








Staff Governance Committee

30 August 2019, 10:00 to 12:00
Staff Club

Agenda

- | | | |
|------|---|---------------------|
| 1. | CHAIRPERSON'S WELCOME AND OPENING REMARKS | Margaret Wells |
| 2. | DECLARATION OF MEMBERS' INTERESTS | Margaret Wells |
| 3. | APOLOGIES FOR ABSENCE | Margaret Wells |
| 4. | MINUTES AND ACTION LIST OF PREVIOUS MEETING
HELD ON 28TH JUNE 2019 | Margaret Wells |
| |  Item 4 - Staff Governance Committee mins dated 062819 unconfirmed (2).pdf (7 pages) | |
| |  Item 4 Table of Actions from mtg on 28.06.19.pdf (2 pages) | |
| 5. | MATTERS ARISING | |
| 6. | BOARD ASSURANCE FRAMEWORK (BAF) - STAFF
GOVERNANCE RISKS | Barbara Anne Nelson |
| |  Item 6 SBAR Board Assurance Framework.pdf (3 pages) | |
| |  Item 6 NHS Fife BAF V15.0 310719 - Workforce Sustainability.pdf (2 pages) | |
| |  Item 6 BAF Risks - Workforce Sustainability Linked Operational Risks as at 310719.pdf (1 pages) | |
| 7. | STAFF HEALTH & WELL BEING | |
| 7.1. | Attendance Management Update | Rhona Waugh |
| |  Item 7.1 Staff Governance re Attendance Management - 30 8 19 (2).pdf (8 pages) | |
| 7.2. | Well at Work | Rhona Waugh |


 Item 7.2 Well at Work - 30 8 19 (2).pdf (2 pages)

8. FOCUS ON TREATED FAIRLY AND CONSISTENTLY WITH DIGNITY AND RESPECT STAFF GOVERNANCE STRAND

8.1. HR Policy Monitoring Update

Barbara Anne Nelson

 Item 8a OnceforScotlandPoliciesupdate.pdf (2 pages)

 Item 8a Briefing Note - 'Once for Scotland' Workforce Policies Programme - August 2019 V1.0.pdf (3 pages)

8.2. Dignity at Work Action Plan / Sturrock Report


Presentation

Barbara Anne Nelson

9. WORKFORCE STRATEGY

Barbara Anne Nelson

 Item 9SBAR Workforce Strategy.pdf (2 pages)

 Item 9- Workforce Strategy 2019 - Final (2).pdf (36 pages)

10. SAFE STAFFING LEGISLATION


0 minutes

Presentation

Helen Buchanan

11. TURAS UPDATE

Bruce Anderson

 Item 11 Turas Update August 19.pdf (3 pages)

12. HR COLLABORATIVE WORKING - National/Regional

Verbal

Barbara Anne Nelson

13. BREXIT UPDATE

Verbal


Barbara Anne Nelson

14. YOUNG PEOPLE'S WORKFORCE STRATEGY

Barbara Anne Nelson

 Item 14 Youth Employment Strategy.pdf (2 pages)

15. STAFF GOVERNANCE FUTURE DATES

-  Item 15 SG Schedule of Future Meeting Dates to 2021.pdf (1 pages)

16. INTEGRATED PERFORMANCE REPORT

Margaret Wells

-  Item 16 IPQR Aug 2019 v1.pdf (40 pages)

17. ISSUES TO BE HIGHLIGHTED TO THE BOARD:


Margaret Wells


17.1. From the Integrated Performance Report

17.2. In addition to the Integrated Performance Report

18. ITEMS FOR INFORMATION/NOTING

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

-  Item 18.1 APF Minutes240719 unconfirmed.pdf (7 pages)


-  Item 18.1 APF Action List 240719.pdf (7 pages)

18.2. Minutes of the Acute Services Division and Corporate Directorates LPF (27.06.19)

-  Item 15b ASD Corporate Directorates LPF Minute 270619.pdf (9 pages)

-  Item 15b ASD CD LPF Action List June 2019.pdf (1 pages)

18.3. Minutes and Action List of H&SC LPF (26.06.19)

-  Item 18.3 LPF Minute 26 06 19 unconfirmed most updated.pdf (10 pages)

19. ANY OTHER BUSINESS

19.1. Add a subitem

Barbara Anne Nelson

-  Item 19 AOCB SBAR Winter Report 071118 v2.1.pdf (3 pages)

-  Item 19 AOCB NHS Fife Winter Plan 2019-20 v1.2.pdf (15 pages)

20. DATE OF NEXT MEETING - Friday 1st November 2019 at 10:00 hrs in the Staff Club

MINUTE OF THE STAFF GOVERNANCE COMMITTEE HELD ON FRIDAY 28 JUNE 2019 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:

Mrs M Wells, Non-Executive Director (**Chairperson**)
Mrs W Brown, Employee Director (until item 72/19)
Mr E Clarke, Non-Executive Director
Mr S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum

In Attendance:

Mr B Anderson, Head of Staff Governance
Ms L Donovan, General Manager eHealth (items 58/19 to 63/19)
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Ms BA Nelson, Director of Workforce
Ms J Owens, Associate Director of Nursing
Mrs E Ryabov, Chief Operating Officer (Acute) (until item 71/19)
Mrs R Waugh, Head of HR
Mrs P King, Corporate Services Manager (Minutes)

58/19 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Ms Donovan, General Manager, eHealth, presenting under item 63/19. 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 future reference.

59/19 DECLARATION OF MEMBERS' INTERESTS

None.

60/19 APOLOGIES FOR ABSENCE

Apologies were received from Mrs Buchanan, Mrs Cooper and Mr Hawkins. Ms Owens was deputising for the Director of Nursing.

61/19 MINUTE AND ACTION LIST OF THE PREVIOUS MEETING HELD ON 3 MAY 2019

The Minute of the previous meeting was approved.

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

62/19 MATTERS ARISING

None.

63/19 DIGITAL READINESS

Ms Donovan, Head of eHealth, gave a presentation on Digital Fitness and the training implications of that for the workforce in NHS Fife. A number of points were made about gathering staff views on using digital technology and the barriers staff encounter, the need for the organisation to become more digitally enabled particularly around the transformational agenda and how to deliver services and health care in a different way and ensuring that training is delivered and available when users need it.

The Chair thanked Ms Donovan for her presentation and suggested it would be useful to be kept advised of progress in due course.

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

64/19 BOARD ASSURANCE FRAMEWORK (BAF) – STAFF GOVERNANCE RISKS

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

The only remaining operational risk related to the national shortage of consultant radiologists. A query was raised about the level of the risk given it had been on the register for some time. Ms Nelson explained that there had been different elements to the risk over that time with different arrangements in place to mitigate the risk but as there was still a national shortage the risk remained high in addition to the strength of the arrangements in place at any given time. The Committee asked that the risk be discussed with the risk owner and any change to be notified to the Committee at its next meeting, otherwise it will come to the Committee following its next review date in October 2019.

Action: E Ryabov

The Committee **approved** the content and risk ratings of the updated Staff Governance element of the Board Assurance Framework subject to the action to be taken noted above.

65/19 STAFF HEALTH & WELLBEING

a) Attendance at Work

Mrs Waugh spoke to the paper that provided an overview of sickness absence over the last 12 months and first month of the new financial year. The NHS Fife average sickness absence rate for 2018/19 was 5.38% a decrease of 0.26% compared with 2017/18. The position for March 2019 was 5.34% rising to 5.42% in April 2019. Analysis of the statistics was set out on pages 3-6 of the report with the specific WTE/hours lost on page 4. Further narrative would be included in future reports to provide more context around some of the statistics.

Action: R Waugh

Attention was drawn to the considerable efforts being taken on the Board's recovery plans noting in particular the trajectory setting work, promoting attendance events and review and improvement panels all designed to work towards the challenging target to reduce sickness absence by 0.5% as outlined in the recently issued NHS circular on Promoting Attendance.

The importance of return to work interviews and contact with members of staff was emphasised and the Committee noted that an audit had been planned to look at this within all areas of the Board.

Discussion took place on medical and dental absence, the reporting of which did not include doctors in training who are employed by NHS Lothian but managed locally in NHS Fife. Mrs Waugh would ensure the junior doctor absence rate is included in future reports to the Committee. Feedback on the impact of the review and improvement panels on sickness absence would also be reported back to the Committee in due course.

Action: R Waugh

The Committee **noted** the sickness absence position for the 2018/19 financial year and also for April 2019.

b) Well at Work

Mrs Waugh spoke to the update paper on the latest Well at Work (Healthy Working Lives) activity, highlighting in particular that NHS Fife has successfully retained the Gold Healthy Working Lives Award for a further year, the Staff Health and Wellbeing Strategy will be updated for submission to a future Committee meeting and a session has been arranged looking at a new strand of work in relation to diabetes and what that means for staff health and wellbeing.

The Committee **noted** the ongoing activities in support of Well at Work and congratulated everyone involved in retaining the Gold Healthy Working Lives Award.

66/19 FOCUS ON APPROPRIATELY TRAINED AND DEVELOPED STAFF GOVERNANCE STRAND

a) KSF/Turas Update

Mr Anderson highlighted action taken to date in order to meet the challenging October target of 80%+ in relation to Turas PDP completion as agreed by the Executive Directors Group (EDG) along with the position for each Directorate to meet the agreed recovery plan.

The HR team continued to support managers and staff with training on

the system and a dashboard would be produced for managers to check compliance of their staff as part of the work being undertaken nationally to develop TURAS around July/August 2019. Another column would be added to the report to show the variance in the figures.

Action: B Anderson

The Committee **noted** progress in relation to the recovery plan.

b) Core Training Update

Members were updated on NHS Fife Core Skills compliance performance in the rolling year 1 June 2018 to 31 May 2019 noting overall performance was at 72% in the nine subject areas. The improvement in both the Acute Division and Health & Social Care Partnership (H&SCP) was recognised. Issues within corporate remained mainly due to Estates & Facilities staff who did not have computer access and work is underway to capture and monitor the training activity in recent months.

Discussion took place on some of the specific core skills where compliance appeared low, for example Equality & Diversity, Protection for All and HAI in the H&SCP. Explanations were provided and individuals would follow up as necessary.

Action: M Kellet/J Owens

The Committee **noted** the performance in Core Skills training activity and the improved compliance position.

