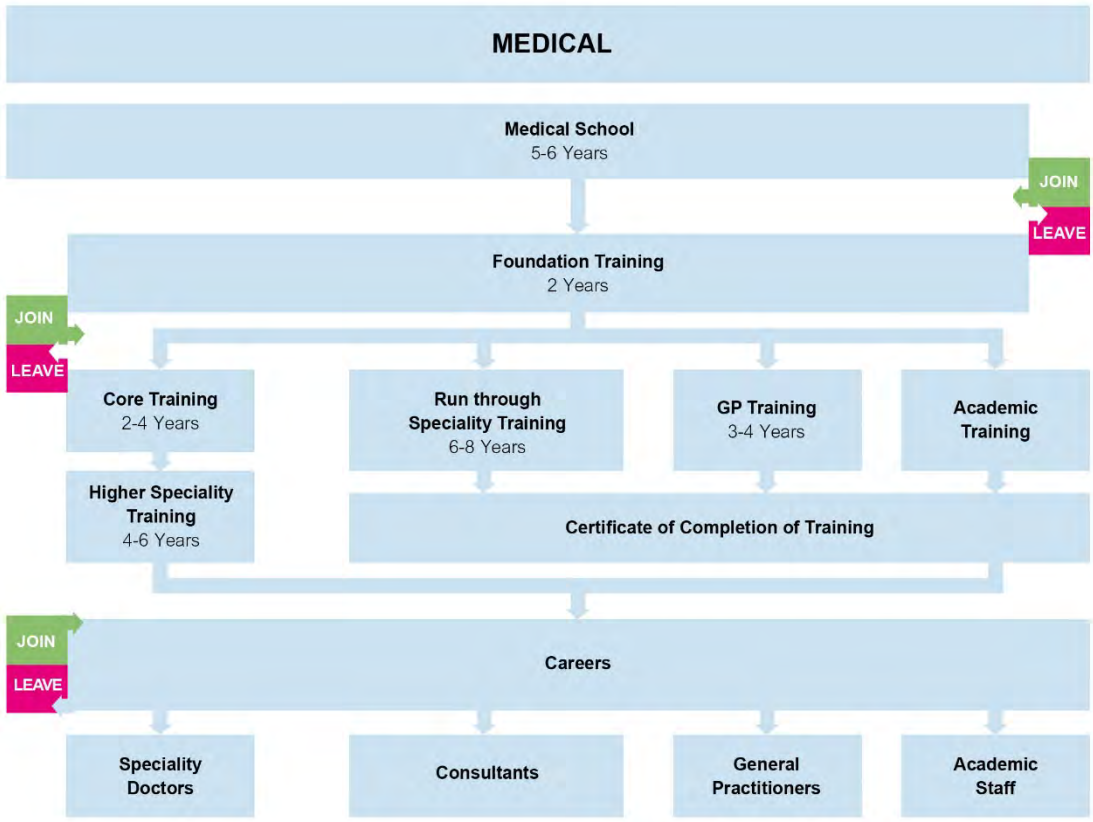
- **Maintain baseline allocations** to frontline Health Boards in real terms, with additional funding over and above inflation to support the shift in the balance of care and protect health expenditure from rising prices;
- Increase the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care in every year of the Parliament;
- More than 50% of frontline NHS expenditure will be **community-based** – so that a greater proportion of care is provided in settings close to a person's home rather than in a hospital;
- In 2019/20, we are increasing the package of investment in **social care and integration** to exceed £700 million. This includes support for the Living Wage, the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s;
- Funding for **primary and community care** will be increased to 11% of the frontline NHS budget by 2021/22, enabling increased spending of about £500 million - with around half of this growth invested directly into GP services, and the remainder invested in community primary care;
- Scottish Government have delivered the commitment to invest £1 billion in mental health, and over the life of this Parliament investment will exceed £5 billion. The Programme for Government 2018-19 announced an additional £250 million over the next five years to introduce a package of measures to improve

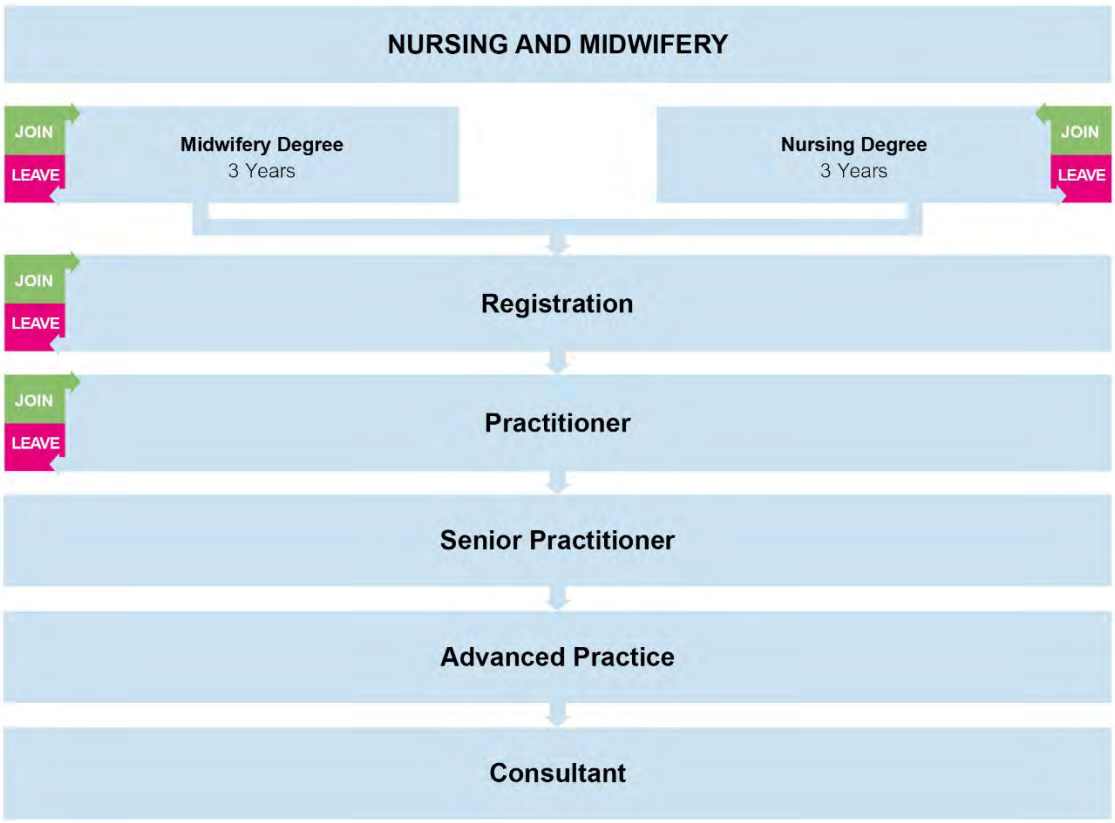
services for children, young people and adults, and embed support for good mental health across public services.

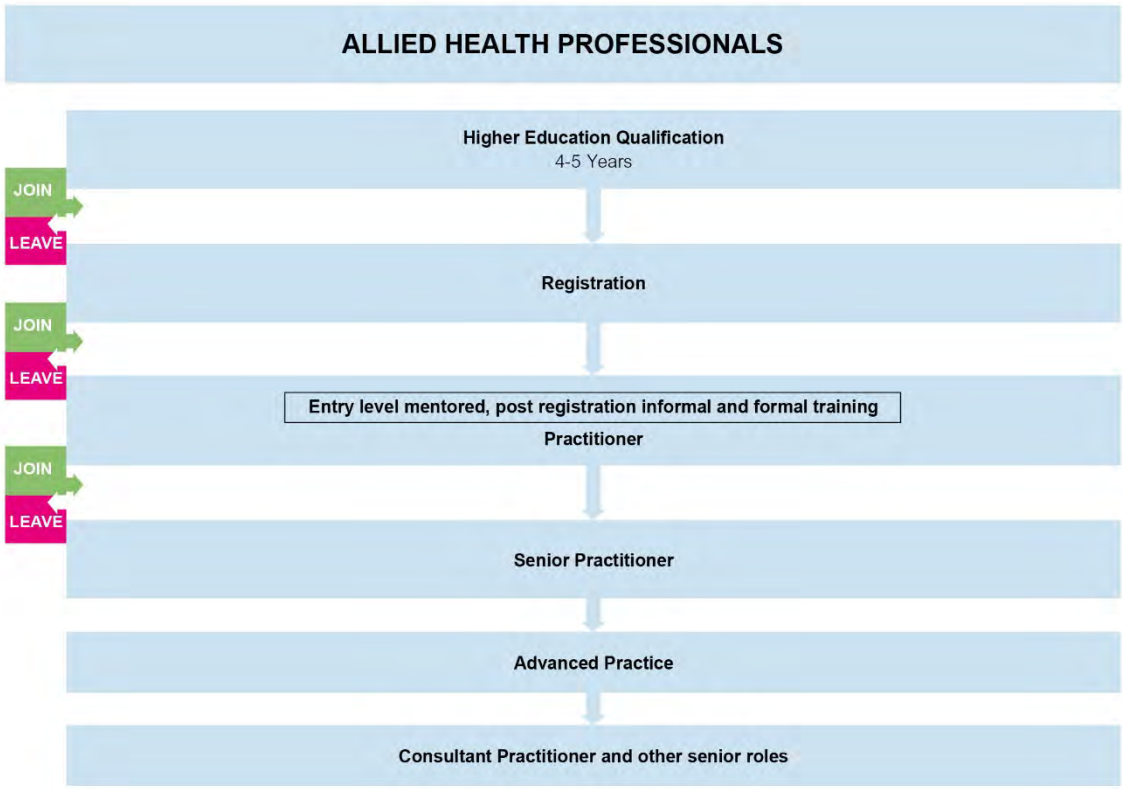
Growing the Numbers in Training or Employment

Growth in Training Numbers

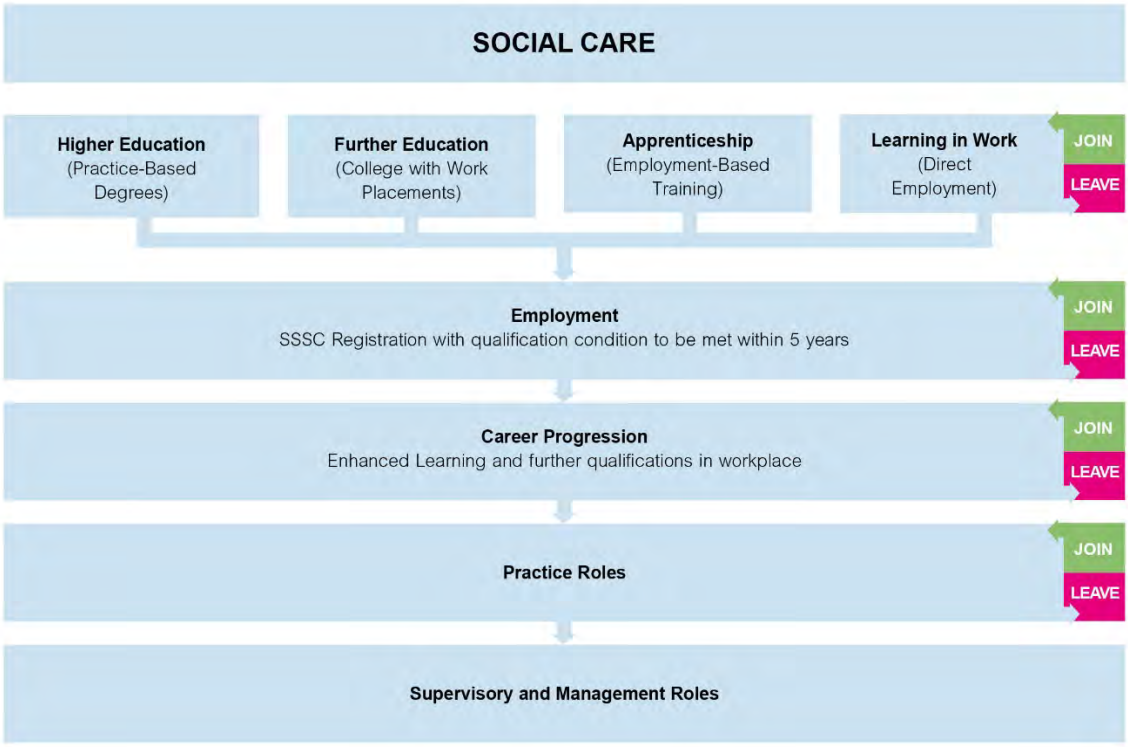
The health and social care workforce enter their roles in a variety of ways. There are also a number of points at which they are more likely to leave, and we need to focus actions on retaining and attracting staff at those key points of the pipeline. This is represented below.

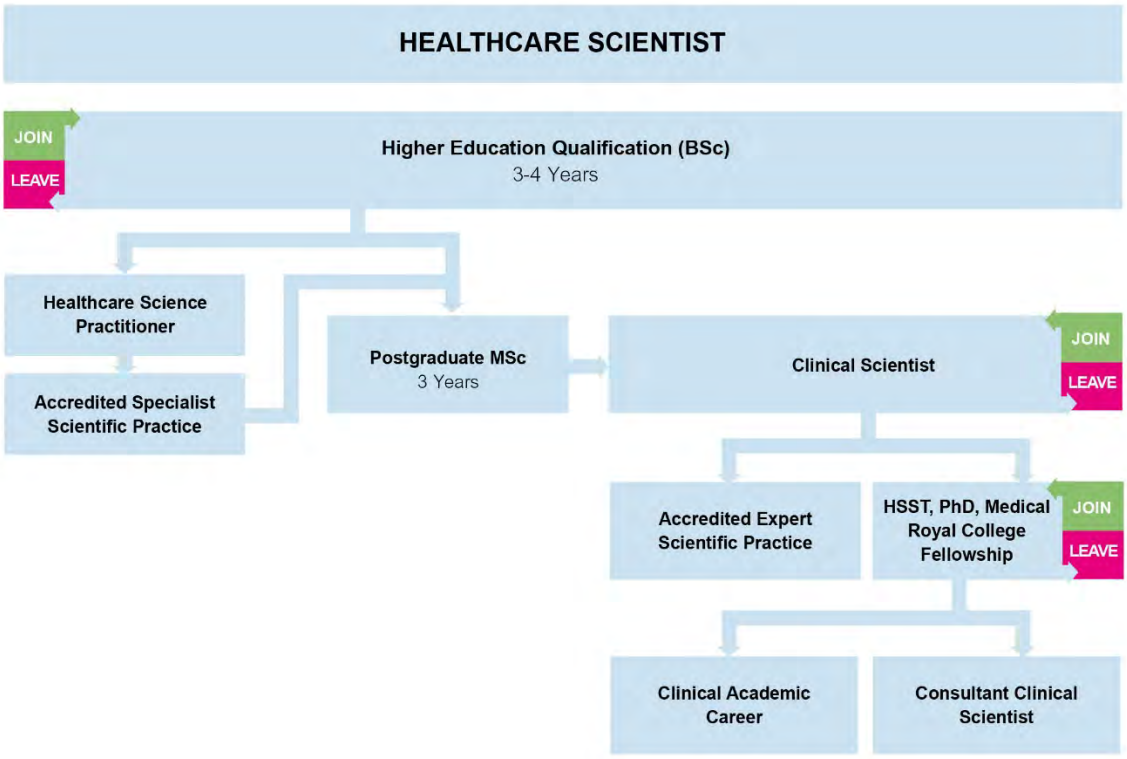



NURSING AND MIDWIFERY
JOIN
LEAVE
Midwifery Degree
3 Years
Nursing Degree
3 Years
JOIN
LEAVE
JOIN
LEAVE
Registration
JOIN
LEAVE
Practitioner
Senior Practitioner
Advanced Practice
Consultant


ALLIED HEALTH PROFESSIONALS
Higher Education Qualification
4-5 Years
JOIN
LEAVE
Registration
JOIN
LEAVE
Entry level mentored, post registration informal and formal training
Practitioner
JOIN
LEAVE
Senior Practitioner
Advanced Practice
Consultant Practitioner and other senior roles


SOCIAL WORKER
Work Experience in Social Services
JOIN
LEAVE
Part-time Distance Learning
Full-time Postgraduate 2 Years
Full-time Undergraduate 4 Years
JOIN
LEAVE
Careers
JOIN
LEAVE
Post-Graduate and Post-Qualifying Study
Careers such as
Mental Health Officer
Practice Educator
Chief Social Work Officer
Other leadership roles in Social Services


SOCIAL CARE
Higher Education (Practice-Based Degrees)
Further Education (College with Work Placements)
Apprenticeship (Employment-Based Training)
Learning in Work (Direct Employment)
JOIN
LEAVE
Employment
SSSC Registration with qualification condition to be met within 5 years
JOIN
LEAVE
Career Progression
Enhanced Learning and further qualifications in workplace
JOIN
LEAVE
Practice Roles
JOIN
LEAVE
Supervisory and Management Roles



Most staff groups within NHS Scotland are required to achieve formal qualifications in advance of securing permanent roles. Social Workers achieve a graduate/post-graduate qualification in advance of entering the profession. However, within social care, the majority of staff typically achieve qualification once in employment.