68/19 WORKFORCE STRATEGY 2019/22

Ms Nelson presented the draft Workforce Strategy 2019/22 produced in line with the new three year financial planning framework that applies to all NHS Boards. All key stakeholders had the opportunity to input to the document that covered all NHS Fife staff, including those who work in Fife's H&SCP. The document outlined elements of "what we said and what we did" and had a "high level" action/implementation plan detailing the main themes being progressed. An integrated approach had been taken to workforce planning within NHS Fife and the H&SCP and assurance was provided by the Director of Workforce and the Director of Health & Social Care that the NHS Fife Draft Workforce Strategy and the Integration Joint Board Workforce Strategy were integrated and aligned.

Reference was made to the Youth Employment Strategy narrative that would be expanded upon as work develops in this area. Members were pleased to note that NHS Fife would take on modern apprentices into current vacant posts and would therefore be paid the rate of that post.

The Committee **approved** the content of the draft Workforce Strategy, for further consideration at the Board meeting on 31 July 2019. The Chair, on behalf of the Committee, thanked everyone who had inputted to the document.

69/19 ELECTRONIC EMPLOYEE SUPPORT SYSTEM (eESS) UPDATE

The Committee **noted** the successful roll-out of the eESS interface on 1 April 2019 and **noted** the further implementation plan for JobTrain between July and September 2019 within NHS Fife.

70/19 BREXIT UPDATE

Ms Nelson informed Members that a letter had been received from Shirley Rogers, Director of Workforce, Scottish Government, mainly related to medicines. Communication continued with staff that may be affected in order to support them and encourage them to apply for settled status.

The Board **noted** the update provided.

71/19 NURSING AND MIDWIFERY RECRUITMENT

Ms Owens spoke to the paper that provided an update on recruitment activity in nursing and midwifery across NHS Fife, noting in particular information on vacancies, recruitment which saw 201 students recruited in 2019, return to practice, HNC and age profile, contract type and gender. Attention was drawn to the positive range of recruitment initiatives that was set out in the paper. Questions were asked about the age profile of staff and the need to try and take advantage of the experience of staff over 55 who may be thinking about retiring and the numbers of staff choosing to retire and then returning to work.

Mrs Ryabov left the meeting.

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

Mrs Brown left the meeting. The Committee recognised it was not quorate at this point. However, it was confirmed that given there were no further items to be approved the Committee could proceed.

72/19 WHISTLEBLOWING – STURROCK REPORT

Ms Nelson alerted Members to the publication of the “Sturrock” Report, an independent external review into “Cultural Issues related to allegations of Bullying and Harassment in NHS Highland. The Cabinet Secretary had requested all Boards to undertake an initial assessment against the themes and issues within the Sturrock Report and this had been completed in partnership with the Employee Director. Discussion took place at the Board Development Session in June 2019 and further discussion would take place at the Area Partnership Forum and Local Partnership Forums particularly looking at values and behaviours as every member of staff sets the culture of an organisation.

Scottish Government had responded to the review and notably within that intimated the intention to create an additional Non Executive Director position with a particular responsibility for Whistleblowing.

This was an extremely important piece of work and further reports would be

submitted to the Committee and other forums. An action plan would also be produced but Ms Nelson emphasised that whilst the action plan is important to ensure that we capture everything it is the design of any interventions and content of discussions that are crucial.

The Committee **noted** the content of the Review and the Scottish Government's response to it, in addition to the internal work planned to address its recommendations and **agreed** that the Committee receive the presentation given at the Board Development Session at its next meeting in August 2019.

Action: B A Nelson

73/19 iMATTER UPDATE

Mr Anderson referred to the report that updated Members of the progress of iMatter and was pleased to advise that all Directorates with the exception of Estates and Facilities will receive Directorate reports. Mr Kellet commented that the Health & Social Care Partnership had also received a report for this year.

In response to a question from Mr Fevre, Ms Nelson confirmed that the Board report will look at any organisational issues arising from the survey.

The Committee **noted** the improvement in response rates for this year's iMatter cycle and the continued activity across the organisation to increase action plans. The Chair, on behalf of the Committee, thanked all staff involved for the significant achievement.

74/19 STAFF GOVERNANCE ANNUAL WORKPLAN 2019/20 – UPDATED

The Committee **noted** the updated workplan for 2019/20.

75/19 INTEGRATED PERFORMANCE REPORT

The Committee had already discussed most of the key items from the Integrated Performance Report. Attention was drawn to the improvement in the Occupational Health Management Referrals and Pre-Employment Checks Key Performance Indicators.

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

76/19 ISSUES TO BE HIGHLIGHTED TO THE BOARD:

a) From the Integrated Performance Report

The following items would be highlighted to the Board:

- Sickness Absence;
- iMatter;
- Turas

b) In addition to the Integrated Performance Report

The following items would be highlighted to the Board:

- Sturrock Report

77/19 ITEMS FOR INFORMATION/NOTING

The below-noted minutes were noted:

- a) **Minutes and Action List of the Area Partnership Forum (22.05.19)**
- b) **Minutes of the Acute Services Division and Corporate Directorates LPF (25.04.19)**
- c) **Minutes and Action List of Health & Social Care Local Partnership Forum (01.05.19)**

78/19 ANY OTHER BUSINESS

None.

79/19 DATE OF NEXT MEETING:

Friday 30 August 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy

**TABLE OF ACTIONS from
STAFF GOVERNANCE COMMITTEE MEETING
held on 28th June 2019**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
59/17	National HR Shared Services – BAN to bring updates as appropriate	BAN	Ongoing	Ongoing
63/18 13/19	Remuneration Sub-Committee Terms of Reference – amended and being presented to next Remun Sub Cttee, then will come back to Staff Governance	BAN	30.08.19	Completed Confirmed that in terms of governance the ToR will be agreed at the next Rem Cttee meeting on 11.07.19. As this Cttee will be a direct report to the Board as agreed by the Board there will be no further formal governance link between Rem Comm and the SGC.
07/09	Christina Cooper, BA Nelson, Rhona Waugh to meet and discuss Single Gateway	BAN	Ongoing	Completed
15/19	Issues to be highlighted to Board	BAN	31.07.19	Reported to Board
51/19	Staff Governance standards to appear higher on the agenda	BAN	29.05.19	On agenda
64/19	BAF – Staff Governance risks. ER to discuss with J Burdock as Risk Owner if any change to Risk 90 (National shortage of Radiologists). Any change to be notified to August SGC meeting. If no change, to be reported to the Cttee following its next review date in October 2019.	ER	30.08.19	On agenda
65/19	Attendance at Work – reports. Further narrative to be included in future reports to provide more context regarding the statistics.	RJW	30.08.19	On agenda

File Name Staff Governance Action List

Issue 1

Date: From meeting on 28th June 2019

Originator: H Bailey

Page 1 of 2

65/19	Attendance at Work – Reporting of Medical & Dental absence excluding Doctors in Training employed by NHS Lothian. Future report to include this data.	RJW	30.08.19	On agenda
66/19	KSF Turas update Include an additional column to show variance in figures reported.	BA	30.08.19	On agenda
66/19	Core Training Update – discussion on low compliance in some areas of Core Training, eg. Equality & Diversity, Protection for All and HAI in the H&SCP. Follow up enquiries to be undertaken regarding compliance levels.	MK/JO	30.08.19	Report at meeting
72/19	Whistleblowing/Sturrock Report BAN to give presentation to Board Development Session and thereafter Staff Governance Committee	BAN	30.08.19	On agenda

Report to Staff Governance Committee

DATE OF MEETING:	Friday 30 August 2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Workforce Sustainability
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

Purpose of the Report		
For Decision	For Discussion	For Information

SBAR REPORT

Situation

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

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

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

This report provides the Committee with the latest version of the NHS Fife BAF, further to the update provided at the last meeting on 28 June 2019.

Background

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

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

The Committee is invited to consider the following:

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

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

Assessment

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

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

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

90	National shortage of Consultant Radiologists
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There was discussion at the previous meeting by the Chief Operating Officer who wished to review this risk in terms of score. It was agreed that this will be advised at the next meeting on 30 August 2019.

Recommendation

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

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

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

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review		Initial Score	Current Score																		
Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score

[illegible]

/2

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

Previously Linked Operational Risk(s)

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

	90	ID
Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register		
	23.08.2002	Position of Risk (Risk Register) Opened
	National Shortage of Radiologists	Title
There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.		
5 - Almost Certain - Expected to occur frequently - more likely than not		Likelihood (initial)
4 - Major		Consequence (initial)
High Risk		Risk level (initial)
20		Rating (initial)
23/01/2019 All other previous actions continue. Recruitment March 2019 was unsuccessful with no interviewee. An NHS locum for a fixed term is being pursued, awaiting completing of forms and visa application. Lothian Posts with PA's in fife pursued.		
Current Management Actions		
4 - Likely - Strong possibility this could occur		Likelihood (current)
4 - Major		Consequence (current)
High Risk		Risk level (current)
16		Rating (current)
2 - Unlikely - Not expected to happen - potential exists		Likelihood (Target)
4 - Major		Consequence (Target)
Moderate Risk		Risk level (Target)
8		Rating (Target)
Burdock, Jeanette		Risk Owner
Burdock, Jeanette		Handler
23.04.2019		Previous Review Date
23.10.2019		Next Review

REPORT TO STAFF GOVERNANCE COMMITTEE



DATE OF MEETING:	Friday 30 August 2019
TITLE OF REPORT:	Attendance Management Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

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

SBAR REPORT

Situation

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

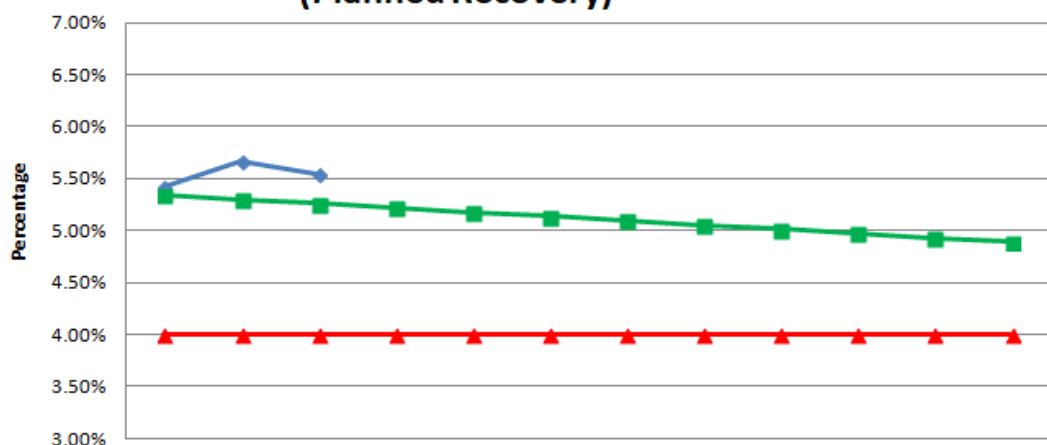
Background

1. CURRENT NHS FIFE SICKNESS ABSENCE DATA

- 1.1 The NHS Fife sickness absence rate for June 2019 was 5.55%, a decrease of 0.11% from the May 2019 absence rate of 5.66%. This was as a result of a decrease in the absence rate within the Health and Social Care Partnership and increases in the Acute Services Division and Corporate Services Directorates absence rates.
- 1.2 The NHS Fife average rate was 0.57% above the NHS Scotland average rate for the month of June 2019.
- 1.3 As detailed in Graph1 below, the trajectory for sickness absence is to achieve a rate of 4.89% by the end of March 2020. NHS Fife are currently 0.29% above the 5.55% trajectory rate set for June 2019.

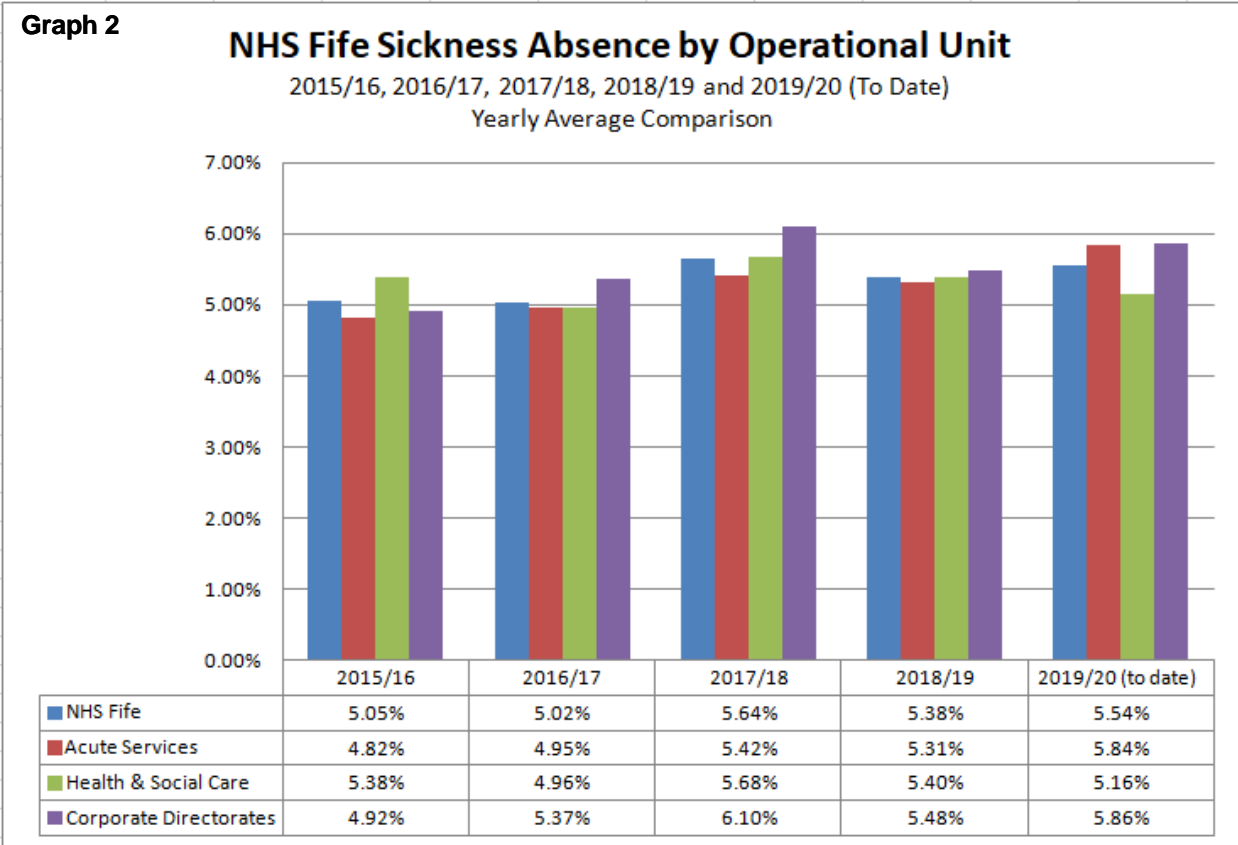
Graph 1

NHS Fife Sickness Absence (Planned Recovery)



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

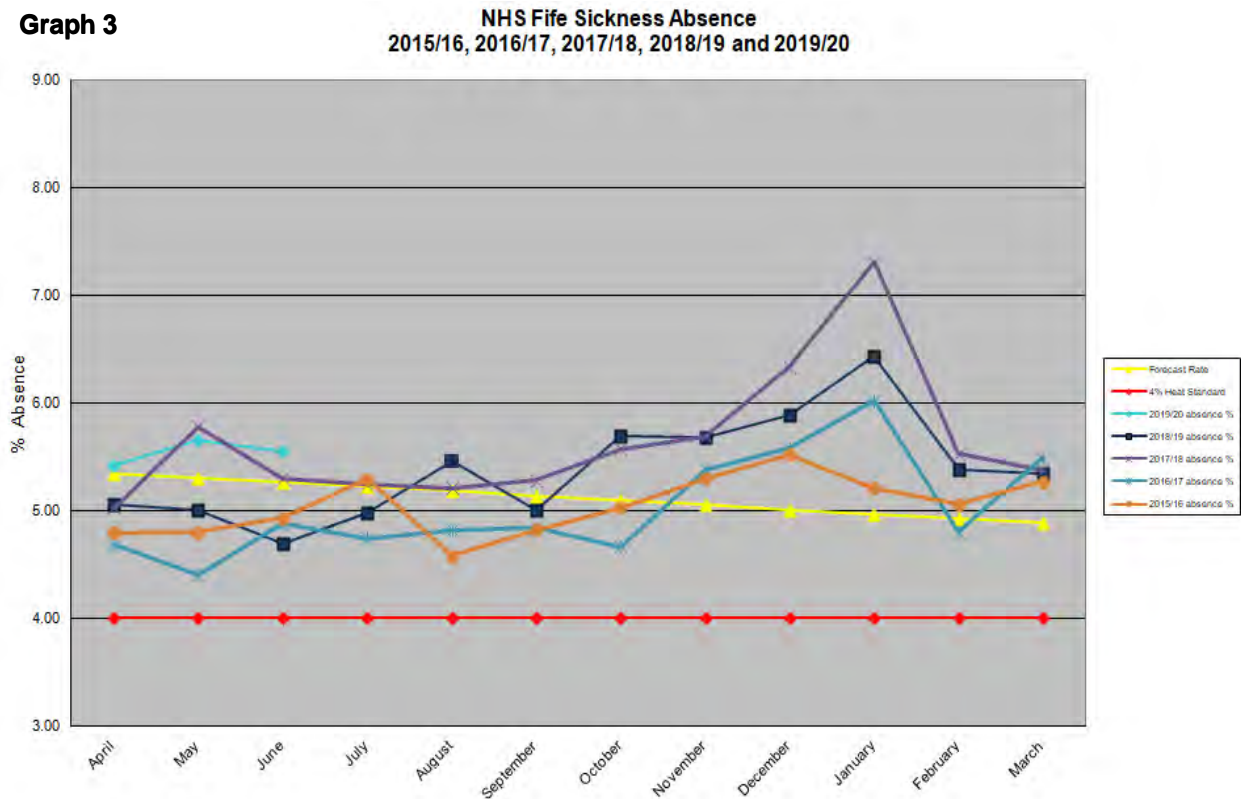
1.4 NHS Fife's average sickness absence rates by Operational Unit are detailed in Graph 2 below.



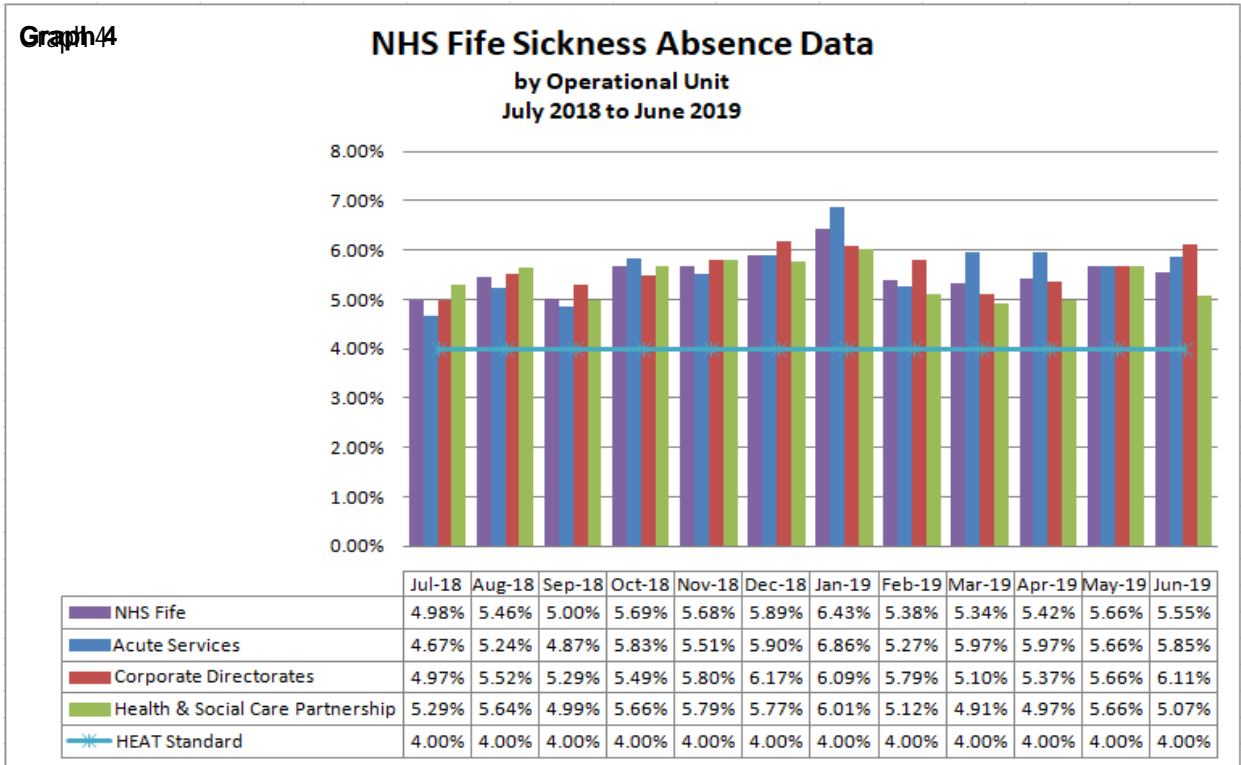
1.5 NHS Fife's Sickness Absence Rates for the rolling 12 month period to June 2019 are detailed in the table below. This highlights that the sickness absence rates were at their highest within all operational units for the month of January 2019.