The Scottish Government sets, and thereby controls, the numbers entering training for nurses and midwives, dentists and doctors (at undergraduate, foundation level and specialty training levels). Sufficient numbers of undergraduates need to both graduate and elect to remain in Scotland through post-graduate training to provide the necessary supply into the specialities that services require.

At national level the Scottish Government has very limited control over the supply pipeline for social care workers. The number of workers entering the social care sector is significantly influenced by the funding available for social care services, the commissioning of services and market forces affecting competition from other sectors and employment.

Decisions on those numbers are informed by workforce planning and provide a mechanism through which we can respond nationally to changes in demand and supply. Given that it takes a minimum of 10 years to train a GP (and in some medical specialties substantially longer) and to train a consultant doctor, this presents a particular workforce planning challenge.

Scottish Government have already increased or maintained training places in these controlled staffing groups.

- Scottish Government is on track to create 2,600 more **nursing and midwifery** training places by 2021, with a particular focus on increasing places in mental health, learning disability and midwifery;
- Scottish Government has committed to increasing the **Student Nursing** intake from 4,006 to 4,206 in 2020/2021;
- Scottish Government funds pre-registration nursing places through University of the Highlands and Islands (UHI) at its campuses in Inverness and Stornoway. Ensuring access to training and qualification to those from more remote, rural and island communities;
- To meet regional demand, particularly in remote, island and rural communities, for **midwives** in the Highlands and Islands, a pilot programme at UHI has been funded to allow nurses to retrain as midwives in a shortened time frame;
- Scottish Government will have created 190 additional **Medical Undergraduate** places by 2021 (a 22% increase over 2016 levels);
- To accommodate the additional undergraduate medical trainees Scottish Government will increase the number of **Medical Foundation training** posts by 51 in 2021 and by a further 54 in 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland;
- Scottish Government have increased **Medical Specialty training** posts by 190 since 2014, particularly specialties such as Paediatrics and Radiology and also increasing GP Specialty Training numbers by 100 to 400 per year;
- To grow the **Pharmacy** workforce in hospitals, GP practices and community settings, Scottish Government increased the number of **funded pre-registration** places from 170 to 200 in 2018-19;
- Scottish Government has committed to maintaining the Dental Student Intake numbers, funding 135 places in 2020/2021.

Training numbers for other staffing groups such as AHPs, healthcare scientists, pharmacists and social workers, who undertake formal qualifications in advance of employment, are not centrally controlled. Instead they reflect decisions on intake by the universities providing qualifying programmes and demand from potential students. However there are actions we can take to improve workforce planning for these groups.

Following the recent review of social work education, a Social Work Education Partnership between employers and academic providers of qualifying programmes is being established with support from the Scottish Government and COSLA. Part of the remit of the Partnership will be to work with SSSC to monitor supply and demand of qualified social workers and contribute to effective workforce planning for social workers at a national level, including through a shared approach to significant changes in student numbers.

In pharmacy, the one year pre-registration course is nationally funded by Scottish Government and managed by NHS Education for Scotland. In line with previous evidence there is an expectation that at least 80% of pharmacy students will remain in Scotland after qualification.

In Optometry, we continue to fund Optometrists to become independent prescribers, which helps reduce demand on GPs and hospitals. The number of independent prescribing (IP) optometrists is growing every year, with more than a fifth of the workforce now having the qualification (representing approximately a third of all IP optometrists in the UK).

In addition to growing the numbers entering the training pipelines in the staff groups where numbers are controlled, the Scottish Government is taking a number of actions to create the workforce to deliver in our three priority areas.

Building up our Community Based Workforce

If we are to embed and sustain health and social care integration and shift the balance of care, with a focus on early intervention and prevention, we need to build up the capacity in our community based workforce to treat people closer to home and prevent unnecessary admissions to hospitals.

In part we can achieve this by a growth in the overall numbers in some of the core community based staffing groups. Scottish Government are delivering on commitments to train 1,000 more paramedics by 2021 and we have increased health visitor numbers by 500. In addition to this we are making a further commitment, based on the scenarios developed, to train and introduce an additional 375 nurses into the district nursing service, based upon the current skills mix.

Supporting the shift in balance of care into community settings by delivering care in homes and reducing rates of admission to acute hospital service. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.

Recognising that General Practice is at the core of community based healthcare services actions have also been taken to grow the numbers of both GPs and other practice based staff. A commitment has been made to expand the GP workforce by at least 800 by 2028 with, by 2021, all GP practices having access to pharmacists with advanced clinical skills and up to 250 community link workers working in GP surgeries.

We continue to look at further opportunities to grow our multi-disciplined community based healthcare teams. We have set out workforce scenarios for Advanced Musculo-Skeletal (MSK) Practitioners, Pharmacists and Pharmacy Technicians. These roles can reduce the workload on GPs by delivering care closer to people's homes and reducing unnecessary admissions to hospital – ensuring people see the right person at the right time. The scenarios set out the particular demand and supply situations for these staffing groups, and in light of these findings we will:

Create 225 more Advanced MSK Practitioners in Primary Care by increasing MSc training places for the Physiotherapy workforce.

Increase Pharmacy pre-registration training places by 40 each year over the next 3 years, creating the opportunity for more Pharmacists to enter primary care.

More broadly, we will ensure that we shape existing training programmes to increase the time spent in community settings. As well as gaining valuable experience in these settings, time spent in the community during training may have a positive influence on trainees choosing future community based careers. We are therefore taking the following actions:

- A five year integrated initial education programme for Pharmacists is being developed in Scotland, which will include more time spent in primary care and out-of-hours services during their undergraduate training;
- The *Increasing Undergraduate Education in Primary Care Working Group* established jointly by the Scottish Government and the Board for Academic Medicine is considering ways of increasing medical undergraduate education in primary care settings to encourage more medical students to choose General Practice. The report is due to be published shortly;
- Scotland's first graduate entry programme for medicine has an emphasis on experience in General Practice to produce doctors more likely to choose a career in General Practice;
- To meet regional demand, a new Optometry course is starting at the University of the Highlands and Islands from September 2020. It is aimed at improving recruitment and retention of Optometrists in remote and rural areas in the Highlands and Islands.

Building our Mental Health Workforce

To achieve our ambitious aims for mental health services in Scotland, we are supporting the creation of the multi-agency, multidisciplinary teams that will deliver them. Significant steps have already been taken to grow this workforce with a commitment to an additional 800 mental health workers in A&Es, GP practices, police custody suites and prisons by 2022.

The Children and Young People's Mental Health Taskforce has taken steps to build workforce capacity in early intervention and prevention, including:

- £4 million investment to recruit 80 additional mental health professionals to work with children;
- An additional 250 school nurses recruited by 2022 to help provide a response to mild and moderate emotional and mental health difficulties experienced by young people, helping to ensure that every secondary school has access to counselling services;
- An investment of over £60 million to provide around 350 counsellors in school education across Scotland;
- In further and higher education, an investment of around £20 million to provide an additional 80-90 counsellors over the next four years.

Through actions such as making mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training, we are also developing a better understanding of mental health issues across our health workforce.

Targeted action to further grow our mental health workforce is also being taken. In the annex published alongside this Plan we set out workforce scenarios for Clinical Psychologists and Mental Health Officers (MHOs).

Clinical Psychologists work across a number of different specialty work areas providing services across Child & Adolescent, Adult and Older Adult mental health. They support people to understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. They are a particularly valuable resource because of their flexibility in working across these groups.

Mental Health Officers (MHOs) are social workers with a minimum of two years qualifying experience. They carry out statutory roles for local authorities in a range of areas including welfare guardianship orders, Emergency Detention Certificates and Compulsory Treatment Orders; they are required to complete the Mental Health Officer Award.

The scenarios set out the particular demand and supply situations for these two staffing groups and in light of those findings we will:

Support an 60 additional Clinical Psychologists in training by:

- **Increasing the training programme intake by 10 students per year for the next three years**
- **Maintain the current intake level (30 per annum) for both Masters training programmes. This would continue the additional 10 places which have been available in recent years.**

Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.

In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on MHS workload and demand for MHOs.

Building the Workforce to Improve Waiting Times

In light of the potential impact the Elective Centres will have on workforce demand, a specific workforce plan for the centres is being developed, which focuses on the clinical teams required to provide increased capacity and the support these teams will need to function effectively. Using the new data platform developed by NES, indicative workforce figures for the centres have been collated. These will be refined as the models of care are developed to reflect modern work practices, which will be adopted in the centres.

To build the workforce capacity required we are building on existing academy models currently in place in several health boards and the new NHSScotland Training Academy that will be established at the Golden Jubilee Foundation. We are also linking with the *Accelerating the Development of Advanced Practitioners* programme which has been successfully tested and implemented in NHS

Lanarkshire to increase the number of advanced practitioners required for the centres. Where there may be a shortfall, for example in medical specialties, we will develop a strategy to mitigate the risks and look at solutions including combined elective and acute roles and joint appointments.

In a general hospital, Cardiac Clinical Physiologist investigations include specialist echo cardiography, pacemaker checks and implantable cardioverter-defibrillator work. In terms of in-patient work, diagnostic testing is a critical part of a patients assessment, and delays in the system affect the patient flow. For every one additional trained Physiologist, capacity would rise by an additional 600 echos per week and 40 pacer ICD checks. The scenario developed shows the identified gap and that is why we will:

Increase the Cardiac Physiologist workforce, thereby increasing capacity to carry out diagnostic testing, by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.

Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSC Programmes.

Ophthalmology is the largest hospital outpatient specialty. Enabled by a new shared Electronic Patient Record, we are providing funding to enable 80 independent prescribing (IP) Optometrists to become accredited to safely manage 20,000 low risk glaucoma and treated ocular hypertension patients in the community. The first cohort of IP Optometrists will commence training in January 2020, with the first low risk glaucoma patients being discharged to their management in early 2021. Once fully rolled out in 2024, this shift in the balance of care will free up approximately 30,000 appointments per annum in the hospital eye service.

In addition we are taking targeted action in this Plan to increase diagnostic capacity which is key to further reductions in waiting times. In the workforce scenarios we set out a scenario for clinical Radiology and reporting Radiography, which draw on the workforce planning work undertaken by the Scottish Radiology Transformation Programme. We have already recognised the need for high growth in the clinical radiology medical specialty with increases in Radiologist training places since 2014 and continued growth going forward. By 2021 these training places will have grown from 103 to 175. Reporting Radiographers also have a key role in creating capacity in the Radiology multi-disciplinary team. The scenario developed sets out the particular demand and supply situation for this staffing group and in light of those findings we will:

Increase Reporting Radiographer trainee places by 30 (10 in each of the next 3 years).

Supporting Recruitment into Health and Social Care Careers

While NHS Boards, Local Authorities and Social Care employers have responsibility for recruiting and employing their staff, we are supporting them in that national and international recruitment role with a number of national actions.

We are investing £4m in recruitment campaigns for adult social care, nursing, and medical recruitment campaigns with targeted recruitment into professions such as

GPs, Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine. All of the campaigns are designed to reflect the particular demand and supply issues with those staffing groups:

- A national recruitment campaign for nursing, midwifery, allied health professionals (NMAHPs) and healthcare scientists was launched in November 2019, targeting students applying to universities. The campaign will promote the contribution NMAHPs and healthcare scientists make to positive outcomes in Scotland, and the range of positive career opportunities available in order to attract individuals into NMAHP and healthcare science careers and ensure a sustainable workforce is available to meet Scotland's future requirements;
- A national GP marketing campaign promoting Scotland as a positive place to work has been developed. The aim is to promote Scotland as a great place to work for GPs. This has been done through marketing stand representation at number of events and conferences throughout 2019/20. We are also developing a marketing strategy to design our approach to international recruitment of GPs;
- As part of the reform of adult social care programme, a national campaign to promote social care as a meaningful, valued and rewarding career choice is being developed. The campaign will support recruitment of frontline workers in care home services for adults, care at home services for adults and housing support workers. The campaign's primary focus will be on attracting people from early to mid-career stages, which form key entry points to the sector. The campaign is due to launch in early 2020;
- The medical campaigns in Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine are targeting consultant level staff. The choice of those specialties are based on current vacancies, cross-referenced against the data we have on EU doctors living and working in Scotland. In the medium term, we will undertake further campaign activity across other medical specialties that support our Waiting Times priorities such as Dermatology and Urology.

These campaigns build on existing recruitment work. The SSSC delivers a range of support for recruitment and retention of the social services workforce including resources on career pathways and promotional materials for schools, colleges, employment services and employers; management and promotion of routes into careers (Foundation and Modern Apprenticeships); and a network of Ambassadors for Careers in Care. In addition, a Recruitment Working Group (RWG) established by the Coalition of Care and Support Providers in Scotland is stimulating change by providing information, analysis and support to improve recruitment outcomes in the Social Care Voluntary Sector. As a part of this process, three workshops were delivered to partners in the Voluntary Sector last year to explore key points in the recruitment process.

While recognising the diversity of the sector, future work will look at areas where there is benefit in collaborative and shared approaches to recruitment practice.

Improving fair work practices across the social care sector is a key element of the reform of adult social care programme. This is why the Scottish Government has also committed to taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report to improve fair work practices across the health and social care workforce.

In medicine, we will learn from the recent experience of our national recruitment campaign on Radiology. Also over the last 5 years we have been working in partnership with NES and the medical Royal Colleges to recruit international doctors to non-Consultant posts by developing and supporting schemes such as the International Medical Training Fellowship and the Medical Training Initiative. Designed to provide high quality training and to support service delivery, the schemes typically offer 1 year posts, which can be extended. To date over 90 posts have been approved across medical specialties. We continue to assess and refine our approach to these schemes to ensure we are maximising benefit and attraction.

Alongside this, we are working with the General Medical Council (GMC) and the Royal College of General Practitioners to streamline and accelerate the Certificate of Eligibility for GP Registration process which support doctors trained outside the EU to come and work as substantive GPs in Scotland. We are already seeing a positive impact, with Australian GPs being able to get almost reciprocal registration with the GMC.

We have also established an International Recruitment Unit to improve Scotland's effectiveness in recruiting internationally and support the resilience of NHS Scotland as we approach potential EU Withdrawal. To this end, the unit is providing expert support on the immigration process and regulatory requirements to work in Scotland, as well as matching people to job opportunities. The unit is currently heavily involved in co-ordinating medical recruitment and will help successful candidates with relocation advice and on-boarding. Moving forward, a more systematic and collaborative approach to recruitment events will achieve economies of scale and capitalise on the strength of the NHS Scotland brand.

Widening Access to Grow the Workforce
In addition to attracting people from the rest of UK and internationally to work in health and social care in Scotland we also need to grow our own talent.

Around 360,000 people work in health and social care in Scotland. To maintain and grow that workforce, we must continue to attract significant numbers into these careers. We are committed to building on initiatives to help widen access to careers for young people and other under-represented groups in this sector.

A good illustration of the work we are doing to achieve this aim is the three year employability partnership between NHSScotland and Prince's Trust Scotland. "*Get into Healthcare*" will support around 400 young people from disadvantaged backgrounds to achieve their potential and develop their skills through a career in the health sector. We will also support similar schemes being delivered for social care in Scotland, in partnership with employers in the sector. This work will explore pilot approaches suitable for smaller employers that form a significant part of social care provision.

Modern Apprenticeships (MA) are available to young people aged 16-24 to widen access to health and social care careers. There are apprenticeship frameworks available with social services, clinical and non-clinical pathways, which give young people the opportunity to start a career in a range of job families in social care and the NHS and to work and earn whilst gaining a qualification. MA Frameworks that are available include Social Services and Healthcare, Healthcare Support (clinical and non-clinical), Business and Administration, Estates and Facilities, and IT.

Foundation, technical and professional apprenticeships are also available in the social care sector. New routes and pathways are also being considered to provide a diverse range of career opportunities for young people in health and social care.

Within Nursing and Midwifery, work is being taken forward on recommendations from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers. Recommendations include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers for healthcare support workers; attracting people into the professions (particularly men); and extending existing routes such as the funded HNC and the Open University (OU) options to deliver a pre-registration nursing programme for health care support workers, with a particular focus on remote and rural areas.

The OU distance learning and part-time model means healthcare support workers can still work and earn during their studies. Funding has already been provided for 300 pre-registration nurses through the University of Highlands and Islands.

The NHS Professional Careers Programme is a two-year employment opportunity for disabled graduates to prepare for a long-term sustainable career. Since 2015 the programme has helped over 40 disabled graduates (90% of participants) go into a career of their choice.

In our medical education we have acted in recent years to support a greater number of students from areas of social deprivation into medical careers. 50 of the additional undergraduate medical places have been designated as 'Widening Access' places and we are also seeing some positive results from pre-medical courses at the Medical Schools in Glasgow and Aberdeen. These pre-medical courses provide students from more socially deprived backgrounds with the educational knowledge, skills and confidence to enter into medicine. 40 out of 42 from the first course intake progressed to medicine, a result that exceeded expectations. This will lead to an increase in the number of more "home grown" students from all sectors of Scottish society studying medicine. We know that Scottish domiciled students tend to be retained in NHS Scotland at a higher rate than students from elsewhere.

Developing and Retaining our Existing Workforce

Increasing workforce numbers alone will not ensure the sustainability of our health and social care services. We need to retain the workforce we already have by supporting them, investing in training and offering attractive and rewarding careers. We also need to ensure that they are well equipped to be able to adapt to new ways of working and different ways of providing services; and to ensure that we make best use of their skills.

Training and Career Development

Access to high quality learning and clear qualification pathways with opportunities to progress have the potential to raise the status and attractiveness of careers across health and social care. This area is one of particular focus in the social care sector.

In social work, we are working with the sector to provide an improved approach to social work professional development throughout careers through:

- delivering improvements to consistency and quality of social work education through a Social Work Education Partnership between employers and Universities providing qualifying programmes;
- piloting a supported year for Newly Qualified Social Workers;
- developing a Professional Framework for Practice for Social Work up to Advanced Practice level.

These initiatives seek to support career development and improve access to high quality training opportunities that reflect current and future developments in policy and practice.

In social care, we are seeking to improve career development opportunities and progression through:

- the development by the Scottish Social Services Council (SSSC) of a new careers resource that illustrates the qualification and career pathways open to staff working in the sector;
- taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report[20] which specifies that key stakeholders in the social care sector should apply the Fair Work Framework and commit to improving opportunities for progression for social care workers;
- work by SSSC to understand barriers and enablers to progression and identifying options for improvement, including facilitating interchange and movement between health and social care;
- undertaking research into the local and national labour markets for social care, which will also identify factors that influence employees to join or leave social care.

Registration and qualifications in the social care workforce

The majority of the social services workforce must register with the SSSC within six months of starting work. With the exception of social work, registration does not require workers in front-line roles in social care to have formal qualifications before they enter employment. However they are required to attain the appropriate qualification for their role within five years of registration. The majority of qualifications required for registration are Scottish Vocational Qualifications (SVQs), and assess the individual's ability to carry out their role and function in a specific area of care. Modern and Foundation apprenticeships are one of the mechanisms through which this training is delivered.

A number of actions are under way to support this skills development:

– Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) are working closely with the SSSC and Skills Development Scotland to ensure planning is in progress to support employers and the workforce to attain the qualifications they need for registration with the SSSC. As part of this work, the SSSC have analysed training provision and the qualifications of those on the register. The results will be used in considering how best to focus support.

[20] Fair Work in Scotland's Social Care Sector, February 2019

- Scottish Government is also working with the Scottish Funding Council and Skills Development Scotland to ensure adequate training capacity is in place to support the expansion of the early learning and childcare workforce
- Scottish Care and CCPS are working with SSSC and Skills Development Scotland to support independent and third sector providers to access Modern Apprentices. This recognises that smaller employers in the third and independent sectors may find the level of support required for Modern Apprenticeships hard to resource. The demand for MAs from the registration of support workers in housing support and care at home is also likely to increase.
- Work on how best to support innovative approaches and encourage further uptake of Modern Apprentices in the sector will be explored over the next year.
- Scottish Government provides grants to the third sector to assist with training requirements for registration. Since 2008 funding of nearly £11.5 million has supported over 12,000 individuals to attain their qualifications. Grants are currently available for workers in Care at Home and Housing Support, nearly half of whom are employed in the third sector.

Attracting and retaining registered nurses in care homes

As part of the National Care Home Contract reform, COSLA and Scottish Care have established a Workforce Subgroup to consider the challenges facing care homes for older people. Attracting and retaining registered nurses in care homes is a key aspect of this work and actions being taken include on this include:

- Defining the role of nurses in care homes and introduce new roles such as more Advanced Nurse Practitioners;
- Developing a suite of education and training materials that care home staff can access including exploring access to NHS training, specialist training for care homes and a more streamlined mentorship programme;
- Working with the education sector and providers to ensure support for training and learning including pre-registration training support and mentoring;
- Promoting the image of care homes as a good place to work – in particular for students and registered nurses;
- Developing a skills and competency framework/passport for registered nurses and care support workers working in care homes to reduce the need to retrain staff who may move from one care home to another and to help support revalidation for nurses working in care homes.
- Additional support from the Scottish Government to Scottish Care in 2019-20 to enable engagement of the independent sector in these workstreams.

There is also work underway across the health and care workforce to improve training and career development:

- We are investing and supporting career development in our workforce through Project Lift, identifying and developing our leaders of the future at all levels. Recognising that leadership development is not a ‘one size fits all’ it provides a range of opportunities – informal and formal, including individual and collective approaches. More than 3,000 staff have registered with the App and around 1,600 have completed the self-assessment questionnaire, which identifies

leadership strengths and areas for development. Our talent management database uses that to match individuals to opportunities. Over 100 Career Conversations have been offered to aspiring directors and we have developed a new bespoke Scottish leadership development opportunity for this cohort, named Leadership³. Moving forward, we are commencing a pilot with SSSC to extend these development opportunities beyond NHS staff and those working in Health and Social Care Partnerships into the social care workforce;

- As part of our Global Citizenship programme, an innovative project is being taken forward by our remote and rural NHS Boards and Edinburgh University. The project is testing whether designing medical consultant roles which enable work overseas alongside service delivery in our Rural General Hospitals can attract and retain staff in permanent roles by giving them the career development they are seeking, while also making services sustainable in locations where this has been a challenge such as our rural island communities;
- An additional £3.9 million over three years is being invested in training and education for **district nurses**;
- We are taking actions to ensure more flexible **postgraduate medical training**. The future needs of the population demands more generalist care, where our medical workforce can implement new technologies and innovations in patient care, and more easily change career paths;
- We are working with the General Medical Council (GMC) and others to ensure that **medical credentialing** is implemented. This affords national training bodies and employers more influence over the training content for doctors and the means to more rapidly upskill doctors to support national priorities;

Upskilling Clinicians

In response to a recommendation by the Shape of Training Group (which advises Scottish Ministers on medical intake numbers) the Scottish Government is training and developing the medical workforce to meet the changing needs and priorities of patients and service providers, particularly in terms of new technologies. This involves developing credentials in medical skills that are approved by the General Medical Council (GMC).

A clear need identified is to upskill clinicians to deliver Mechanical Thrombectomy (MT) across Scotland.

MT is a new procedure used to treat stroke patients; the earlier the procedure is done (within 24 hours of the onset of the stroke) significantly contributes to improved patient outcomes, particularly in terms of reduced long-term disability.

Given the lack of trained doctors to perform MT, the Scottish Government in partnership with NHS Tayside has prioritised the upskilling of Interventional Radiologists to be able to provide MT.

Under the supervision of an experienced neurointerventional Radiologist skilled in MT, a bespoke training programme is now underway and includes:

- Investment in state of the art simulation facilities for the training of MT in Dundee with a view to developing a training centre;
- The combining of mechanical simulators with the unique Thiel cadaver model

based in Dundee, which helps provide accelerated practical learning and will be the basis for initial external assessment of the participants, and is supported by the University of Dundee for the clinical training aspects and post-procedure care. The early outcomes are to have a cohort of upskilled IR consultants able to deliver a 24/7 service for the North region and for these MT skills to be recognised as GMC-approved credentials.

- In the new **GP** contract, we have refocussed the role of GPs as Expert Medical Generalists in the community. This includes a renewed focus on improving quality, providing clinical leadership and focusing on undifferentiated and complex patient care, within a multi-disciplinary environment. We have also redesigned our GP Specialty Training posts, improving the quality of training and making them more attractive.

Digital Skills

As set out earlier, technology has the potential to have a positive impact on workforce demand, but we need our workforce to have the necessary digital skills to take advantage of these opportunities. Workforce development is an important part of the Digital Health and Care Strategy[21] and focusses on four key areas of skill development:

- **Digital Leadership**: The skills required by all staff at all levels to champion digital as an enabler in transforming health and care;
- **Workforce Skills**: The digital skills required by the general workforce to effectively deliver services to meet patients' and service users' expectations;
- **Workforce Skills (specialist)**: The skills and development of those in specialist digital roles (ICT staff) to deliver digital solutions in health and care;
- **Future Workforce**: The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand.

NES and SSSC (working with COSLA and Health and Social Care Partnerships), are taking forward a programme of work to support implementation of this in the health and social care environment and providing the necessary leadership to drive changes. This approach includes:

- partnership with the Scottish Government's Digital Academy, to improve access to high quality digital skills training;
- developing digital leadership skills through partnership with bodies such as NHS Digital Academy and others;
- working with our universities and colleges to ensure that digital skills are an integral part of education and training for our future workforce;
- building capacity and capability across specialist digital, IT and data professions;
- promoting existing and new solutions that enable more mobile and flexible working;
- identifying solutions that bring the most modern of technologies to our business and administrative requirements, freeing up staff to focus on frontline services;

[21] Scotland's Digital Health and Care Strategy. Digital Health and Care Scotland, April 2018.

- providing productivity and collaboration services and tools, such as shared calendars, email, video and instant messaging, to support effective, efficient and secure ways for working across organisational boundaries.

Returners

Staff who have recently left or retired from health and social care services have a wealth of knowledge, skills and experience that we do not want to lose. We already have some schemes to encourage staff from the health workforce to return, and we are looking to develop these further and wider across the health and social care workforce. We are:

- Establishing a 'one point of contact' co-ordinated process to support **AHPs who wish to return to practice**;
- Enhancing our GP retainer scheme which enables qualified GPs who are currently unable to commit themselves to a full-time post, to continue working part-time in general practice and enter a permanent post when their circumstances permit;
- Creating a flexible resource of **recently retired or part-time doctors**, who are willing to take on short-term work to support our Rural General Hospitals. To date 30 Surgeons and Anaesthetists have expressed an interest in the Clinical Collaborative which was launched in March, and already, services in Fort William and Stornoway are being supported;
- Launching an innovative Professional Practice Adviser pilot offering **recently retired nurses and midwives** the opportunity to coach and advise newly qualified staff in midwifery, health visiting, district nursing and advanced nursing practice settings;
- Encouraging **former nurses and midwives** to return by providing the opportunity for them to undertake a Return to Practice programme. Since April 2015, almost 600 former nurses and midwives have taken up the opportunity to retrain.

Support to the Existing Workforce

While working in health and social care is extremely rewarding, we recognise the pressures that come with such roles and we need to do all we can to support staff and encourage them to stay in their roles.

Listening and acting upon staff concerns and issues is a key element of any successful organisation. One of the aims of the Health and Care (Staffing) (Scotland) Act is to improve working conditions for NHS clinical staff. Staffing levels are matched to workload and employers are required to take the views of staff and staff wellbeing into account when making staffing decisions. The legislation also puts in place real-time staffing assessment and escalation procedures that will ensure the professional voice is heard.

This is also being supported through the iMatter model, a continuous improvement tool designed to help individuals, teams and Health Boards understand and improve staff experience by taking actions at these different levels within the system. iMatter was initially used by NHS Boards, and is now being used in almost all of Scotland's Health and Social Care Partnerships and has recently been successfully tested in East Renfrewshire Council with their staff. Key to the system is that staff at all levels

feel empowered and enabled to make improvements to support improved patient and client experience.