Area	July 2018 % Rate	Aug 2018 % Rate	Sept 2018 % Rate	Oct 2018 % Rate	Nov 2018 % Rate	Dec 2018 % Rate	Jan 2019 % Rate	Feb 2019 % Rate	Mar 2019 % Rate	April 2019 % Rate	May 2019 % Rate	June 2019 % Rate
Acute Services Division	4.67	5.24	4.87	5.83	5.51	5.90	6.86	5.27	5.97	5.97	5.71	5.85
Health & Social Care	5.29	5.64	4.99	5.66	5.79	5.77	6.01	5.12	4.91	4.97	5.44	5.07
Corporate Services	4.97	5.52	5.29	5.49	5.80	6.17	6.09	5.79	5.10	5.37	6.09	6.11
NHS Fife	4.98	5.46	5.00	5.69	5.68	5.89	6.43	5.38	5.34	5.42	5.66	5.55

1.6 NHS Fife's sickness absence rates for the rolling years from 2015/16 to 2019/20 are detailed in Graph 3 below. This shows that performance in the first quarter of the 2019/20 financial year has increased by 0.62% when compared with the 2018/19 financial year.



1.7 Locally produced comparative sickness absence information for the rolling financial year for each area of NHS Fife is summarised in Graph 4 below, for ease of reference.



2. ANALYSIS OF STATISTICS

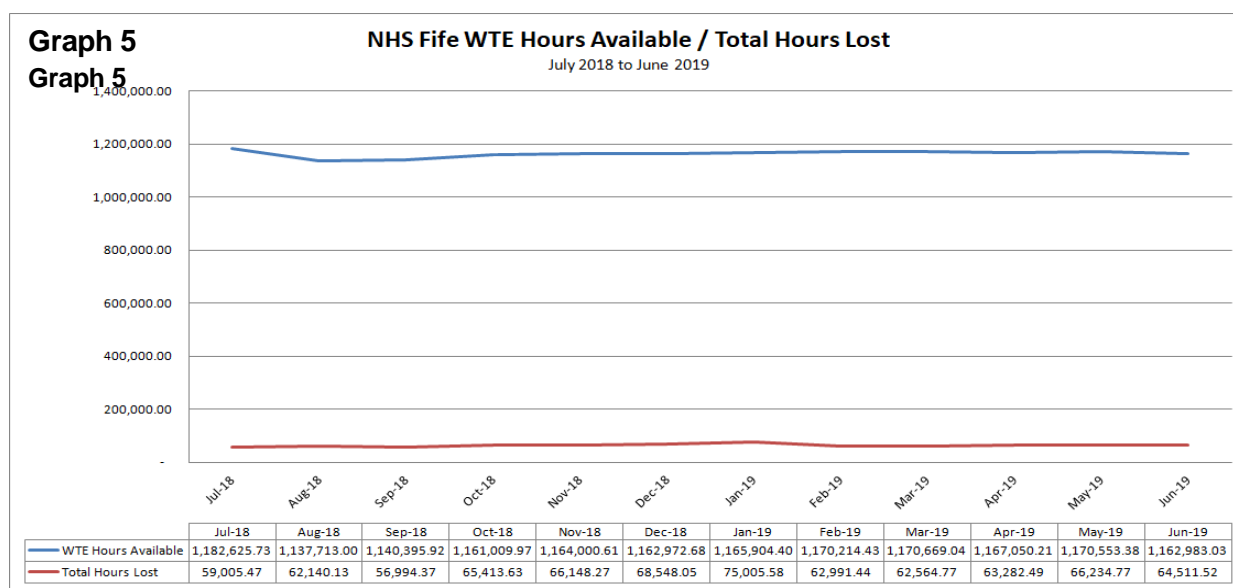
2.1 Further analysis shows that the 64,511.52 contracted hours lost for the month of June 2019 would equate to an additional 401.40 whole time equivalent staff, as detailed below.

NHS Fife Summary						Corporate Services Division					
June 2019						June 2019					
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	NHS Fife Average	WTE Lost	Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	189339.68	8664.76	4.58%	5.55%	53.91	Administrative Services	43098.59	1727.99	4.01%	6.11%	10.75
Allied Health Professionals	101745.14	4212.41	4.14%	5.55%	26.21	Allied Health Professionals	456.57	0.00		6.11%	0.00
Dental Support	10646.30	215.60	2.03%	5.55%	1.34	Dental Support	0.00	0.00		6.11%	0.00
Healthcare Sciences	26642.51	680.58	2.55%	5.55%	4.23	Healthcare Sciences	1271.86	0.00		6.11%	0.00
Medical & Dental	65722.89	1114.50	1.70%	5.55%	6.93	Medical & Dental	3380.85	96.00	2.84%	6.11%	0.60
Medical Support	4917.87	647.50	13.17%	5.55%	4.03	Medical Support	0.00	0.00		6.11%	0.00
Nursing and Midwifery	584505.16	37508.97	6.42%	5.55%	233.39	Nursing and Midwifery	8946.52	87.00	0.97%	6.11%	0.54
Other Therapeutic	46130.58	1996.19	4.33%	5.55%	12.42	Other Therapeutic	163.06	0.00		6.11%	0.00
Personal And Social Care	8059.48	262.50	3.26%	5.55%	1.63	Personal And Social Care	789.21	15.00	1.90%	6.11%	0.09
Senior Managers	4570.01	300.00	6.56%	5.55%	1.87	Senior Managers	3917.77	300.00	7.66%	6.11%	1.87
Support Services	120703.42	9020.51	7.47%	5.55%	56.13	Support Services	119725.06	8885.51	7.42%	6.11%	55.29
NHS Fife Average	1162983.03	64511.52	5.55%	5.55%	401.40	Corporate Services Division Average	181749.50	11111.50	6.11%	6.11%	69.14
Clinical	848369.93	46638.25	5.50%		290.19	Clinical	15008.07	198.00	1.32%		1.23
Non-clinical	314613.11	17985.27	5.72%		111.91	Non-clinical	166741.43	10913.50	6.55%		67.91

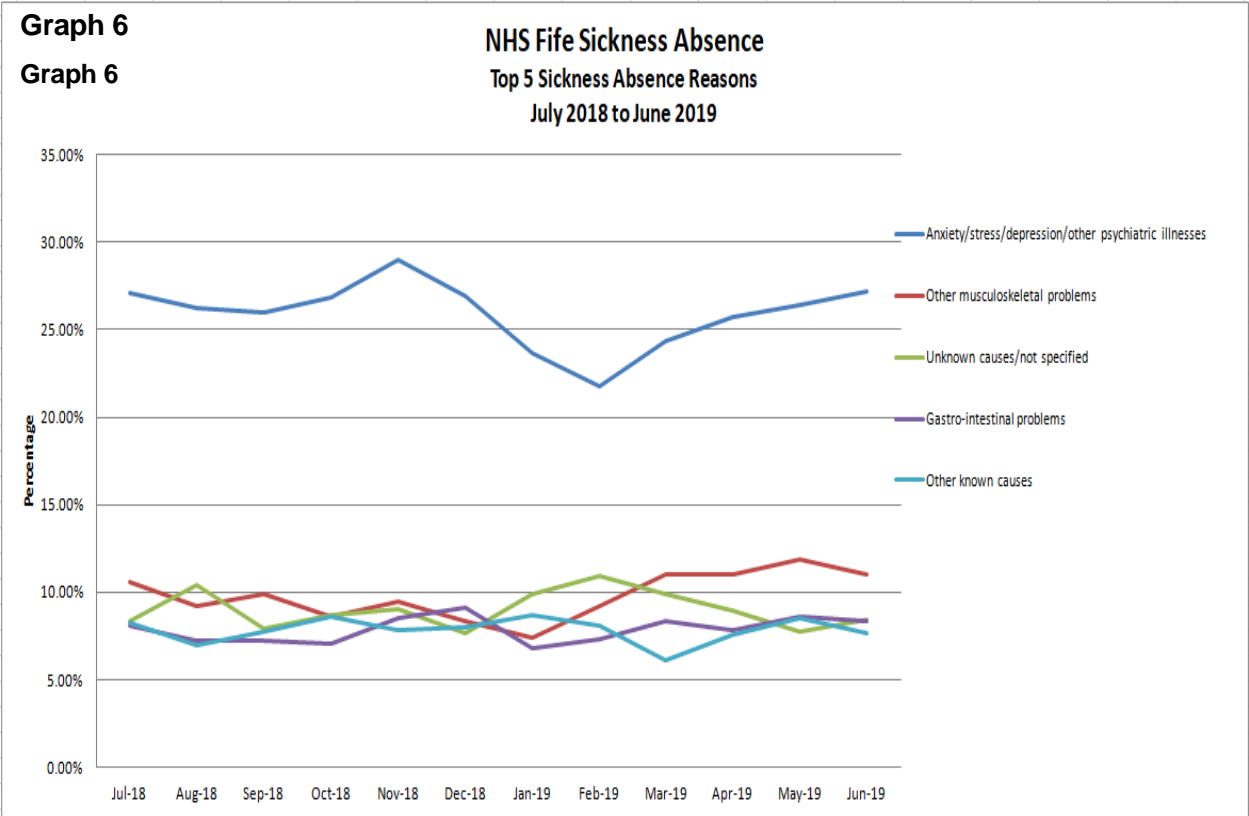
Acute Services Division						Health & Social Care Partnership					
June 2019						June 2019					
Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost	Staff Group	Contracted Hours	Working Hours Lost	% Sickness	Division Average	WTE Lost
Administrative Services	87696.94	4769.77	5.44%	5.85%	29.68	Administrative Services	58087.58	2167.00	3.73%	5.07%	13.48
Allied Health Professionals	29421.35	1916.58	6.51%	5.85%	11.93	Allied Health Professionals	71573.72	2295.83	3.21%	5.07%	14.29
Dental Support	1576.37	75.10	4.76%	5.85%	0.47	Dental Support	9069.93	140.50	1.55%	5.07%	0.87
Healthcare Sciences	24672.75	680.58	2.76%	5.85%	4.23	Healthcare Sciences	697.89	0.00		5.07%	0.00
Medical & Dental	47531.89	760.50	1.60%	5.85%	4.73	Medical & Dental	14810.14	258.00	1.74%	5.07%	1.61
Medical Support	4754.81	647.50	13.62%	5.85%	4.03	Medical Support	163.06	0.00		5.07%	0.00
Nursing and Midwifery	281187.50	19062.10	6.78%	5.85%	118.61	Nursing and Midwifery	293923.26	18247.87	6.21%	5.07%	113.54
Other Therapeutic	935.96	6.50	0.69%	5.85%	0.04	Other Therapeutic	44901.12	1989.69	4.43%	5.07%	12.38
Personal And Social Care	163.06	0.00		5.85%	0.00	Personal And Social Care	7107.21	247.50	3.48%	5.07%	1.54
Senior Managers	652.24	0.00		5.85%	0.00	Senior Managers	0.00	0.00		5.07%	0.00
Support Services	978.36	135.00	13.80%	5.85%	0.84	Support Services	0.00	0.00		5.07%	0.00
Acute Services Division Average	479571.23	28053.63	5.85%	5.85%	174.56	Health & Social Care Average	500333.91	25346.39	5.07%	5.07%	157.71
Clinical	390243.70	23148.86	5.93%		144.04	Clinical	442246.33	23179.39	5.24%		144.23
Non-clinical	89327.53	4904.77	5.49%		30.52	Non-clinical	58087.58	2167.00	3.73%		13.48