We also need to provide support for staff who are training and/or working in health and care to deal with the pressures of that career. Some examples of this to address issues doctors were facing include the new Lead Employer model introduced for all Doctors in Training. This new arrangement provides a continuous contract during training that avoids tax code complications and makes it easier for doctors in training to secure mortgages, as well as avoiding unnecessary administration related to changing employer.

For GPs, a package of support has been developed within their first five years of qualifying. This includes a mentoring scheme and training for a new group of 40+ mentors in 2018/19. We are also supporting Continuing Professional Development access and Quality Improvement project opportunities for up to 200 “First 5” GPs each year. Wider support for GPs also includes the rollout of the existing confidential wellbeing service GP across remote and rural areas of Scotland and a new coaching service launched last year and has now extended to 125 places in response to demand.

Recognising the particular issues faced by our workforce from other parts of the European Economic Area (EEA), we are ensuring that all such staff have access to advice and information and are supported through the process of applying for EU Settled Status. Through the Scottish Government’s ‘Stay in Scotland’ campaign, this includes a support and advice service for EU citizens with more complex needs or particular challenges and a toolkit for employers.[22]

Pay and Reward

Pay and reward is an important factor in attracting and retaining our health and social care workforce and we continue to take action to ensure that these careers remain attractive employment options:

- While we recognise there have been some challenges in implementation, the introduction of the Real Living Wage for those working in adult social care has had a positive impact on pay in the sector[23];
- In 2018, a three year pay deal for NHS Agenda for Change staff (which includes all nurses, paramedics, healthcare scientists and allied health professionals) was agreed from 1 April 2018 to 31 March 2021. This will restructure pay bands meaning higher starting pay and a shorter journey to the top of scales, as well at least a 9% pay rise over 3 years for all staff;
- On 27 August 2019, a pay uplift of 2.5% for medical and dental NHS Scotland staff from 1 April 2019 to 31 March 2020 was announced. The announcement means junior doctors working on typical rotas in Scotland can be up to £6,000 a year better off than their English equivalents, and specialty doctors, associate specialist doctors and consultants will remain the best paid in the UK. This will

[22] Stay in Scotland, Scottish Government, April 2019

[23] Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners and usefulness of Joint Guidance, I Cunningham et al, Coalition of Care and Support Providers Scotland, 2018

help ensure that NHS Scotland remains an attractive employment option for medical and dental staff;

- We are also targeting specific financial incentives where it will help to attract staff to train or work in rural area. Actions include:
  - expansion of the GP Golden Hello scheme from 44 to 160 practices in rural and remote areas, offering £10,000 for GPs taking up post in their first eligible rural practice;
  - a £20,000 bursary for GP trainees taking up placements in rural and other harder to fill areas. 101 GP trainees have taken this offer up in 2018, an increase from 60 in 2017;
  - an enhanced relocation package is being offered to GPs moving to work in rural practice to cover expenses such as removal costs, rent etc. The maximum rate has been increased from £2,000 to £5,000.

Efficient Use of the Workforce

Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering. We are procuring a NHS wide e-rostering system which will lead to implementation of a fully automated rostering system for all staff groups. This will create efficient rosters with full gap analysis and be responsive to real time situations, ensuring the most efficient and effective use of staffing resources clearly linked to demand. Alongside this a national rostering policy is being developed, which will provide roster rules and ensure more effective rosters, reducing the reliance on supplementary staffing where poor rostering is a cause.

Implementation of the Health and Care (Staffing) (Scotland) legislation will contribute to the efficient use of the workforce by providing consistent and robust analysis of the workload associated with patient need and real time assessment of staffing in those areas covered by the common staffing method to ensure safety and efficiency.

We are also looking at how new service models can maximise the efficiency of the existing workforce. An example is set out below.

Maximising workforce efficiency

The Reporting Radiographer pilot is testing how we might maximise efficiency of the current Radiology workforce and create greater capacity. It will assess the potential for a national Radiographer Reporting service by:

- Nationally coordinating Radiographer “plain film” reporting capacity and activity testing the new IT connectivity;
- Assessing the potential to utilise consultant Radiographer skills across boundaries;
- Assessing the potential to utilise a cross boundary consultant Radiologist support model;
- Establishing whether a Radiographer plain film reporting service could better utilise the existing workforce.

It will measure whether, in reality, there are sufficient numbers of reporting Radiographers to ensure adequate cover for the service. This will also allow us to quantify the workforce required to optimise this service and present an opportunity

to manage this capacity differently. The pilot commenced in March 2019.

Improving Workforce Planning Across Health and Social Care
To most effectively plan for the future health and social care workforce, taking account of the changing demand and supply issues, we need to develop our workforce planning infrastructure. We will:

- further develop workforce planning capability;
- clarify roles and responsibilities on workforce policy and planning;
- encourage more consistent use of workforce planning tools across sectors;
- provide workforce planners across sectors with access to better data.

Further Develop Workforce Planning Capability and Examine Capacity
We need the health and social care sector to have the capability to develop more effective workforce plans and to understand, and use, scenario planning methodology that reflects their particular requirements.

Revised workforce planning guidance for NHSScotland, Integration Authorities and their commissioning partners in local authorities is being published alongside this Plan. The guidance introduces improvements to the existing workforce planning process and proposes a more collaborative approach in an integrated landscape. As workforce planning requirements and practices differ substantially across health and social care organisations, the guidance signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also references the need to consider the implications of planning activities for third and independent sector employers delivering commissioned services.

In addition to planned actions to improve the capability of existing workforce planners, the National Workforce Planning Board has also committed to examining the issue of capacity for workforce planning across social care employer sectors. Work will be designed by the Scottish Government, COSLA and partners, to improve understanding of workforce planning capacity and to make recommendations accordingly.

To further support development of the competencies and skills required to effectively undertake workforce planning roles across Social Care employers, NHS Boards, IJBs and Primary Care, we will:

Design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

Over the next 12 months, Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification as part of a strategic approach to developing workforce planning education and skills for the health and social care workforce.

Provide additional support in 2019/20 to the third and independent sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Clarifying Roles and Responsibilities

As we improve workforce planning in an integrated way, it is important to be clear about respective roles in workforce policy and planning. The guidance being issued alongside this Plan sets out these roles for workforce planners nationally, regionally and locally across the sectors.

Greater Consistency of Workforce Planning Tools Across Sectors

Workforce planning requirements and practices differ substantially across health and social care organisations. A level of variation is entirely appropriate given that an independent company with a few employees will have very different workforce planning needs than an NHS Board with thousands of employees. Nonetheless if we are to workforce plan in an integrated way, there is benefit in a level of consistency in the methodological approach used. The guidance we are issuing along with this Plan signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also considers the implications of planning activities for third and social sector employers delivering commissioned services.

On workforce planning tools, the Nursing and Midwifery Planning tool has already been reviewed and improved and we are exploring workforce prediction tools for skill-mixed AHP services. A scoping exercise has reviewed and mapped the landscape of workforce planning tools within the Scottish Government, NES and ISD. Following this, work will start on ensuring consistency and transparency between tools, filling gaps where appropriate.

Improving Workforce Data

Better workforce data will support more informed decision making. Significant progress has been made on creating a single workforce data platform, and work is under way to better understand the labour market for social care.

As recommended in Part 1 and Part 2 of the National Workforce Plan, NES have brought together existing workforce data sources in a new supply side platform, which was launched in April 2019. Data from the platform is already being used to inform decisions on controlled group numbers, to identify workforce gaps, and develop enhanced roles and new staffing models to mitigate them. Work will continue to identify and add to the data available and to refine social care and primary care data, so that as the platform evolves, health and social care workforce data can increasingly be accessed in one place and analysed using an integrated approach. Extensive data on the social care workforce is already published as official statistics by the SSSC and is available for interrogation in an interactive data visualisation tool.[24]

[24] https://data.sssc.uk.com/component/ssscvisualisations/local-level-data.

The work being taken forward by NES is complemented by the legislative requirement being placed on Healthcare Improvement Scotland (HIS) in the Health and Care (Staffing) (Scotland) Act 2019. Under the Act, HIS is required to monitor Health Board compliance with staffing duties, monitor and review staffing tools and methodology and develop new staffing tools. In doing so, HIS, and NHS Boards, will generate robust data on the workload required to deliver high quality care which will, in turn, inform and improve workforce data. The procurement of an NHS wide e-rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.

The Scottish Government has also commissioned NHS National Services Scotland to develop an online tool to collect workforce information as part of the National Primary Care Workforce Survey, which ISD regularly carries out on behalf of Scottish Government. This is an important source of information to support workforce planning for primary medical care services. This workforce data may also be used to develop workforce metrics to support sustainability work at a board, cluster and practice level.

Existing staffing tools and methodology for nursing and midwifery already contribute to improving workforce planning across health by providing access to better data. This will be further improved by effective implementation of the Health and Care (Staffing) (Scotland) Act and the oversight provided by HIS. HIS will continue to improve the existing tools and develop new tools with a focus on developing multidisciplinary tools and including staffing groups beyond nurses and midwives. The Act will also require Health Boards to report annually on how they carried out their staffing duties. This will create transparency in the staffing decisions being taken across all boards and better inform national workforce planning.

As we set out in this Plan, there are significant challenges in the supply of staff for social care. As indicated earlier in this Plan, a better understanding of national labour markets can help employers to understand issues and trends and plan ahead. The research we have commissioned on national and local labour markets and their interactions with the Social Care and Early Learning and Childcare workforce will incorporate ongoing analysis by the SSSC into movements within the registered social services workforce. The findings will aim to help workforce planners to anticipate and manage recruitment and retention issues.

Delivering the Plan

This first Integrated Plan will help achieve better integrated workforce planning across health and social care in Scotland. It initiates a programme of work for the future, covering many different employers and settings. And it sets a steady future direction for those who plan for the workforce in this complex landscape.

Getting this right is of national importance – everyone in Scotland will rely on this workforce at some point in their lives.

That is why this Plan highlights the need to build our workforce; to strengthen the workforce planning infrastructure; to build on our knowledge of the effects on our workforce of changing demand, services, technologies and population; to sharpen our analytical skills and competency, locally, regionally and nationally; and to co-ordinate these actions effectively to ensure the highest quality of health and social care services.

Building on earlier recommendations made in Parts 1-3 of the National Workforce Plan, this integrated Plan sets out a series of specific actions to meet demand and to grow the workforce. These actions focus on enhancing training numbers across a broad base of professions involved in delivering national priorities for health and social care. They augment and complement existing Programme for Government actions, and we have carried out scenario planning which for the first time takes account of estimates of demand in coming years, linking closely to Medium Term Financial Strategy projections.

The benefits of workforce modelling and scenario planning against a range of future demand factors are clear, and we will refine, improve and embed this approach as better intelligence develops. More effective links also need to be forged between workforce planning, service planning and financial planning, and the Plan's associated guidance sets out how we will do this.

Using and interrogating workforce data has been a continuing challenge for planners, due in part to a lack of a consistent approach to data collection. We continue to tackle this by bringing together existing data sources. In particular, the progress made with NHS Education for Scotland on its national TURAS data platform is beginning to yield better quality information, more consistently accessible and useable across both health and social care. The work being done with NHS Health Improvement Scotland on implementing the provisions of the Health and Care (Staffing) Act 2019 will benefit from this. The evidence needed to inform important decisions about the future shape of our services will depend on it.

All of us need to do more to observe, analyse, plan and prepare for future challenges. As the importance of effective workforce planning in this has become more widely recognised, so the demands made of planners have increased. To help address this, employers in health and social care need more people with the right skills and expertise, and an infrastructure which supports their development. The large numbers of providers, of many different sizes, across a complex landscape present particular challenges. This Plan therefore sets out what we will do to strengthen workforce planning capacity and capability across the health and social care sectors.

Along with this Plan we are publishing revised Workforce planning guidance, co-produced with members of the National Workforce Planning Group. The guidance has been developed for use by NHS Scotland, Integration Authorities and their commissioning partners in local authorities. It will be kept under review, and added to, as part of more regular and structured communications on workforce planning issues with employers.

The actions detailed in this Plan form a programme of work which will be overseen by the National Workforce Planning Group's Programme Board, in addition to its existing role in delivering earlier recommendations and commitments from Parts 1-3 of the National Workforce Plan. With representation from across health and social care, the Board will reflect contributions from all parts of the system.

The Board will also be responsible for publishing regular future iterations of the Plan. These will reflect further progress in our understanding of workforce demand and supply and add to the sum of our collective knowledge and intelligence around workforce planning issues. Importantly, future iterations of the Plan will link more closely to developing policies, such as work progressing on reform of adult social care.

Individually, the actions set out in this Plan will therefore enhance our capacity and capability, deliver tangible improvements, and provide a better evidence base in an integrated context.

But taken together, they elevate workforce planning to the strategic, whole-system position it needs to inhabit – right at the core of high quality health and social care services, now and into the future.

This publication is available at **www.gov.scot**

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NHS Fife

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday 17 January 2020
TITLE OF REPORT:	Consultant Recruitment
EXECUTIVE LEAD:	Linda Douglas, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

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

SBAR REPORT

Situation

As at 30 November 2019, NHS Fife has 35.70 wte Consultant vacancies, which will reduce to 28.70 wte, taking account of confirmed appointments to date. The number of vacancies has increased from the March 2019 position of 31.55 wte Consultant vacancies. There are still on-going vacancies in Acute Medicine, Care of the Elderly, Emergency Medicine, Gastroenterology, Neurology, Renal Medicine, ENT, Oral Maxillofacial Surgery, Haematology, Neonatology, Radiology, Mental Health and Rheumatology.

Background

As previously reported, our recruitment response analysis data continues to evidence that the majority of Consultant candidates are recruited from within Scotland, linked to availability of trainees at CCT stage. The focus of activity, therefore, continues to be predominantly on recruitment via traditional means and using local influences, with the majority of posts being advertised on SHOW, given lack of success from alternative sources.

The Board continues to use social media to support recruitment within hard to fill specialties, for example, General Practice and Psychiatry, along with participation in the recent international NHS Scotland recruitment campaigns for Anaesthetics, Paediatrics and Psychiatry.

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

Assessment

There has been successful recruitment to posts in the following specialties from standard advertising within Cardiology, Care of the Elderly, Dermatology, Respiratory Medicine, Orthopaedics, Haematology, Microbiology, Obstetrics & Gynaecology, and Paediatrics, since the last report in May 2019.