2.2 In relation to the Acute Services Division, Nursing and Midwifery staff lost the most available hours within each of the operational business units, equating to 19,062.10 hours lost, which would equate to an additional 118.61 wte staff for the month of June 2019. Support Services lost the most available hours within the Corporate Services Division, equating to 8,885.51 hours lost or 55.29 wte additional staff for the month of June 2019. Nursing and Midwifery staff lost the most available hours within each of the operational units of the Health & Social Care Partnership, equating to 18,247.87 hours lost or 113.54 wte staff for the month of June 2019.

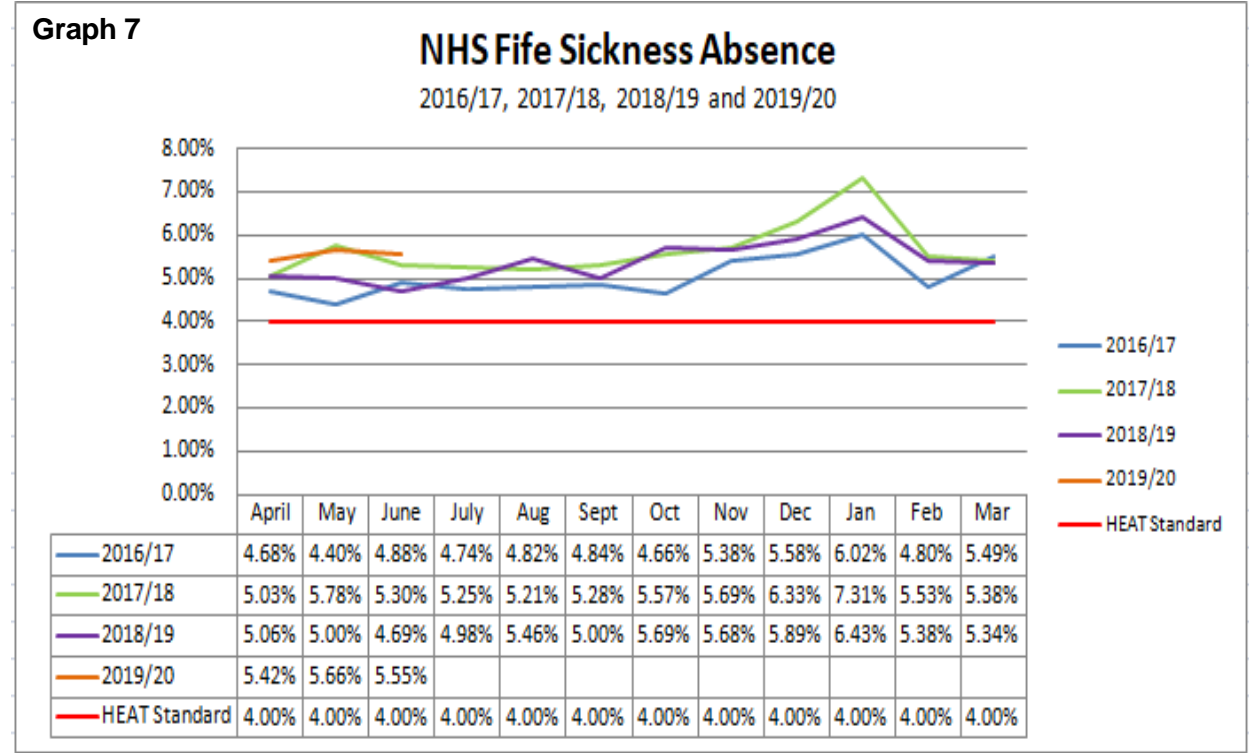
2.3 Graph 5 below details the Total WTE Hours available within NHS Fife and the Total Absence Hours lost. This confirms that the WTE Hours available continued to be consistent over the last year.



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



2.4 The sickness absence rates for NHS Fife for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 7 below. The average sickness absence rate for NHS Fife for the first quarter of the 2019/20 financial year was 5.54%, an increase of 0.62% when compared with the first quarter of the 2018/19 financial year.



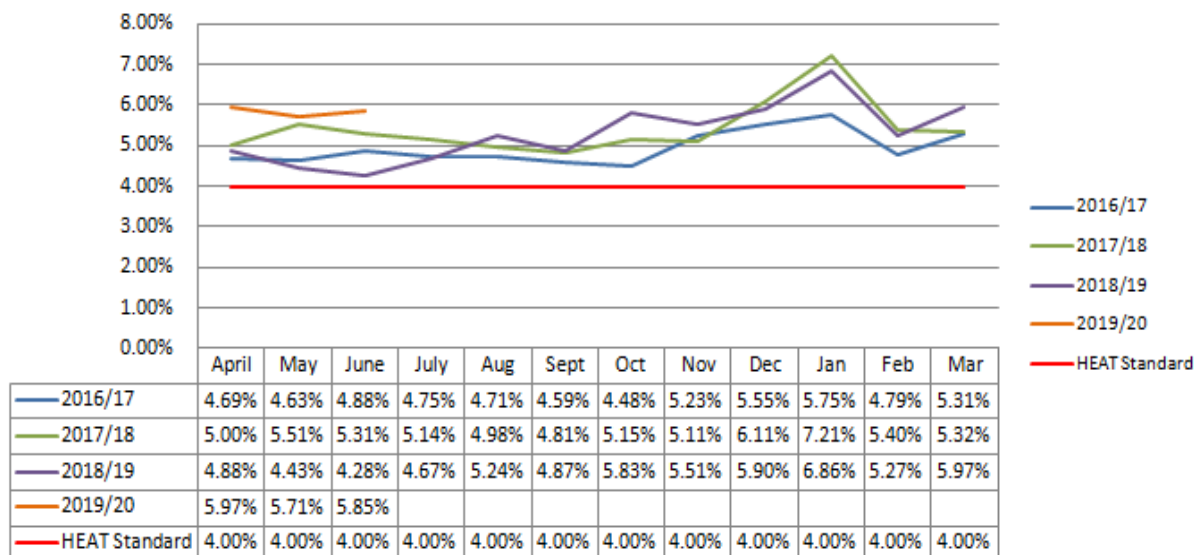
- 2.5 The sickness absence rates for the Acute Services Division for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 8 below. The average sickness absence rate for the Acute Services Division for the first quarter of the 2019/20 financial year was 5.84%, an increase of 1.31% when compared with the first quarter of the 2018/19 financial year.

Graph 7

Graph 8

Acute Services Division Sickness Absence

2016/17, 2017/18, 2018/19 and 2019/20



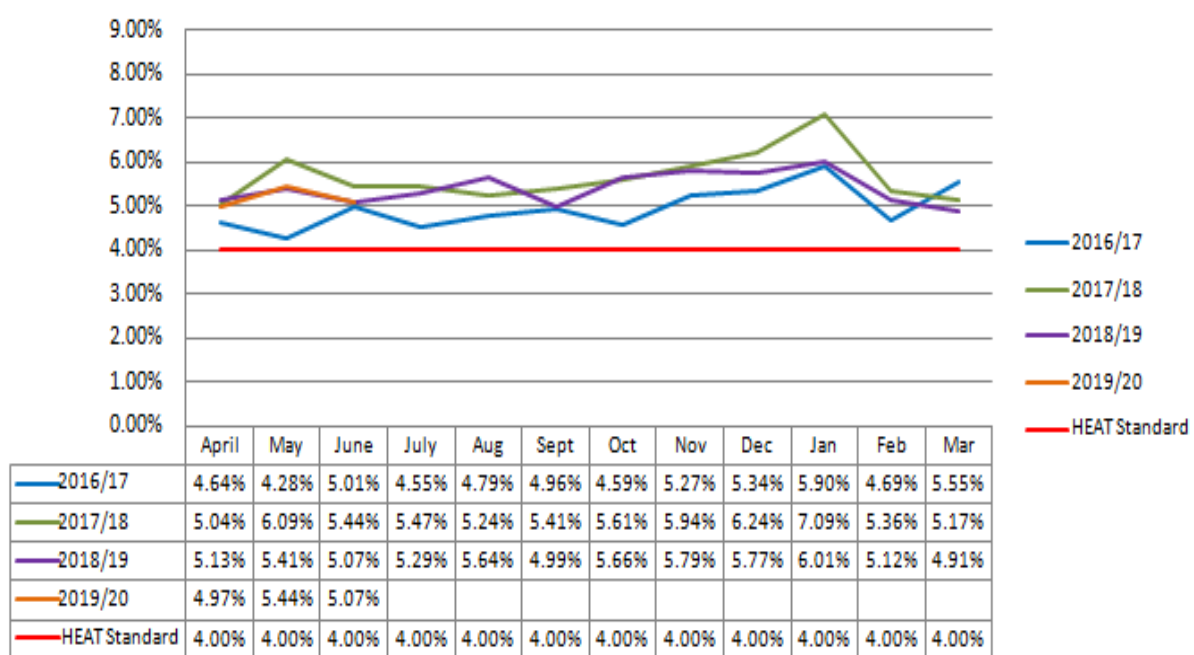
- 2.6 The sickness absence rates for the Health and Social Care Partnership for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 9 below. The average sickness absence rate for the Health and Social Care Partnership for the first quarter of the 2019/20 financial year was 5.16%, a decrease of 0.04% when compared with the first quarter of the 2018/19 financial year.