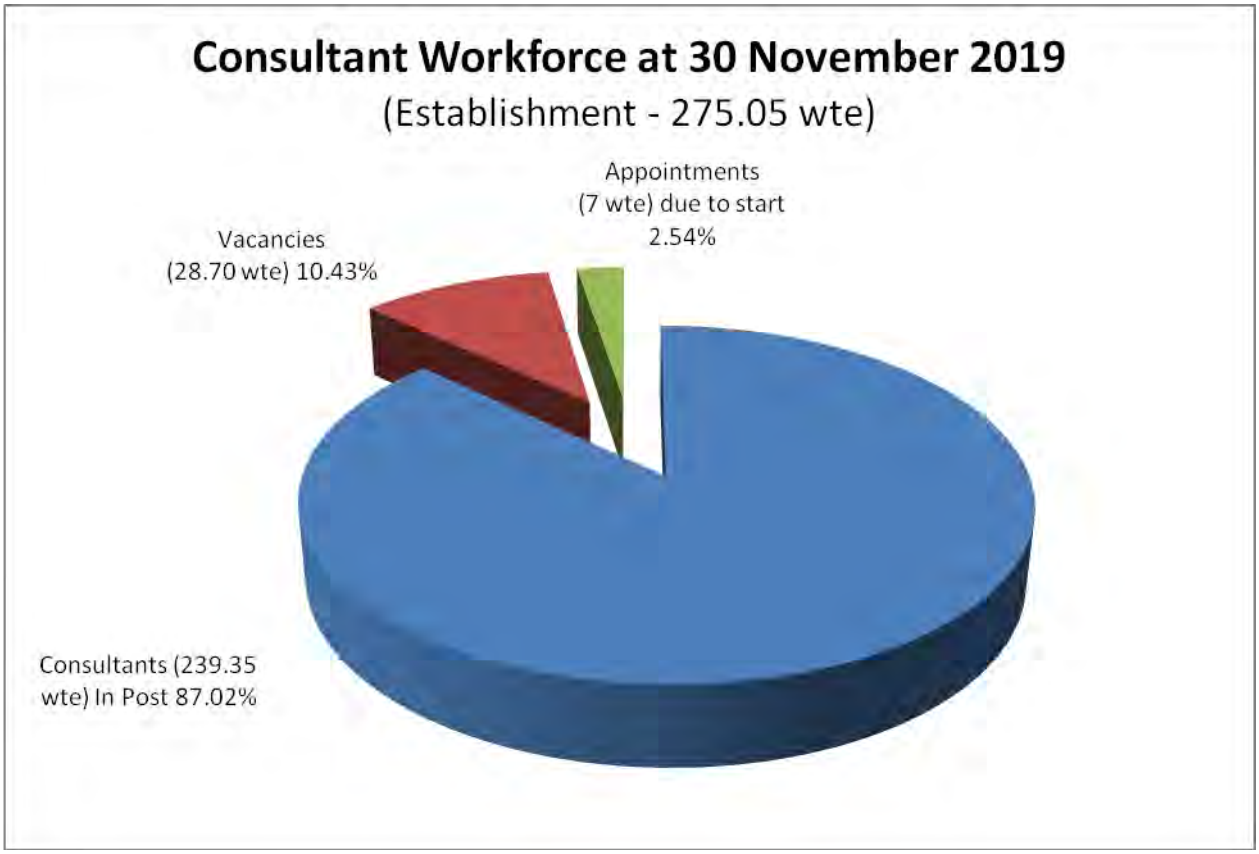
A total of 44 new substantive Consultants have been recruited during the course of 2019. In terms of reasons for leaving, the position is unchanged from previous feedback, with the majority of those leaving being retirals, with a few leaving for employment within other Boards.

A number of posts are currently advertised or have been advertised, with interviews pending, including, Acute Medicine, Gastroenterology, Renal Medicine, Anaesthetics, ENT, Oral Maxillofacial Surgery, Orthodontics, and Urology.

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

Post	Current Recruitment Update
Acute Medicine (1.0 wte vacancy)	Post re-advertised in June 2019 for the fifth time, applicant withdrew. Re-advertised. Closing date 5 January 2020. 1 application received. Interview date to be arranged.
Gastroenterology (1.4 wte vacancies)	Posts to be re-advertised in June 2019, with no applicants received. Re-advertised. Closing date 5 January 2020. No applications received.
General Surgery	Three appointments made following successful advertising in April 2019. New General and Upper GI post advertised. Closing date 13 December 2019. 1 application received. Interview date to be arranged.
Radiology (8.73 wte vacancies)	Discussions are on-going about recruitment to Regional posts.
Psychiatry (5.57 wte vacancies)	Plans to re-advertise in 2020.

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



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

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

Recommendation

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

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

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

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

Fife NHS Board

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH NOVEMBER 2019 AT 13:30 PM IN STAFF CLUB, VICTORIA HOSPITAL KIRKCALDY

Chair: Paul Hawkins, Chief Executive

Present:

Wilma Brown, Employee Director
Claire Dobson, Divisional General Manager – H&SCP West
Linda Douglas, Director of Workforce (from January 2020)
Willie Duffy, UNISON
Kevin Egan, UNITE
Andy Fairgrieve, Director of Estates, Facilities & Capital Services
Neil Groat, Society of Radiographers
Joy Johnstone, FCS
Andy Mackay, Deputy Chief Operating Officer, Acute Services Division
Wendy McConville, UNISON
Chris McKenna, Medical Director
Dona Milne, Director of Public Health
Barbara Anne Nelson, Director of Workforce
Louise Noble, UNISON
Carol Potter, Director of Finance & Performance
Jim Rotheram, Head of Facilities
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Human Resources

In Attendance:

Janet Melville, Personal Assistant (minutes)

		Actions
97/19	**PRESENTATION**	
	Mrs Waugh gave a brief presentation on the NHS Scotland 'Once for Scotland' Workforce Policies, the aim of which is to ensure consistent employment practices throughout NHS Scotland. Mrs Waugh advised that the policies will also be available digitally and gave a short demonstration of the website. Phase 1 policies are currently being launched with Phase 2 policy consultation commencing early 2020 (to which Area Partnership Forum (APF) colleagues are encouraged to attend).	**All**
	Mrs Waugh advised that Mr Anderson will lead the implementation of the Once for Scotland polices in NHS Fife in conjunction with the HR Policy Group: • training for managers will be provided, to ensure key principles and values of the policies are understood and that the policies are applied in a supportive and flexible manner • NHS Fife policies will be removed from the Intranet as and when the Once for Scotland ones are fully implemented • development of the Management Training Passport to be taken forward.	**BA** **HR** **JM** **HR Policy Group**
98/19	**WELCOME, APOLOGIES AND INTRODUCTIONS**	
	Mr Hawkins welcomed everyone to the meeting, especially Mrs Linda Douglas, attending her first NHS Fife Area Partnership Forum, and introductions were made. Apologies were noted from Fiona Alexander, Bruce Anderson, Helen Buchanan, Nicky Connor (Claire Dobson attending), Paul Hayter, Leigh Murray, Lynne Parsons, Ellen Ryabov (Andy	

	Mackay attending), Susan Robertson and Mary Whyte.		
99/19	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**		
	The minutes of the meeting held on 18th September 2019 were accepted as a true and accurate record.		
100/19	**MATTERS ARISING**		
	a)	**Financial Workshop** Mrs Potter (following her discussions with Mrs Brown) proposed that the workshop is held towards the end of January 2020, once the strategic financial priorities and performance efficiencies are determined. It was agreed to extend the invitation to attend the workshop to middle managers; with the workshop to take the form of smaller, involved group discussions rather than a series of presentations.	**CP, WB**
	b)	**SBAR – Pool Car Use** Mr Rotheram explained that subsequent to a review of the Enterprise Car Club Scheme in December 2018, it was re-launched in an attempt to increase usage. Current improvements include more detailed information from Enterprise and savings through a new insurance contract. However, although membership and usage is on the upward trajectory, the breakeven point of 15,000 miles per car per annum is still not being met. Mr Rotheram advised that an alternative scheme, whereby NHS Fife provides the cars and Enterprise provides the booking system and support, is being discussed. Mr Hawkins requested that the current scheme and viable options are evaluated – with consideration being given to compulsory usage and making more use of public transport – and a report be brought to the next APF.	**AF, JR, CP, WB**
	c)	**Accident & Emergency (A&E) Pressures/ GP Leaflet** Mr Mackay reported that data analysis of A&E pressures continues, with a focus on the increase of major illnesses and injuries presenting at A&E; this is a nationwide problem. Mr Mackay advised that improved information is being provided within GP practices on registering with a GP. New ED graphics offer enhanced information on the patient journey and redirects individuals to alternative treatment options.	
	d)	**Citizen's Advice & Rights Fife (CARF)** Mrs Waugh indicated that CARF is currently recruiting and are hoping to be able to establish CARF clinics within NHS Fife in the near future.	
	e)	**CoSO25 – addendum** Mrs Waugh confirmed the addition to 'Organisational Change Pay Protection' CoS has been published and is therefore complete.	
	f)	**Non-Patient Catering Survey** Mr Rotheram advised that the online survey – to ascertain staff habits in using the dining rooms, what refreshments they would like to see etc, in order to increase the number of staff patronising the facilities – closes today.	

		Mr Hawkins requested the results of the survey are published prior to the next APF.	**JR**
	g)	**Smoke Free Hospital Grounds Guidance** Ms Milne explained that the consultation on the Scottish Government's proposals to introduce new regulations under the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 are open until mid January 2020. The new regulations are not intended to replace the existing hospital grounds no-smoking ban but mean that staff will be able to seek support from local authority enforcement officers rather than just ask smokers to respect this. Ms Milne highlighted the proposals for comment and advised that the Scottish Government is also consulting on the use of eCigarettes (vaping) within hospital grounds. Ms Milne suggested the No-Smoking Group draft a response with approval to be sought from EDG, Clinical Governance and APF prior to submission to the Scottish Government.	**No-Smoking Group**
101/19	**INTEGRATED PERFORMANCE & QUALITY REPORT**		
	Mrs Potter talked to the full performance report which has been to the Board and the appropriate Governance committees. The Finance Section, on p24, outlines the current financial position and indicates an overspend of £7.5m, more than in the previous four years at the same point in the financial year. Service pressures continue within Acute Services, contributing to an overspend; however, Corporate and Estates & Facilities Divisions are under-spent. There are areas of non-recurring financial flexibility (£1.5m had been budgeted for NHS Fife's contribution to the new Children's Hospital in Edinburgh). Also to be taken into account is the Health & Social Care risk share agreement with Fife Council (NHS Fife shoulders 72% of any overspend to the Council's 28% share) – the H&SCP overspend is forecast to be £12m. Measures to address the deficit include transformational change; increasing savings efficiencies e.g. scrutiny of every vacancy and equipment requested; and dialogue with the Scottish Government for additional support.	
	APF **noted** the report.		
102/19	**DELOITTE WORK (ACUTE)**		
	Mrs Potter explained that given the need to continually identify and deliver savings, and with concerns regarding capacity and NHS Fife's ability to meet waiting times targets, a decision was taken to engage external expertise: the Deloitte Team were tasked with assessing NHS Fife's ways of working to ascertain themes and areas where improvements could be made. Mrs Potter advised that Mr Jim Crichton, Interim PMO Director will take forward this work, using a project management approach. Mr Mackay clarified the reason for investing in outside assistance was because the Deloitte Team are able to use benchmarking data to compare NHS Fife with similar Scottish and English Boards. This enabled them to pinpoint areas out of kilter and changes that could be made (although some are more achievable than others). Mr Hawkins suggested the Deloitte findings could be included on the Finance Workshop agenda for discussion.	**CP**

	APF **noted** the update.	
103/19	**HEALTH & SOCIAL CARE PARTNERSHIP (H&SCP)**	
	Mrs Dobson advised that: • The financial challenges facing the H&SCP were discussed at a Leadership meeting last week where some helpful ideas were raised. • Work on PIDS with Health is ongoing. • Mr David Williams, Director of Delivery of Heath & Social Integration, Scottish Government recently met with the Senior Leadership Team to discuss delayed discharges and form an Action Plan focussing on next steps. • The Integrated Joint Board (IJB) held a Development Session with Mr Williams, which included topics on governance, and roles and responsibilities of IJB members. • Urgent Care Implementation went live on 4 November 2019 and is progressing well.	
	APF **noted** the update.	
104/19	**ACUTE SERVICES DIVISION (ASD) UPDATE**	
	Mr Mackay reported that: • There are continuing challenges at the 'front door'. • The findings of the 'Banish Boarding Event' held over 18 days in November 2019, are being published today, detailing quantifiable improvements implemented from staff's ideas. Mr Mackay observed that the greatest challenge was getting staff to feel empowered to make changes without having to first ask for permission. The changes made helped to reduce boarding and occupancy, made for better decision making, indicating improved patient flow. • Repeat Day of Care Survey - this is a tool that provides a snap shot of bed utilisation and can be used to assess in-patient delays in hospitals. Since it was held in May 2019, the figure has reduced from 31% to 9%. • Winter Challenges continue. Mr Verrecchia highlighted that at yesterday's Acute Services Division Staff Governance Committee meeting, it was noted that core training compliance has dropped sharply. The Committee were concerned that staff are not being released to attend statutory/ mandatory training. Ms Nelson acknowledged that NHS Fife is falling well short of the target 80% compliance rate and requested that staff are supported to undertake the necessary training. Mrs Brown expressed her disappointment as the figures were much higher just a year or two ago. Mr Hawkins agreed to discuss this matter with EDG colleagues.	**EDG**
	APF **noted** the update.	
105/19	**REGIONAL WORKING UPDATE**	

	a)	**Job Train** Ms Nelson reported that following the implementation of eESS Manager and Employee Self Service earlier this year, the online recruitment tool, JobTrain is now 'live' with adverts first uploaded on 28 October 2019. The Implementation Group is overseeing the full roll out of the platform and Recruiting Manager training is available.	
	b)	**Bank Update** Ms Nelson explained that discussions are ongoing with regard to Regional Medical Bank and the eRostering Programme. However, after considerable deliberation NHS Fife is not going to join NHS Lothian and NHS Borders in the Regional Nurse Bank as there would be no cost benefit: NHS Fife will instead 'share' employees with NHS Tayside. Ms Nelson advised that Recruitment Transformation work continues.	
	APF **noted** the update.		
106/19	**ATTENDANCE MANAGEMENT**		
	a)	**Attendance Management** Mrs Waugh reported that: • there was a marginal increased absence rate of 0.04% in September 2019 to 5.47%. This is 0.23% above the NHS Scotland average, with NHS Fife the 3rd worst Board over the year to date. Mrs Waugh indicated that she has liaised with NHS Grampian and the only differing intervention appears to be that staff within one area phone a central 'call centre' to advise their absence, rather than their line manager. • Mental Health remains the foremost reason for absence. Bespoke *Mental Health in the Workplace* training has been provided for Acute Services and in some Health & Social Care 'hot spot' areas. • HR managers and staff are attending *Good Conversations* training, the aim being to influence attendance management and improve employee relations. • Long-term sickness absences are being addressed within Estates & Facilities. Mrs Waugh confirmed that long-term absence is an ongoing concern throughout NHS Fife and tends to skew the figures. Mr Hawkins proposed that he and Mrs Douglas lead a task force to tackle long term absence rates, to help reduce the use and costs of supplementary staff.	**PH, LD**
	b)	**Well at Work** In addition to the report, Mrs Waugh advised that she, Dr Wendy Simpson, Dr Sue Blair and Dr Mairiead McLennan had presented at the national Health & Wellbeing Conference at Holyrood on 19 November 2019. The topics included Good Conversations, Mindfulness and Resilience and was well-received. A Culture of Kindness Event is planned to showcase this work and will be held on 19 May 2020 at the Lochgelly Centre.	

	APF **noted** the updates.	
107/19	**iMATTER**	
	Ms Nelson observed that there has been a slight improvement (48%) in the number of Action Plans completed since the cut off date (42%), although the Scottish Government will use the deadline date for reporting purposes. Ms Nelson encouraged colleagues to continue with action planning, as it is the most important aspect of iMatter, being 'owned' by the team. Ms Nelson advised she would ask Mr Anderson to provide an update report for EDG. Mrs Brown was disappointed to note that at this morning's APF Staff Side meeting, there was no real positivity with regard to iMatter. Mr Hawkins suggested iMatter be marketed differently – and Mrs Brown requested that colleagues forward any 'good news' stories to Mr Anderson – in order to encourage engagement with iMatter.	**All** **BA** **All**
	APF **noted** the update.	
108/19	**DIGNITY AT WORK**	
	a) Sturrock Report – Next Steps Group Ms Nelson confirmed that there have been a couple of meetings at which the submission was revisited and broken down into specific actions. It links in to the values and behaviours work undertaken by Mrs Buchanan. **b) Dignity at Work** Mrs Brown indicated that discussions have taken place regarding the re-launch of Dignity at Work. It is planned to incorporate the Sturrock Report-Next Steps work, Well at Work and Global Citizenship at the partnership event.	
	APF **noted** the updates.	
109/19	**STAFF GOVERNANCE MID-YEAR REVIEW**	
	Ms Nelson referred to the SBAR and Staff Governance Action Plan 2019-20 Mid-Year Review: as there were no additions or comments, the review was agreed.	
	APF **agreed** the review.	
110/19	**SBAR GLOBAL CITIZENSHIP**	
	Mrs Brown advised that the HR guidance on the NHS Scotland Global Citizenship programme (engagement in supporting healthcare in developing countries) was launched in June 2019 to ensure a consistent approach and the appropriate processes are in place. Mrs Brown drew attention to the successful Grand Round event to promote Global Citizenship, open to all staff, that was held on 13th November 2019.	
	APF **noted** the report.	

111/19	**SBAR NATIONAL CATERING STRATEGY**	
	Mr Rotheram highlighted from the report that: • A move to a 'Once for Scotland' approach is being considered, although it is unlikely this will happen due to overall costs. • Work is ongoing to provide a National Catering Information System whereby traditional menus are replaced with an iPad which could provide a range of benefits and lead to a reduction in food waste. • A new Audit Tool is being developed to ensure Food, Fluid and Nutrition standards are met. • A library of standard recipes is being compiled to make nutritional analysis easier.	
	APF **noted** the report.	
112/19	**TRAVEL TO WORK SCHEME**	
	Mr Rotheram confirmed that the Stagecoach annual bus ticket scheme was recently promoted on Dispatch and the Intranet (and is also highlighted at Staff Induction), but was disappointed to note that there have been no additional takers. The annual cost to NHS Fife is approximately £60,000 with tickets costing between £400 - £1000. It was suggested that the offer is more-widely advertised, for example, on social media, on departmental noticeboards, and on table talkers in the staff dining rooms. Following a brief discussion, Mrs Waugh agreed to pull together a package of staff benefits.	**RW**
	APF **noted** the report.	
113/19	**BREXIT UPDATE**	
	Ms Milne advised that there has been no Brexit update from the Scottish Government.	
	APF **noted** the information.	
114/19	**KINGDOM LOTTERY FUND ANNUAL REPORT**	
	Mr Rotheram focussed on the main points of the report: • There is now a robust and enthusiastic committee in place. • All of the previous audit actions have been addressed. • There has been extremely positive feedback regarding the Corporate tickets on offer, which are regularly reviewed. • There haven't been a lot of requests individually for funds – this will be promoted in the near future. • Offering a car as a prize increased income by £1000 per month (financial figures detailed in the paper). • The issue with collecting Bank Staff monies has been resolved. Mrs Potter observed there is some confusion with whether funding should be requested from Endowments or from the Staff Lottery. Mrs Potter suggested this should be clarified to ensure bids are submitted to the appropriate fund.	**CP, JR/ Comms**
	APF **noted** the report.	

115/19	**ITEMS FOR NOTING**	
	The following items were **noted** for information by APF: a. H&SC LPF – 4th September 2019 (Minutes) b. ASD & CD LPF – 31st October 2019 (Minutes and Action Lists) c. Staff Lottery Committee – 30th October 2019 (Minutes).	
116/19	**AOCB**	
	Apprentice First Ms Nelson confirmed that following agreement at EDG and discussions in partnership, Band 2 and 3 posts are being offered to apprentices prior to going to advert. **Flu Clinics** Ms Milne advised that to date, this years uptake of the flu jab has not been as good as last year. Ms Milne indicated that additional flu clinics have been arranged and urged colleagues to encourage staff to have the flu vaccination. **Ms Nelson** Mr Hawkins wished Ms Nelson a long and happy retirement and thanked her for her valuable contribution to NHS Fife.	**All**
117/19	**DATE OF NEXT MEETING**	
	The next Area Partnership Forum meeting will be held on Wednesday 22nd January 2020 at 13:30 hrs in the Staff Club, Victoria Hospital.	

NHS Fife

AREA PARTNERSHIP FORUM
ACTION LIST as of 20TH NOVEMBER 2019

OPEN ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
20.03.19	33/19	Dignity at Work	BA/ WB	Arrange Dignity at Work launch September 2019	**24.07.19** date not achievable (see 53/19)
22.05.19	53/19	Dignity at Work	WB/ BA/ Comms	Re-launch Dignity at Work – date to be confirmed (see also 33/19)	**20.11.19** Work ongoing
20.03.19 and 20.11.19	100/19a	Financial Workshop	CP/ER/JP/ WB	Design future workshop (interactive; include Deloitte work) Extend invitation to middle managers	
24.07.19	65/19	Financial Workshop	APF members	Discuss financial and service efficiency savings	
22.05.19	44/19	A&E Analysis	ER/ AM	Investigate high numbers of patients attending A&E	**20.11.19** Investigation ongoing
18.09.19	82/19	Deloitte Report	PH/JM	Circulate report to APF members	**20.11.19** Complete. Will be discussed at Financial Workshop
18.09.19	84/19	Banish Boarding Report	CMcK/ JM	Circulate report to APF members	
18.09.19	85/19	JobTrain	BAN/ JM	Circulate report to APF members	
18.09.19 and 20.11.19	86/19 97/19	Once for Scotland Policy Consultation	All	Attend workshop/ participate in consultation	
20.11.19	97/19	Once for Scotland Policies	BA	Lead implementation of Once for Scotland policies	
20.11.19	97/19	Presentation	Human Resources	Provide training for managers on the Once for Scotland policies	

20.11.19	97/19	Presentation	JM	Remove NHS Fife policies as Once for Scotland policies are published	
20.11.19	97/19	Presentation	HR Policy Group	Development of Management Training Passport	
20.11.19	100/19b	Pool Car Use	AF, JR, CP, WB	Re-evaluate Enterprise Scheme and viable options in 3 months time (report to APF March 2020)	
20.11.19	100/19f	Non-patient Catering Survey	JR	Publish survey results prior to APF January 2020	
20.11.19	100/19g	Smoke Free Hospital Grounds Consultation	No-Smoking Group	Prepare response to Scottish Government	
20.11.19	104/19	Core training	EDG	Improve core training attendance	
20.11.19	106/19	Absence figures	PH, LD	Address long-term absence rates	
20.11.19	107/19	iMatter	All BA All	Encourage participation Prepare update report for EDG Forward 'good news' stories to BA	
20.11.19	112/19	Travel to Work Scheme	RW	Pull together a package of staff benefits	
20.11.19	114/19	Kingdom Lottery	CP, JR/ Comms	Clarify Endowment and Lottery funding	
20.11.19	116/19	AOCB	All	Encourage flu vaccination	

CLOSED ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
21.11.18	Present-ation	NHS Credit Union	WB/ Comms	Roll out of NHS Credit Union Awareness Sessions	**23.01.19** Complete - dates arranged.
21.11.18	93/18	EPP	RC/ KB	Follow up staff requiring EPP check	**23.01.19** Complete
21.11.18	95/18	PCES	PH/ FE	Take forward accommodation issues affecting PCES staff	**11.12.18** Update provided **23.01.19** Complete
21.11.18	96/18	Site Optimisation	GC/ LC	Liaise with Lynn Campbell to address issues and engage with staff affected by bed reconfiguration	**23.01.19** Complete – discussions with staff.
21.11.18	99/18	iMatter	BA	Circulate the Paediatric OT Team 'good news story'	**12.12.18** Complete
21.11.18	102/18	Staff Governance	All	Email updates for the Staff Governance Action Plan to Mr Anderson	**11.12.18** Complete
21.11.18	107/18	Perfect Attendance Letter	All	Let Mrs Brown know whether to go ahead with 'perfect attendance' letters exercise this year	**23.01.19** Complete – Perfect attendance letters to be issued.
23.01.19	04/19	Exposure Prone Procedure	EDG	Timescale for completion to be agreed by EDG	**23.03.19** Complete – all checks up-to-date
23.01.19	06/19	Home Computing Scheme	KE CP	Assist with taking Procurement aspects forward Bring SBAR to March APF for discussion	**20.03.19** Complete – framework in place
23.01.19	11/19	iMatter	All	Send 'good news' iMatter stories to Mr Anderson in order to promote the tool	**20.03.19** Complete
23.01.19	14/19	Workforce Strategy	All	Comment on Guidance for Workforce Planning document	**20.03.19** Complete

			JM	Circulate National Workforce Plan feedback	**01.02.19** Complete
23.01.19	17/19	'Once for Scotland' Events	WB/JM	Circulate dates of forthcoming events	**06.02.19** Complete
23.01.19	21/19	ePayslips	CP/ APF Staff Side	Draft communication to encourage staff to opt for ePayslip – discuss at next APF Staff Side meeting	**23.03.19** Complete
20.03.19	26/19 c)	Employee Benefits Scheme	CP	Bring 'next steps' paper to May APF	**22.05.19** Complete
20.03.19	26/9 d)	Pool Car Use	AF/SF	Review Pool Car Use and prepare improvement plan	**22.05.19** Complete
20.03.19	26/9 e)	ePayslip Communication	CP/JM	Circulate ePayslip Communication to APF members	**22.05.19** Complete
20.03.19	29/19	Acute Services Division	ER	Investigate Decontamination Unit workings	**22.05.19** Health & Safety review complete
20.03.19	30/19	Attendance Management	RW/ CP	Arrange Promoting Attendance Event	**22.05.19** Complete
20.03.19	32/19	iMatter	BA/ JM All	Circulate iMatter 'good news' story Encourage iMatter participation	**22.05.19** Complete – iMatter promoted on Intranet and mobile tea trolley
22.05.19	41/19 e)	Decontamination Unit	ER/AM	Further Review Staff Concerns with Decontamination Unit	**24.07.19** No further investigation required **–** Complete
22.05.19	53/19	Dignity at Work	WB/ BA	Design and deliver training for Confidential Contacts	**24.07.19** Complete
22.05.19	46/19	East Region Recruitment Transformation	??	Invite colleagues to attend regional Recruitment Workshops	**24.07.19** Complete
22.05.19	49/19	iMatter	BA/ Comms BA	Publish video clips on the Intranet Prepare iMatter update report (response rates)	**24.07.19** Complete
22.05.19	54/19	Workforce	APF	Review and comment on draft Workforce	**24.07.19** Complete

		Strategy	members	Strategy document	
24.07.19	72/19 a	Dignity at Work	BA	Publish list of Confidential Contacts	**18.09.19** Complete
23.01.19	04/19	Perfect Attendance Letter	RW	Arrange for letter to be sent to eligible staff	**30.09.19** Complete - Letters issued with payslips
20.03.19	26/9 f)	Staff (non-) Smoking Policy	BA/ JM	Request update from Mr Paul Madill	**18.10.19** Complete
22.05.19	42/19	Financial Workshop	SF/AV	Encourage staff side attendance	**18.10.19** Complete
24.07.19	68/19	Recruitment Transformation	RW	Circulate update paper with APF minutes	**18.09.19** Paper superseded so not circulated
24.07.19	70/19	Attendance Management	RW/ BAN	Escalate absence figures to EDG monthly (short/ long term, occasions of absence)	**18.09.19** Complete/ Ongoing
24.07.19	71/19	iMatter	BA	Identify teams to support who have not previously had a report	**18.09.19** Complete
24.07.19	73/19	Workforce Strategy	RW	Circulate Workforce Strategy following Board approval (end July 2019)	**15.08.19** Complete
22.05.19	41/19 b)	Employee Benefits Scheme	JR/ Comms	Promote 'Travel to Work' scheme	**24.07.19** Further discussion required (see 63/19b below)
24.07.19	63/19 b	Travel to Work Scheme Promotion	JR/CP/WD	Discuss implications of widely promoting subsidised travel tickets Bring SBAR to next APF meeting (18 September 2019)	**15.08.19** Deferred to November APF to obtain more accurate prediction of uptake **18.09.19** Deferred to November APF
18.09.19	80/19	Travel to Work Scheme Promotion	JR/ CP/ WD	Bring SBAR to next APF (November 2019)	**20.11.19** Complete
22.05.19	41/19c)	Pool Car Use	AF/JR	Review Pool Car Use November 2019	**20.11.19** Complete - SBAR brought to APF

24.07.19	63/19f	Citizen's Advice & Rights Fife	RW	Discuss venue options and promote CARF services	**18.09.19** Follow up due to no response from CARF **20.11.19** Complete
18.09.19	80/19	National Catering Strategy	AF	Bring update paper to APF (November 2019)	**20.11.19** Complete
24.07.19	63/19 e	A&E Pressures	ER/ Joyce Kelly	Prepare leaflet to support individuals to source a GP practice	**23.09.19** Suggest using Health Literacy cards
18.09.19	81/19 b	Financial Workshop	CP/ ER/JP/WB	Set date for workshop	**20.11.19** workshop date end January 2020
22.05.19	58/19	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital	**24.07.19** will do when the majority of staff are back from annual leave (see 63/19g)
24.07.19	63/19 g	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital – end August 2019 (to APF November 2019)	**20.11.19** Complete
18.09.19	91/19	Smoking Policy/ Consultation	DM	Bring Smoke Free Hospital Grounds guidance to next APF (November 2019)	**20.11.19** Complete
18.09.19	94/19 b	Items for Noting	RW	Consider addendum to CoS025 and make the necessary arrangements	**20.11.19** Complete
24.07.19	72b	Dignity at Work – Sturrock Report	BAN/BA/ Staff Side Colleagues	Form sub group to discuss next steps Bring SBAR to next APF meeting (November)	**10.10.19** Sub Group meeting took place **20.11.19** Complete - Verbal update provided
18.09.19	86/19	Once for Scotland Policy Consultation	RW/ BA	Demonstrate Once for Scotland Policy digital platform at next APF (November 2019)	**20.11.19** Complete
18.09.19	88/19	Well at Work	RW/ JM	Circulate Going Beyond Gold evaluation report to APF members Circulate 2019 dates of flu clinics to APF members	**01.10.19** Complete **01.10.19** Complete

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 31 OCTOBER 2019 AT 2.00 PM IN TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Ellen Ryabov (ER), Chief Operating Officer (**Chair**)
Andrew Verrecchia (AV), Unison
Andrew Mackay (AM), Deputy Chief Operating Officer
Lynn Campbell (LC), Associate Director of Nursing
Kevin Egan (KE), Unite
Paul Hayter (PH), Unison / Partnership Co-ordinator
Joy Johnstone (JJ), FCS
Leigh Murray (LM), RCN
Louise Noble (LN), Unison / Partnership Co-ordinator
Miriam Watts (MW), General Manager – Emergency Care
Craig Webster (CW), H&S Manager

I**n Attendance:**
Jim Rotheram (JR), Head of Facilities (attending for Estates & Facilities)
Karen Laird (KL), HR Officer (for S Young)
Marie Paterson (MP), Head of Nursing (shadowing L Campbell)
Gillian McKinnon (GMcK), Personal Assistant to Chief Operating Officer (**Minutes**)

Action

1 WELCOME & APOLOGIES

ER opened the meeting and welcomed everyone.