Graph 8

Graph 9

Health & Social Care Partnership Sickness Absence

2016/17, 2017/18, 2018/19 and 2019/20

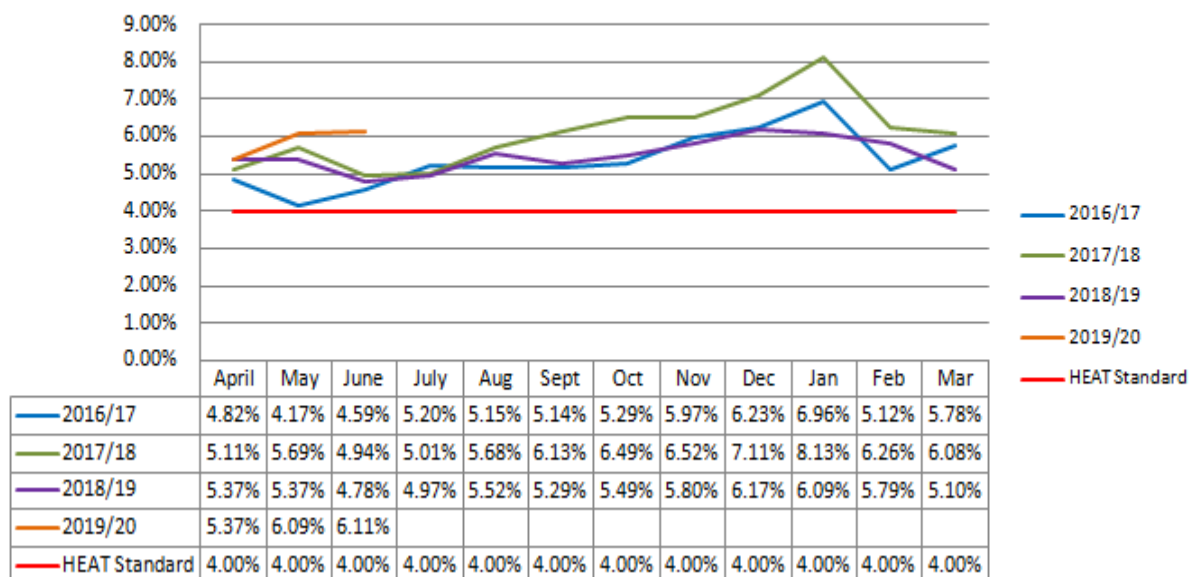


- 2.7 The sickness absence rates for the Corporate Directorates for the 2016/17, 2017/18, 2018/19 and 2019/20 financial years are detailed in Graph 10 below. The average sickness absence rate for the Corporate Directorates for the first quarter of the 2019/20 financial year was 5.86%, an increase of 2.48% when compared with the first quarter of the 2018/19 financial year.

Graph 10
Graph 9

Corporate Directorates Sickness Absence

2016/17, 2017/18, 2018/19 and 2019/20



Assessment

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

- Myth Busting sessions, in partnership with Staff Side colleagues, are taking place to assist Managers with the implementation of the new circular PCS(AFC)2019/2.
- Trajectory setting from April 2019 has taken place for all operational units of the Board to work towards achieving the reductions set out in the above circular. On-going monitoring of performance versus trajectory for each area is being provided on a monthly basis to General Managers and Executive Directors.
- Implementation of early referrals to Occupational Health for staff absent due to Mental Health related reasons for absence is continuing.
- Review & Improvement Panels have recently taken place within H&SCP East, West and Fife-wide Divisions, Planned Care, and Pharmacy Services.
- The format of all Review & Improvement Panels will be revised following the success of the revisions made to the Women, Children and Clinical Services panels.
- A second Promoting Attendance event took place on Friday 9 August 2019, with over 35 managers from all Divisions of the Board participating, alongside staff side colleagues. We heard from Dr Mairiead MacLennan, a manager within the Fife Area Laboratories, about the work she has been investing in to support staff resilience and from Ms Alison Linyard, Personal Outcomes (SHINE) Project Manager, then presented on "Good Conversations" and how it could be used in the HR context, before group work on "Good Conversations" and "How to Keep Absence Manageable". A further event will be held in October 2019, and the actions identified at these sessions will be followed up to support an overall improvement in attendance levels and staff wellbeing.

- A series of Manager's Occupational Health Drop-In Sessions continue to take place until October 2019, offering bespoke advice and support to managers on OH issues and to assist in the interpretation of Occupational Health reports to help with Attendance Management.
- NHS Fife have undertaken three Mental Health in the Workplace training sessions for Managers within the Health & Social Care Partnership and Emergency Care Directorate within Acute Services, as part of the support that we are trying to offer Managers in dealing with staff who have Mental Health related reasons for absence.

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

Recommendation

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

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

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

REPORT TO STAFF GOVERNANCE COMMITTEE



DATE OF MEETING:	Friday 30 August 2019
TITLE OF REPORT:	Well at Work Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Rhona Waugh, Head of Human Resources

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

SBAR REPORT

Situation

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

Background

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

- Work is continuing in relation to the implementation of the Going Beyond Gold Year 2 plan, to consolidate the integration of mindfulness and Good Conversations training. The Going Beyond Gold Project Evaluation End of Year Report has been finalised and will be presented to Staff Governance Committee members at the November 2019 meeting, along with an update on Year 2 activity.
- It is intended to hold a Kindness conference in Spring 2020 to show case this work and key members of the team have been invited to speak at a Holyrood Wellbeing Conference in November this year.
- A dedicated space is being created and furnished within Whyteman's Brae Hospital, to allow individual and groups to practice mindfulness and hold related sessions.
- The Board is contributing to the East Region Diabetes programme, with an emphasis on staff healthy weight and prevention and reduction of diabetes.
- Fife Sports & Leisure Trust presented to the NHS Fife Well@Work Group on 14 August 2019, with a view to increasing membership and making this more affordable for staff.
- The first of a series of guided walks took place on Sunday 28 July 2019, with a ranger from Fife Countryside Trust, a small group of staff participated and this is intended to foster staff relationships and reach out to staff who may be lonely.
- A second Promoting Attendance event took place on Friday 9 August 2019, with over 35 managers from all Divisions of the Board participating, alongside staff side colleagues. We heard from Dr Mairiead MacLennan, a manager within the Fife Area Laboratories, about the work she has been investing in to support staff resilience and from Ms Alison Linyard, Personal Outcomes (SHINE) Project Manager, then presented on "Good Conversations" and how it could be used in the HR context, before group work on "Good Conversations" and "How to Keep Absence Manageable". A further event will be held in October 2019, and the actions identified at these sessions will be followed up to support an overall improvement in attendance levels and staff wellbeing.

- The second “All About You” – Supporting Staff Health and Wellbeing *newsletter* was issued on 1 July 2019, and was made available to staff via the Intranet, Notice Boards and Ward / Department Briefings.
- The revised Well at Work Leaflet continues to be circulated to staff, for information and a new series of healthy eating recipes will be launched next month.
- As part of our commitment to supporting lower paid staff, the facility for staff to buy pre-paid Stage Coach travel passes is to be re-launched.
- The Board has been successful in a bid for a grant from “Smarter Choices, Smarter Places”, to provide funding for shelters to cover the bike racks in place at various sites.
- A staff team challenge aligned to the Rugby World Cup will take place in September 2019.
- Well@Work Suggestion Boxes, to engage with staff and find out their ideas on what could be considered to support staff health and well-being activities will be located at key sites from next month.
- The local Well at Work Groups continue to support different workshops, themes and events throughout the year to promote staff health and wellbeing.

Assessment

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

Recommendation

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

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

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

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	Friday 30 th August 2019
TITLE OF REPORT:	Once for Scotland Workforce Policies Update
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

It has been agreed that a piece of national work be undertaken, under the auspices of the Scottish Workforce & Staff Governance Committee (SWAG), to review existing “core” workforce policies and also develop a digital solution for accessing policies within NHSiS.

Updates on this work are provided to the Scottish Partnership Forum, HRD group and Area Partnership Fora.

This work is separate to where we have developed a collaborative approach regarding certain workforce policies within the East Region involving NHS Fife, NHS Lothian and NHS Borders. This work has been undertaken with the full involvement of the HR Directors and also Employee Directors.

Background

The “core” workforce policies referred to above are:

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

The attached newsletter provides some additional background to this work and the intended phasing of the work within the programme into 2020.

Phase 1: Following approval of the “core” policies by SWAG will involve Board implementation of these policies with a list of expected actions and support as described within the newsletter.

Review Period: To enable any issues of application or materiality to be addressed as appropriate.

Phase 2: Inclusion of the following policies in the same process, which will include:

- Additional Employment
- Embracing Equality, Diversity and Human Rights
- Gender-Based Violence
- Managing Health at Work
- Personal Development Planning and Review
- Redeployment

- Safer Pre & Post Employment Checks
- Secondment
- Supporting the Work-Life Balance
- Use of Fixed Term Contracts
- Facilities Arrangements for Trade Unions & Professional Organisations

Assessment

As a Board we will, in partnership, have to:

- Implement revised policies in line with any national guidance that is issued
- Provide feedback within the Review process described above
- Ensure that we participate in any consultation workshops or consultation on proposed draft policies when these are issued

Recommendation

The **Staff Governance Committee** is asked to:

Note this update on the ongoing SWAG led workstream via the content of this SBAR and the attached Newsletter

Note the Board action's in respect of Phase 2 of this work

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

Further Information:	
Evidence Base:	Best Practice Policies - SWAG
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	N/A

Impact: (must be completed)	
Financial / Value For Money	Effective policies which support the workforce can aid the Board in recruiting and retaining staff with the appropriate skills for the delivery of quality care to patients
Risk / Legal:	Ensures that policies are based upon current legislative provision
Quality / Patient Care:	Supports the delivery of safe, effective, person centred care.
Workforce:	Staff Governance
Equality:	Final policies will undergo EQIA assessment at a national level

‘Once for Scotland’ Workforce Policies

August 2019

‘Once for Scotland’ Workforce policies will promote NHSScotland as a modern, exemplar employer; showcasing our core values, and promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention

Background

A programme of work is on-going to transform the development, application and accessibility of workforce policies into a ‘Once for Scotland’ approach. The first phase of the programme addresses the ‘core’ workforce policies i.e.

- Attendance
- Bullying & Harassment
- Capability
- Conduct
- Grievance, and a
- Workforce Policies Investigation Process

Scottish Workforce & Staff Governance (SWAG) Committee Meeting 25 July 2019

Following regional engagement events held pre-policy development (January 2019) and mid-policy development (March 2019) and a one month formal consultation, the draft refreshed workforce policies were submitted to SWAG Committee (July 2019).

SWAG accepted the process undertaken to refresh the ‘core’ workforce policies and develop the digital solution. SWAG Committee requested that the ‘Standard Sections’ (that are applicable to all policies, which will be written once and accessible through the digital solution) and Supporting Documentation be made available to members in order to review and approve the draft workforce policies delivered in Phase 1.

The draft workforce policies will be reviewed at the SWAG Committee meeting on 23 October 2019.

Implementation

Following approval of the ‘core’ workforce policies by SWAG Committee, Phase 1 will move to NHS Board implementation. It is proposed that:

- A national communications toolkit is developed for NHS Boards, to assist with publicising the formal launch of the Phase 1 policies
- 'Early bird' access to the digital solution is given to HR Departments and Staffside to allow NHS Boards to make preparations prior to launching with staff and managers
- NHS Boards will develop local implementation plans in partnership
- National materials – e.g. a communication and slide deck with overall guidance and key updates to PIN – will be developed to support local implementation
- HR Directors are responsible for managing the implementation of the refreshed workforce policies in their respective NHS Boards
- Training requirements include both awareness raising (short term) and soft skills (ongoing as part of Board leadership and management development arrangements). This will be for NHS Boards to take forward and share via the HR Directors network
- A 3 month period for refreshed policies to be implemented within NHS Boards with oversight from the 'Once for Scotland' Workforce Policies Programme
- Opportunity for review and feedback prior to formal publication of the refreshed policies by Scottish Government

Review

It is recognised that there is a requirement to allow a period for the refreshed policies to be implemented in the Boards with oversight provided by the 'Once for Scotland' Workforce Policies Programme to oversee and address any issues of materiality that may arise.

There will be opportunities for feedback through the digital solution and through user-testing in addition to the formal governance structure.

Phase 2

Following approval of the 'core' workforce policies and agreement to commence the next phase of work, the remaining Partnership Information Network (PIN) policies will be addressed in Phase 2. These include:

- Additional Employment¹
- Embracing Equality, Diversity & Human Rights
- Gender-Based Violence
- Managing Health at Work²
- Personal Development Planning & Review
- Redeployment
- Safer Pre & Post Employment Checks
- Secondment
- Supporting the Work-Life Balance

¹ Extract from PIN. Similar to Promoting Attendance this was not previously an individual PIN.

² Attendance component of the current Managing Health at Work policy addressed in Phase 1.

- Use of Fixed Term Contracts
- Facilities Arrangements for Trade Unions & Professional Organisations

There is valuable learning from the engagement approach and process for the development of the first phase of 'core' workforce policies in a 'Once for Scotland' approach. This has been incorporated in the planning for Phase 2.

It is anticipated that Engagement Events for Phase 2 will commence January 2020.

Get in Touch

Please contact the team if you would like to discuss any aspect of the Programme.

For general enquiries:

- Programme Team: Lynn Hunter, Programme Manager Lynn.Hunter@gov.scot

For matters related to:

- NHS Employers: Jeff Ace, Chief Executive, NHS Dumfries & Galloway jeff.ace@nhs.net
- National Staffside: Norman Provan, Associate Director (Employee Relations), Royal College of Nursing norman.provan@rcn.org.uk
- Scottish Government: Sean Neill, Deputy Director, Health Workforce Sean.Neill@gov.scot

REPORT TO STAFF GOVERNANCE COMMITTEE

DATE OF MEETING:	30 th August 2019
TITLE OF REPORT:	Workforce Strategy
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Barbara Anne Nelson, Director of Workforce

Purpose of the Report (delete as appropriate)		
For Information		

SBAR REPORT

Situation

The current "Workforce Strategy" has been subject to review involving key stakeholders and updates to relevant fora including EDG, APF and Staff Governance Committee. This paper contains the final version of this strategy for 2019/22 which was submitted to the Board on 31st July 2019 for approval.

Background

Currently Boards are required to comply with the extant NHS Workforce Planning Guidance CEL 32 (2011) which was published in December 2011 which places upon Board's a statutory requirement to prepare workforce plans. This guidance is currently being revised under the governance of the National Workforce Planning Group which is co-chaired by Scottish Government and COSLA. It is anticipated that any refreshed guidance will recognise the new integrated landscape and will be drafted as such to include all relevant partners.

As previously reported the Workforce Strategy has been developed with the involvement of key stakeholders, national workforce planning guidance, any relevant regional aspects and also local service reviews and transformational change plans. In addition, as reported to the Board previously, the workforce planning arrangements with the Board/Integration Joint Board (IJB) are now aligned to the 3 year financial planning and strategic service planning arrangements within the Board.

Assessment

Included as Appendix 1 is the NHS Fife Workforce Strategy for 2019/22 which has been developed taking into account the previous collaborative approach where the views of managers, staff and staff representative colleagues were obtained to inform the content. In addition it has included new national guidance and also more detailed information relating to specific service reviews for both clinical and non-clinical services. As previously reported, the Committee can be assured that there is integration between this strategy and that developed with the Health and Social Care Partnership.

All relevant fora have been afforded the ability to provide any final comments or views which have been included in this final draft.

The document adopting the 6 step methodology seeks to vision the future at a local, regional and national level, where appropriate, incorporating the key workforce challenges that we face to support delivery of our agreed Clinical Strategy. The document does not provide all of the solutions to all of the challenges that we may face but seeks to provide a direction of travel and potential solutions that we may seek to develop in the short, medium and longer term. The broad themes contained within Section 5 of the Strategy identify the challenges facing the Board and a broad description of the workstreams involved.

It has to be recognised that any workforce strategy will be an iterative document which will require to be

reviewed and refreshed on an ongoing basis, as the demands and challenges that we may face change over time, which may necessitate different solutions or approaches to mitigate the impact than those we may have initially thought may be required.

It also has to be recognised that workforce planning arrangements within the Health and Social Care Partnership will continue to be reviewed to ensure that they are fit for purpose and provide a workforce strategy to support both the NHS Fife and Fife Council staff working within the partnership. This will require oversight of all relevant Workforce strategies (NHS Fife/Health and Social Care Partnership/Fife Council) and also the approaches of other partners to ensure that interdependencies are identified and integrated approaches are taken where this is appropriate to do so. In addition this will also ensure that there are no unintended consequences or impact on other partners by approaches or decisions reached by one of the partners.

Steps will continue to be taken further refine our Strategy in terms of both content and method of development to ensure that it remains fit for purpose.

Recommendation

Staff Governance Committee is asked to:

- **note** the approval of the NHS Fife Workforce Strategy for 2019/22 by the Board on 31st July 2019.

Objectives: (must be completed)

Healthcare Standard(s):	National Clinical Strategy
HB Strategic Objectives:	Sustainable/Competent Workforce

Further Information:

Evidence Base:	2020 Vision/National Workforce Plan/Local Workforce Intelligence
Glossary of Terms:	N/A
Parties / Committees consulted prior to meeting:	Staff, manager, staff representative colleagues, EDG, APF, Staff Governance Committee, H&SCP colleagues

Impact: (must be completed)

Financial / Value For Money	Compliance with Staff Governance Standards
Risk / Legal:	N/A
Quality / Patient Care:	Provision of quality care/staff health and wellbeing
Workforce:	Staff Safety and Wellbeing
Equality:	N/A



WORKFORCE STRATEGY

2019/2022

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The Scottish Government, in its programme for Scotland, established a vision which required NHS Fife, like other NHS Boards, to undergo significant transformational change to deliver its aim of ensuring the people of Scotland would live longer, healthier lives at home or in a homely setting.

NHS Fife established a framework for this transformational change within our Clinical Strategy (2016–2021), shaping the delivery of healthcare in Fife over the next five years and beyond. It sets out NHS Fife's response to the changing needs of a rising and ageing population, focusing on prevention of ill health, optimal use of technology, and developing the skills and competencies of the workforce to ensure they keep pace with the new and evolving models of care required.

This demographic change in society is also reflected in NHS Fife's workforce. Our workforce is ageing at a time when the working population of Fife is projected to decrease. Workforce supply and demand will be a key challenge over the coming years with the prospect that the future supply of Doctors, General Practitioners, Nurses and Midwives and

other health professional roles may be insufficient to meet future demand.

It is in this context that this Workforce Strategy has been developed. Recognising the high quality services which are delivered by hard working people, who are responding to changing demand, evolving models of care and rising public expectations, the Workforce Strategy outlines the steps that NHS Fife will take nationally, regionally and locally to ensure service sustainability.

Nationally, it outlines our commitment to:

1. Participate in national discussions in relation to the delivery of the National Health and Social Care Workforce Plan.
2. Escalate workforce pressures, where appropriate, to be addressed at Scottish Government or NHSScotland level, allowing for a co-ordinated response to common national challenges.

Regionally, it outlines our commitment to:

1. Participation in discussions regarding a Regional approach to service delivery where this is appropriate.

2. Progress the Regional employment model for delivering the required improvements in the recruitment and employment experiences for training grade staff, while enhancing the effectiveness and efficiencies of employers. This follows on from the implementation of this model for Doctors in Training.
3. Actively participate in the shared services (Once for Scotland) agenda, collaborating with colleagues within the East Region to develop services to maximise efficiencies and reduce variation. Initially this will focus on adopting regional approaches and standards for recruitment; workforce planning; on-line training and education; induction and regional approaches for employment.
- and introducing new policies to encourage retention of staff.
3. Roll-out the system of e-Job Planning for Consultant and other Career Grade Medical & Dental staff, ensuring the process is more closely aligned to department and service objectives and facilitates local, and where appropriate, regional, working.
4. Prepare for the introduction of Safe Staffing Legislation in 2019 by continuing to rigorously apply the Nursing and Midwifery Workforce and Workload Tools.