Apologies were received Andrew Fairgrieve, Paul Bishop, Fiona Alexander, Susan Young, Murray Cross and Conn Gillespie.

2 MINUTE OF PREVIOUS MEETING – 29 AUGUST 2019

The Minutes of the Meeting held on 29 August 2019 were accepted as an accurate record.

3 ACTION LIST

3.1 **Turas Update**

- There is no ability for auto-linkage from LearnPro to Turas system and the certificates only show completion/attendance rather than competency. Also, the 3 questions are the key part of Turas for completion and the national guidance is for

the factor numbers to be completed but without a requirement for the accompanying evidence to be added at each factor. This action can be closed. **GMcK**

Application for Bereavement Leave across the Division

- AV to discuss further with SY and agreed this item should be carried forward to the next meeting. **AV/SY**

Car Parking on VHK Site

- JR advised security provided a report from the access control system but there were no firm conclusions. The Car Parking Policy is due for review and the criteria for receiving a pass will be checked as part of this process. 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 since the Health & Safety Update Report was issued concerns had been raised by engineers regarding electrical equipment. Inspection of beds had identified damage to electrical mains cables and the damage is being caused by cables being overstretched when beds are moved while still plugged in. An internal Safety Notice is currently being worked on and will go out via Datix. Managers are asked to undertake checks and to report any damage via the Estates Helpdesk. LC confirmed a message had been circulated to all staff to make them aware and to report any concerns directly to SCNs and to remove the affected bed from their area.
- CW advised the first meeting of the Acute Services Division and Corporate Directorates H&S Committee had taken place on 3 September 2019. The meeting had been positive and well attended. Conn Gillespie has been elected as staff side co-chair. The Group membership will be developed going forward any may require additional representation from some areas.
- PH asked whether the Minutes from the Acute Services Division and Corporate Directorates H&S Committee would come to this group for information. CW agreed they would and could be incorporated as part of his H&S Update Report. These Minutes would also go through Sub-Committees.
- ER asked about the 6 outstanding RIDDOR incidents and whether these have been resolved. CW confirmed these had

been escalated appropriately to the relevant Service Manager for action.

5 STAFF GOVERNANCE 2019/20

A Well Informed

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

- ER advised performance against our TTG inpatient performance was good, but a deteriorating position against our outpatient trajectory, in particular in Dermatology, Neurology and Gastroenterology.
- ER advised additional waiting list funding had been received prior to the deterioration of our outpatient position and work is ongoing with teams to mitigate the gap at the end of Q3 and Q4.
- ER advised our financial position continues to deteriorate with a £7.9m overspend at the end of September 2019 (5%). We continue to work closely with teams to deliver savings and reduce spend.
- ER advised a Banish Boarding Event would run from 1-18 November 2019.
- ER advised our A&E performance continues to be variable.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- KL advised both Acute Services Division (5.7%) and Corporate Services (5.21%) sickness absence had reduced from July to August 2019, but both remain above 5%.
- KL advised Acute Services is higher than the Fife average (5.44%), with Corporate Services slightly lower. Acute Services Division is the second highest area of NHS Fife.
- KL advised nursing and midwifery has the highest sickness absence by staff group for Acute Services Division, but absence has reduced for this staff group in August 2019.
- KL advised personal and social care is the highest staff group in Corporate Services and has increased in August 2019.
- KL advised anxiety, stress, depression continues to be the highest absence reason within Acute Services Division and also remains high within Corporate Services, but musculoskeletal is their highest absence reason.
- KL advised long term sickness has been higher than short term sickness in 11/12 months within Acute Services Division, and long term sickness highest every month in the last 12 months within Corporate Services.

- KL advised NHS Fife is above the trajectory for sickness absence for August 2019 by 0.26%. Trajectory for March 2020 is 4.89%.
- KL advised a number of actions are being taken to improve sickness absence, including Myth Busting Sessions being arranged in partnership with staff side colleagues to assist managers with the new circular; a further Promoting Attendance Event in November/December 2019; attendance management internal audit underway; Review and Improvement Panels continue in all areas; staff sickness absence booklet revised and will be issued; perfect attendance letters to be issued; bespoke mentally healthy in the workplace training undertaken for ECD managers/SCNs which was well attended and positive feedback received; good conversations/person centred approach for attendance being explored.
- AV queried the 7.75% long term sickness absence due to unknown causes/not specified. KL advised this was due to Code 99 being used. This has been discussed at Review and Improvement Panels and the importance of selecting the correct sickness code and staff are being discouraged from using Code 99.
- MW advised at the last Performance Review the ECD Directorate agreed to suspend the Review and Improvement Panels for 6 months, monitor the impact and reintroduce if any deterioration in process management of sickness absence. KL advised this had been raised at the ECD DMT meeting and Rhona Waugh had advised a decision would require to be made by the Staff Governance Board.
- JR advised the Review and Improvement Panels were in place to give assurance that policies/procedures are being followed in the management of sickness absence.
- AV advised as sickness absence levels are the highest they have ever been he felt the Review and Improvement Panels should only be removed when our sickness absence figures had improved.
- ER advised over the last 4 years there has been a steady increase in sickness absence with this year having the highest sickness absence there has ever been. A process of assurance is required and a decision made whether the Review and Improvement Panel should continue. KL to ask Rhona Waugh for clarity. Directorates would be asked to provide an update on their sickness absence at the November ASD Staff Governance Committee. **KL GMs**
- ER referred to Appendix 3 and asked about the high levels of sickness absence within Medical Support (average 5.70%). KL advised this group may be technical staff but agreed to check. **KL**

POST MEETING NOTE: KL advised there is 32 staff coded to the

medical support family within Acute. In the main, these are Operating Department Practitioners, Theatre Technicians and Medical Physicians.

5.3 Feedback from NHS Fife Board & Executive Directors

- ER advised Turas was discussed and noted Acute Services performance was low and not at the required level.
- ER advised all teams are asked to review their Business Continuity Plans to ensure we are prepared in the event that BREXIT creates difficulties with service delivery and to confirm their status with GMcK.
- ER advised Ben Hannah has been appointed to the post of Chief Pharmacist. Ben joins us from NHS Lothian.
- ER advised Nicky Connor has been appointed as the Director of Health and Social Care.

ALL/ GMcK

6 B Appropriately Trained

6.1 Training Update

- No new training issues were raised.

6.2 Turas Update

- ER reminded teams to progress performance within their individual areas.
- KL advised Turas compliance was low at 51% against the 80% target. Issues highlighted included learning the new system; technical glitches and workload pressures.
- LC advised that nurses could embed progress and updates as part of the revalidation process, but agreed staff required time to familiarise themselves with the new system and find time away from current pressures to complete.

7 C Involved in Decisions which Affect Them

7.1 **Staff Briefings & Internal Communications**

- ER confirmed the monthly senior leadership team walkrounds continue. These are working well and have been welcomed by staff. The walkrounds are evolving with no negative feedback received.
- AV advised Scott Garden and himself had recently visited the security department. The staff had been pleased the senior team had taken the time to visit them.
- AV confirmed staff side colleagues continued to enjoy the walkrounds, which includes visits to different clinical departments and areas.

- AV felt the senior leadership walkrounds were proving to be even more popular that the previous pop-up briefing sessions, and these should continue in their current format.
- AV advised dialogue continues between the senior team and staff side colleagues regarding locations to visit and the spreadsheet continues to be updated.
- MW advised it would be useful to pick up a conversation at an SLT meeting to avoid duplication of areas and for Managers to pick an area to visit that was not under their remit.
- AV advised a message would go out on the Intranet inviting staff to suggest areas for a future visits and GMcK would keep a list of areas suggested. Staff will also be able to view the details of visits already taken to date.
- ER suggested SLT could have responsibility for 4-5 designated areas and to build relationships with staff moving forward. PH suggested a re-visit to areas in a year's time to see if there have been any changes.
- JR confirmed positive feedback on the visits had been received from E&F staff.
- ER advised in a previous Trust 'Pioneer Teams' had been set up and staff were encouraged to put forward proposals and something similar could be considered here and perhaps supported through the Friends.
- AV asked whether there was value in the formal lecture theatre briefing sessions continuing in 2020. PH was of the view that these briefing sessions should continue. AM advised attendance levels had been poor but would be keen for these sessions to continue to ensure regular staff communication and engagement. ER advised these briefing sessions should continue monthly in 2020 but AV/ER/AM to consider the day/time/format of these sessions. **AV/ER/AM**
- LM advised as the SLT walkrounds continued it would be a good opportunity to promote the lecture theatre briefing sessions with staff. Staff could be asked for their support and for their feedback regarding changing the format to encourage more staff to attend.
- ER provided an update on the Banish Boarding Event which would run from 1-18 November 2019. During this time period Managers would cancel non-essential meetings.

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

- AV advised this would be taken forward with AM and discussed further at their next 1:1 meeting. **AV/AM**
- AV confirmed a lot of work was ongoing around staff communication/engagement.

7.3 **iMatter**

- ER confirmed her team had completed their iMatter Action Plan.
- AM would ask Bruce Anderson for an update on progress within the Acute Division and this would be added as an Agenda item at the November ASD Staff Governance Committee meeting. **AM**

8 D Treated Fairly & Consistently

8.1 **Current/Future Change Programmes**

- ER advised following the September Workshop on how to address large numbers of patient boarding; surge capacity already full as we head into winter; and increasing length of stay it was agreed to hold a Banish Boarding Event from 1-18 November 2019.
- ER advised all front facing staff would work clinically to support this event. Teams would be encouraged to submit test of change linked to transformation programmes. A daily digest will be introduced to capture the key learning from each day. This will be available on the intranet, and a slide of the daily digest will be shared at the morning huddle.
- ER advised the emphasis would be to improve our processes, reduce length of stay and number of patients being admitted, reduce and eliminate boarding, and cohort medical patients in one place.
- ER advised we have agreed with H&SCP colleagues 50 additional placements at a cost of £690k.
- ER advised following yesterday's tabletop exercise undertaken by medical teams individual patients have been identified and the discharge lounge will be used to move patients through the system.
- LM asked whether we currently have sufficient numbers of medical beds. ER advised in the short term there were insufficient medical beds due to length of staff; patients who remain in hospital but do not require acute care. In long term we would have sufficient beds if we change the flow and the way in which we work.
- LM asked whether we were confident our staff were clear on what they are being asked to do. ER advised a number of teams will have specific things they wished to do, but there would be further communications, briefings, posters and a roving team going around the hospital. ER/AV would provide a verbal update at tomorrow's Staff Governance Committee.
- AV confirmed we could not continue to do what we were currently doing and this was the right time to change culture and try something different.
- MW advised data analysis has been undertaken by the Perform ED Group and there is an opportunity for staff to be

involved in small changes. By day 3 or 4 of the Banish Boarding Event it is hoped we would start to see some changes and an opportunity for patients to be located in the correct ward area.

- PH commented staff had been involved previously in projects which had not worked and we had to return to the status quo. Some staff were apprehensive and we need to ensure the daily digest provided staff with regular updates on the key learning.
- AM confirmed a Day of Care Survey had been undertaken yesterday. The metrics would be measured on a daily basis and the Day of Care Survey would be repeated again a few weeks after the Banish Boarding Event.

9 E Provided with an Improved & Safe Working Environment

9.1 **Well at Work Update**

- The Well at Work Update was noted, for information.
- KL advised a mindfulness space is being arranged.
- KL advised a Culture of Kindness Conference is being arranged for May 2020.
- KL advised discussions with Fife Sports and Leisure Trust and other local gym providers for more accessible and more affordable options are ongoing.
- KL advised further work is being undertaken on highlighting menopause following a recent session run by Healthy Working Lives.
- LC advised that staff were being encouraged to take up flu immunisation. ER noted the uptake by nursing staff was low and LC noted a potential concern regarding accessibility of clinics on the Acute site. Further communications would go out to staff and immunisation teams would go out into ward areas and consideration given to targeting staff groups attending meetings. LC will follow up with the immunisation team. **LC**

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

- The ASD & CD Well at Work Minutes of 23 September 2019 were noted, for information.

9.3 **Capital Projects Report**

- The September Capital Projects Report was noted, for information.

9.4 **Adverse Events Report: October 2018 to September 2019**

- The Adverse Events Report for the period October 2018 to September 2019 was noted, for information.
- LC advised the top 5 reporting incidents remained the same, with unwanted behaviours, violence and aggression being the top reporting incident.
- LC advised Stuart Armstrong continues to support front door staff with localised training.
- LC advised Ward 43 and Ward 13 (Surge) have reported the most infrastructure incidents due to low staffing levels, vacancies and unfunded beds.
- AV asked the reason why nursing staff would report such incidents in Datix where security have responded to requests for V&A assistance. LC advised a meeting had taken place between the security team and nursing staff and to reduce the potential for duplicate reporting of V&A incidents it had been agreed that nursing staff would report such incidents in Datix. LC agreed to pick this up with Kenny Green to support a formal explanation to security staff. **LC**

10 ISSUES FROM STAFF-SIDE

AV advised there had been one issue staff side colleagues had wished to raise but PH had been able to answer.

There were no new issues raised.

11 MINUTES FOR NOTING

11.1 **Capital Equipment Management Group Minutes: 4 July & 5 September 2019**

- The Capital Equipment Management Group Minutes of 4 July and 5 September 2019 were noted, for information.

12 HOW WAS TODAY'S MEETING?

- It was agreed this had been a good use of time and had covered current issues.
- It was noted there was some duplication of items between this meeting and the Acute Services Division Staff Governance Board, and consideration should be given as to whether these two meetings should be combined and become a 2-part meeting to take into account membership. AV/ER/AM to consider further. **AV/ER/AM**

12.1 **Issues for Next Meeting**

- There were no new issues for the next meeting.

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

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

13 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

13.1 JobTrain

- KL advised JobTrain is now live with face to face and LearnPro training sessions available.
- KL advised recruitment managers have been provided with a link for login. Managers are asked to respond within 24 hours of receiving the login request.

13.2 eEES

- KL advised manager sessions are ongoing and are timed before the payroll cut off to enable assistance to be provided to ensure staff pay is appropriately processed.
- KL advised managers are reminded to refer to SOPs and to read the notes if transactions are returned.
- KL advised managers are reminded to assign to another manager during periods of annual leave and to regularly check the transaction list. ER noted this function appeared to be available but noted several managers had been unable to input the alternative manager's details and issues in finding individual's names. KL to check. **KL**
- AM advised he had intended discussing with Jackie Millen the possibility of SCNs allocating these tasks to housekeepers and KL agreed to raise these two queries. KL to check. **KL**

POST MEETING NOTE: It is possible for a manager to set vacation rules within the system when they go on planned absence. The facility is accessed by selecting the vacation rules link below their work list, but there are some important considerations when setting up vacation rules. There is often an issue when finding individuals as the name must be entered in the correct format i.e. surname comma first name.

POST MEETING NOTE: Whilst the functionality exists within eESS to allocate a proxy to enter information on behalf of the allocated manager, NHS Fife's Executive Director Group agreed at the outset of the project that this functionality should not be permissible within NHS Fife.

13.3 New Parent & Child Bereavement Leave Circular

- KL advised a New Parent and Child Bereavement Leave

Circular has been received.

- KL advised this combines AFC terms and conditions for maternity/adoption/shared parent leave and pay and in respect of child bereavement leave sets out terms and conditions to support parents/carers with 2 weeks leave with pay up to 56 weeks following the death of a child.

13.4 **Changes to GP Out of Hours**

- AM understood there has been recent changes to GP out of hours and asked for an update.
- ER advised changes to GP out of hours in Glenrothes and St Andrews have been made and taken forward by H&SCP colleagues and Nicky Connor would be able to provide the necessary detail.

14 DATE OF NEXT MEETING

Thursday 19 December 2019 at 2.00 pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.

NHS Fife

TABLE OF ACTIONS
ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
31/10/19 Item 3	Application for Bereavement Leave across the Division AV to discuss further with SY and agreed this item should be carried forward to the next meeting.	**AV/SY**	Update at next meeting	
31/10/19 Item 5.2	Attendance Management Update KL to ask Rhona Waugh for clarity around the suspension of Review and Improvement Panels.	**KL**	Update at next meeting	
31/10/19 Item 5.2	Attendance Management Update Directorates would be asked to provide an update on their sickness absence at the November ASD Staff Governance Committee.	**GMs**	Update at next meeting	
31/10/19 Item 5.2	Attendance Management Update ER referred to Appendix 3 and asked about the high levels of sickness absence within Medical Support (average 5.70%). KL advised this group may be technical staff but agreed to check.	**KL**	**COMPLETED**	There is 32 staff coded to the medical support family within Acute. In the main, these are Operating Department Practitioners, Theatre Technicians and Medical Physicians.
31/10/19 Item 5.3	Feedback from NHS Fife Board & Executive Directors Team to review their Business Continuity Plans to ensure we are prepared in the event that BREXIT causes difficulties with service delivery and to confirm their status with GMcK.	**GMs**	Update at next meeting	
31/10/19 Item 7.1	Staff Briefings & Internal Communications To consider the day/time/format of the 2020 formal Staff Briefing Sessions in the Lecture Theatre.	**AV/ER/AM**	Update at next meeting	
31/10/19 Item 7.2	Staff Governance Action Plan 2019/20 AV/AM to take this forward and discuss at their next 1:1 meeting.	**AV/AM**	Update at next meeting	

31/10/19 Item 7.3	<u>iMatter</u> AM to ask Bruce Anderson for an update on progress within the Acute Division and this would be added as an Agenda item at the November ASD Staff Governance Committee meeting.	**AM**	Update at next meeting	Added as Agenda item to the November ASD Staff Governance Committee meeting.
31/10/19 Item 9.1	<u>Well at Work Update</u> LC to follow up uptake with Immunisation Team.	**LC**	Update at next meeting	
31/10/19 Item 9.4	<u>Adverse Events Report</u> LC agreed to support a formal explanation with Kenny Green regarding the reporting of V&A incidents by security staff.	**LC**	Update at next meeting	
31/10/19 Item 12	<u>How Was Today's Meeting?</u> Due to the duplication of items AV/ER/AM to consider whether the ASD & CD LPF and ASD Staff Governance Committee should become a 2-part meeting.	**AV/ER/AM**	Update at next meeting	
31/10/19 Item 13.2	<u>eESS</u> Managers had been unable to input an alternative manager's details and issues in finding individual's name during periods of annual leave.	**KL**	**COMPLETED**	It is possible for a manager to set vacation rules within the system when they go on planned absence. The facility is accessed by selecting the vacation rules link below their work list, but there are some important considerations when setting up vacation rules. There is often an issue when finding individuals as the name must be entered in the correct format i.e. surname comma first name.
31/10/19 Item 13.2	<u>eESS</u> KL to check whether SCNs could allocate tasks to housekeepers.	**KL**	**COMPLETED**	Whilst the functionality exists within eESS to allocate a proxy to enter information on behalf of the allocated manager, NHS Fife's Executive Director Group agreed at the outset of the project that this functionality should not be permissible within NHS Fife.

FTF Internal Audit Service

Follow-up of B13/18 – Fire Safety

Report No. B14/20

Issued To:

P Hawkins, Chief Executive
C Potter, Director of Finance

A Fairgrieve, Director of Estates, Facilities and Capital Services & Nominated Officer (Fire)
P Bishop, Head of Estates
J Ramsay, Estates Compliance Manager & Deputy Nominated Officer (Fire)
J Millen, Learning and Development Officer

M Olsen, Interim Chief Operating Officer, Acute Services Division
N Connor, Director of Health and Social Care
N Aitken, FHSCP Head of Corporate Services

Follow-Up Co-ordinator

Staff Governance Committee
Clinical Governance Committee
Clinical and Care Governance Committee

Audit and Risk Committee
External Audit

Contents

Draft Report Issued	18 October 2019
Management Responses Received	20 November 2019
Target Audit & Risk Committee Date	09 January 2020
Final Report Issued	**02 December 2019**

CONTEXT AND SCOPE

1. The NHS Fife Board Strategic Framework includes the objective of ensuring that '*NHS Fife's environment is clean, tidy, well maintained, **safe** and something to be proud of*'.

2. The NHS Fife Board Assurance Framework (BAF) describes the following risks which could threaten the achievement of this strategic objective – Quality and Safety – '*There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems) NHS Fife maybe unable to provide safe, effective, person centred care'* and Environmental Sustainability - '*There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation*'.

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

   Quality and Safety

   - '*Staff Learning & Development including corporate induction and in-house core training.*'

   Environmental Sustainability

   - '*Systems in place to comply with NHS Estates*'

4. NHS Fife's Fire Safety Policy (GP/F2) outlines the responsibilities of staff and managers for fire safety. The NHS Fife Fire Safety Procedures (GP/F2-1) also directs staff to the operational practices and systems necessary to meet the requirements of the Fire Safety Policy which are contained within.

5. Our Internal Audit Review of Fire Safety (B13/18), issued November 2018, assessed the system in place to be **Category C – Adequate** and included seven findings with an associated six priority 2 and six priority 3 recommendations. In this review we confirmed whether these recommendations had been adequately addressed and also reviewed the recently revised NHS Fife Fire Safety Procedures (GP/F2-1).

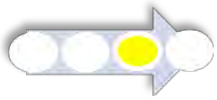
6. Staff and Patient Environment, which incorporates Fire Safety, has been identified within the strategic audit planning process as **Medium** and within the Client operational Estates and Facilities risk register as risk 1522 – Fire Safety with a rating of 10 – Moderate Risk.

7. Our audit evaluated the design and operation of the controls related to Fire Safety by specifically considering whether:

   - All recommendations included in Internal Audit Report B13/18 have been adequately addressed
   - The revised NHS Fife Fire Safety Procedures (GP/F2-1) are in line with the NHS Fife Fire Safety Policy (GP-F2) and the statutory requirements of all current Scottish government Fire safety legislation and mandatory guidance through NHS Scotland
   - The officers with responsibilities as 'Executive Service Leads (Fire)' and 'Responsible Person(s) (Fire)' clearly understand their respective roles.

AUDIT OPINION

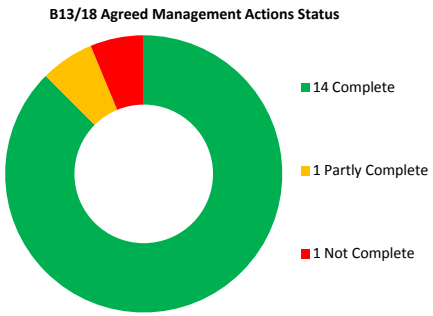
8. The Audit Opinion of the level of assurance is as follows:

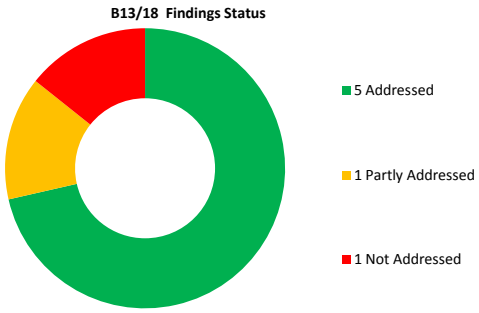
Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

FOLLOW-UP OF B13/18 – FIRE SAFETY

9. Our B13/18 – Fire Safety report included 7 findings and 12 recommendations with 16 management actions identified to address these. The graphs below illustrate the status of the agreed management actions and the findings they related to:





10. The control issues that have not yet been fully addressed both relate to the ability to readily identify areas/departments/wards or staff groups with low levels of compliance for staff attending fire safety training as the eESS system is not yet capable of producing this information (B13/18 Findings 1 and 2).

REVIEW OF DRAFT REVISED NHS FIFE FIRE SAFETY PROCEDURE (GP/F2-1)

11. We worked with the Estates Compliance Manager to revise the NHS Fife Fire Safety Procedure so that it is reflective of the mandatory requirements included at Annexe B of the NHS Scotland Fire Safety Policy [CEL 11 2011]. Following this review it became apparent that there was an element of duplication between the NHS Fife Fire Safety Policy and Procedure so further amendments have also been made to the Policy. The revised Policy and Procedure will be presented to the General Policies Group for approval.

12. The introduction of Standard Operating Procedures (SOPs) to outline process details for specific parts of the operational system for fire safety in NHS Fife is commended and we recommend that this approach be continued and further processes documented in this way (eg Fire Safety Training). This would allow the relevant sections in the NHS Fife Fire Safety Procedure to be further summarised with cross references to the relevant SOP.

NEW FIRE SAFETY ROLES

13. Following fire incidents at the main entrance area and the tower block of Victoria Hospital and it became apparent that fire safety responsibilities of staff and management during such incidents was not fully understood by staff in these areas and a processes review was undertaken by the Director of Estates, Facilities and Capital Services. This prompted an acceleration of the fire safety action plan drawn up by the Estates Compliance Manager following the transfer of responsibility for the fire safety service from Human Resources to Estates. Actions taken to date include:

    - Site Co-ordinators being trained at Victoria Hospital
    - Extra awareness sessions being provided
    - Development of the escalation process including whole site fire evacuation strategy for Victoria Hospital
    - Identification of senior staff for responding to fire alarm activations at all hospital sites
    - Establishment of the Estates Fire Safety Group, with an agreed Terms of Reference and Workplan, reporting to the Health and Safety Sub-Committee
    - Annual fire safety training plan developed
    - Monthly Fire Warden fire safety training sessions provided throughout NHS Fife
    - NHS Fife Fire Safety Intranet page updated for ease of use and for the ability to book fire safety training
    - Quarterly distribution of the fire safety memo informing staff and managers of evacuation strategies, fire action notices and staff and management responsibilities for fire safety
    - Development of a robust process for managing actions from fire risk assessments
    - Review of the process for recording fire activations.

14. The internal reviews undertaken by the Director of Estates, Facilities and Capital Services and by Internal Audit identified non compliance with fire safety training, fire risk assessment actions, cooperation with fire evacuation strategies and mandatory checklists. There was recognition that a lack of clear accountability for implementation of Firecode across all departments in NHS Fife was a contributory factor. A proposal is therefore to be submitted to NHS Fife's Executive Director's Group (EDG) to revise the responsibilities for fire safety included in the NHS Fife Fire Safety Policy and Procedure to identify Executive Service Leads and Responsible person(s) for fire safety in each directorate. The proposed changes to responsibilities are also included in the revised NHS Fife Fire Safety Policy and Procedure and will be formally communicated to the relevant managers and staff following their approval.

ACTION

15. 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

16. 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:

Progress has been made to record and report on attendees at Fire Safety training and this includes identifying the ward/department for attendees. The Estates Compliance Officer explained that a 'Non-Compliance' report is not available in the eESS system making it difficult to identify departments with low compliance.

Audit Recommendation:

When available the 'Non-Compliance' report from the eESS system should be used to identify areas/departments/wards with low levels of attendance at Fire Safety Training so that these areas/departments/wards can be supported to improve attendance.

The report should be developed to confirm that all staff who require more specialist training (eg Responsible Persons, Fire Wardens) receive this type of training.

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:

A development request for the eESS system will be submitted to the eESS National Team for it to be developed to allow non-compliance with mandatory training to be reported.

We will continue to consult with colleagues in Learning and Development regarding the availability of this functionality in the eESS system and will implement fire safety non-compliance reporting when this is available.

We are currently providing service manager's with lists of staff who have attended and asking them to make sure any of their staff who have not attended are booked on to training as soon as possible.

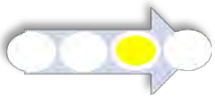
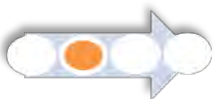
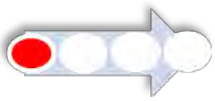
Action by:	Date of expected completion:
Development of eESS - **Jackie Millen, Learning and Development Officer**	31 March 2020
Liaising with Learning and Development colleagues - **Jimmy Ramsay, Estates Compliance Manager**	On-going

Action Point Reference 2		
Finding:		
A Standard Operating Procedure was developed for the management of Fire Alarm Activations allowing sufficient detail of this process to be recorded and referred to from the relevant section of the draft NHS Fife Fire Safety Procedure. There are further sections included in the draft Procedure that would lend themselves to this approach (eg Fire Safety Training).		
Audit Recommendation:		
Further Standard Operating Procedures should be developed for components of the operational system for fire safety in NHS Fife and the sections for these processes should be summarised in the NHS Fife Fire Safety Procedure and cross references to the appropriate SOPs added.		
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:		
The NHS Fife Fire Safety Procedure will be reviewed and Standard Operating Procedures will be produced for processes that would benefit from this approach.		
Action by:		**Date of expected completion:**
Jimmy Ramsay, Estates Compliance Manager		31 March 2020

Section 3 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 3 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.**	2 (Ref 1 & 2)