Locally, it outlines our commitment to:

1. Continue to strengthen and embed the role of the Strategic Workforce Planning Group, ensuring it provides assurance that workforce planning and development activity is robust and fit for purpose.
2. Develop recruitment and retention strategies to minimise the impact of our ageing workforce and the loss of a significant proportion of staff within the next 5 to 10 years, by focusing on youth employment strategies, establish clearer career pathways within and between job families,

The Workforce Strategy is a live and interactive document, regularly monitored and updated by the Strategic Workforce Planning Group. Through the commitments outlined above, and the broad workstream themes detailed within 5. It will facilitate NHS Fife's workforce to continue to deliver high quality services. This Strategy covers all NHS Fife staff, including those who work in Fife's Health & Social Care Partnership. It does not cover Fife Council employed staff who work within the Health & Social Care Partnership. There is an integrated approach to workforce planning within NHS Fife and the Health and Social Care Partnership. Officers in both areas are involved in relevant groups developing the relevant strategies as there is a co-dependency between these strategies.

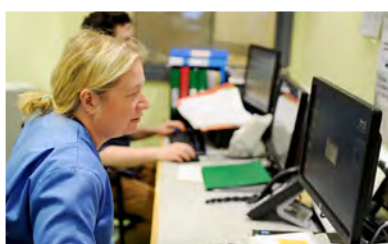


Objective - We will deliver a regional employer model for Doctors in Training.

NHS Fife successfully introduced the regional employer model for training grade doctors in 2018, improving the employment experience of this staff group. Training Grade doctors will now have a single employment contract for the duration of their training programme rather than being engaged in successive short term contracts for the duration of individual placements



Objective – Implement the national electronic Employee Support System, streamlining and implementing paper light systems and processes to maximise efficiencies



NHS Fife commenced the roll-out of eESS in March 2019, enabling managers to process a range of contractual transactions electronically. Future developments of the system will introduce efficiencies in the processes relating to recruitment, training administration and management reporting.

Objective - We will via the Board Nurse Director continue to develop effective partnership relationships with local colleges and universities to provide a positive experience for students thereby encouraging them to come and work for NHS Fife as an employer of choice.

Through the work undertaken by the Board Nurse Director and her team we have increased the number of student placements and the recruitment of nursing staff. We have also been successful in attracting placements for those students undertaking a mental health qualification.



Objective – In line with our commitment Youth Employment, maximise the range of Modern Apprenticeship opportunities available.



Working with key partners, including partners in Further Education and Skills Development Scotland, NHS Fife has agreed to increase the number of Foundation and Modern Apprenticeships within the Board by the end of 2019. This strengthens our ongoing commitment to promote health care opportunities to local schools and the youth of Fife. Other activity during 2018/19 included facilitating over 150 placements to School pupils across

a spectrum of occupations; organised careers events for over 200 S2 School pupils; delivered training on recruitment and interview techniques to over 150 S4 School pupils.

Objective – We will introduce new models of care, addressing current service pressures and securing future service sustainability

Working with key partners, including higher education, NHS Fife has agreed to introduce a number of Physician Associates (PA's) by the end of 2020.

PA's are collaborative healthcare professionals, with a generalist medical education, working alongside doctors, GP's and surgeons as an integral part of the multidisciplinary team. These PA's will contribute to a number of Advanced Practitioners in Nursing & Allied Health Professions in providing a multi-disciplinary solution to service challenges.



Objective - We will embed revised workforce planning arrangements within the Board linked to both our service planning and financial planning arrangements



A Workforce Strategic Planning Group has been established with representatives from all areas of the Board and also the Health and Social Care Partnership. In addition the service planning review process requires the future workforce requirements to be an integral element of this process. The Workforce Strategy will also be based upon a 3 year cycle with

a more detailed Operational/Implementation Plan which will be overseen by the Workforce Strategic Planning Group on a quarterly basis.

Objective - We will implement initiatives which support the training and potentially the future recruitment of General Practitioners.

Working in partnership with St Andrews University Medical School we have developed SCOTgem the first partnership between a Scottish University and an NHS Scotland Board to recruit participants to a graduate training scheme which incorporates clinical placements and supervision within the Primary Care setting.





1.1 Introduction

This Workforce Strategy provides an overview of the future workforce required to ensure delivery of high quality services for the population of Fife.

The Strategy sits within a number of national and local strategic documents, for example the National Workforce Plan, the NHS Fife Clinical Strategy and the Health & Social Care Workforce and Organisational Development Strategy. While these documents are referenced throughout this Strategy, the Strategy does not attempt to provide a comprehensive overview of them.

1.2 Workforce Planning Methodology

The Strategy is structured around the Scottish Government workforce planning guidance CEL(2011)32, which suggested Boards use the nationally sponsored 6 step workforce planning methodology.

The guidance sets out the following 6 steps which form the framework for the plan:

- Step 1: Defining the Plan
- Step 2: Visioning the Future /

Mapping Service Change

- Step 3: Defining the Required Workforce
- Step 4: Understanding Workforce Capacity and Capability
- Step 5: Developing an Action Plan
- Step 6: Implement, Monitor and Refresh

The adoption of the 6 step approach is intended to make Board level workforce planning more interactive, enabling challenges to be identified and addressed on an on-going basis rather than on an annual basis.

1.3 Purpose of the Workforce Strategy

The purpose of this Strategy is to set out the key workforce supply and demand challenges which NHS Fife is facing between 2019/2022. Recognising the changing and developing context of workforce planning, which will mean greater collaboration with our partners within Local Authority, the potential for Regional Co-ordination of NHS services where appropriate, and a national approach to common workforce challenges, the Strategy details the workforce actions that NHS Fife is undertaking through the Board's

Clinical Strategy and the Health & Social Care Strategic Plan for Fife (2016–2019) in addition to considering what local Board actions can be taken to mitigate the challenges that NHS Fife face over the coming years.

Many changes to the workforce relate to the redesign of NHS Fife services and as such workforce planning must be interactive. This plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures that require to be addressed. This plan is a living document that is flexible, adaptable and responsive to further changes, given the constantly changing dynamics of service provision.

1.4 Scope of the Strategy

NHS Fife is currently made up of the Acute Services, an agreed range of NHS Fife Services delegated to Fife's Health & Social Care Partnership's Integration Joint Board (IJB), which are managed through 3 Health and Social Care Divisions, plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance and Human Resources.

It is crucial that this Strategy recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council Workforce Strategies; voluntary sector and the third sector.

Staff referenced within this Strategy are covered under the following nationally recognised job families:

- Administrative Services
- Allied Health Profession
- Healthcare Sciences
- Medical and Dental
- Medical and Dental Support

- Nursing and Midwifery
- Other Therapeutic
- Personal and Social Care
- Support Services

Many of the challenges and commitments detailed in this Workforce Strategy are common across NHS Fife and Fife's Health & Social Care Partnership. The broad workstreams detailed within Section 5 include those relating to the Acute Services Division, the Health and Social Care Partnership, and the range of Corporate Directorates.

1.5 Implementing, Monitoring & Refreshing the Strategy

Workforce Planning arrangements have been reviewed within NHS Fife and Fife's Health and Social Care Partnership to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Strategy has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short, medium and long term. Through their respective workforce planning groups both NHS Fife and Fife's Health and Social Care Partnership drive the development and implementation of their Strategy, ensuring it is a live and interactive document, and that implementation plans are regularly correlated, monitored and updated.

The national workforce planning guidance is currently subject to review. Reflecting the integrated nature of service delivery within health and social care, the guidance is being refreshed to ensure it encompasses the workforce planning needs of the NHS, Integrated joint Boards, Local Authorities and their partners in the third and independent sectors. This revision is likely to include aligning the timescales for workforce planning to that of financial and service planning. NHS Fife will take cognisance of any nationally produced guidance or plan as these relate to workforce planning.



2.1 The National Context

2.1.1 A Programme for Scotland

The Programme for Scotland 2018–19, published in September 2018, recognised increased investment in the NHS must be coupled with a joined up and flexible health and care service that was fit for the future, continuing to reform to meet technological and demographic challenges faced by the economy overall.

Its vision was for the people of Scotland to live longer, healthier lives at home or in a homely setting. Achieving this means the continued investment in high quality integrated services, in addition to the transformation of the way health and social care is delivered to drive improved performance.

As part of their commitment to raise Health Funds by £2 billion over the course of the current Parliament, the Programme for Scotland 2018-19 identified funding to support its vision by investing in a comprehensive and multi-agency package of measures to ensure substantial and sustainable improvement in waiting times through investment in infrastructure and resources; enabling earlier access to mental health services and the promotion of good mental health and wellbeing; and the further development

of multi-disciplinary teams of healthcare professionals in the community through Primary Care reform.

The Scottish Government has detailed a range of workforce commitments for NHS Scotland during the course of this Parliament including:

- Substantial and sustainable improvement to waiting times through measures designed to increase capacity, improve clinical effectiveness and efficiency and redesign patient pathways.
- Expanding the range of perinatal support available to women in addition to a commitment to train a further 250 School Nurses by 2022, enhancing the response to mild and moderate emotional and mental health difficulties experienced by young people;
- Enshrine safe staffing levels in law, starting with the nursing and midwifery workforce tools.

These commitments complement previous proposals to invest an increasing proportion of the budget in primary, community, mental health and social care services – to support the shift in the balance of care that is required; Consider where Regional approaches to workforce planning are appropriate;

Supporting national NHS Boards to develop a plan of where improvement in national services should be focused, including where appropriate a ‘Once for Scotland’ approach; Examining opportunities for greater sharing of support services away from the delivery of frontline care; and Developing a Digital Care Strategy to support a digitally-active population and workforce and make better use of the opportunities of modern technology; The training of additional staff to perform a range of critical roles including, for example, General Practitioners, Pharmacists, Advanced Nurse Practitioners, Health Visitors, Nurses and Midwives.

2.1.2 Scotland’s Changing Population

The National Records of Scotland (NRS) predicts the population of Scotland will continue to grow over the next 25 years. NRS projects that the population will rise from 5.405 million in 2016 to 5.693 million in 2041, an increase of 5.1% over the 25 year period.

During this time the population will continue to get older, and as demonstrated by the figures below, the population increase will be driven by the increase in those of Pensionable Age, and in particular, those aged 75 and above.

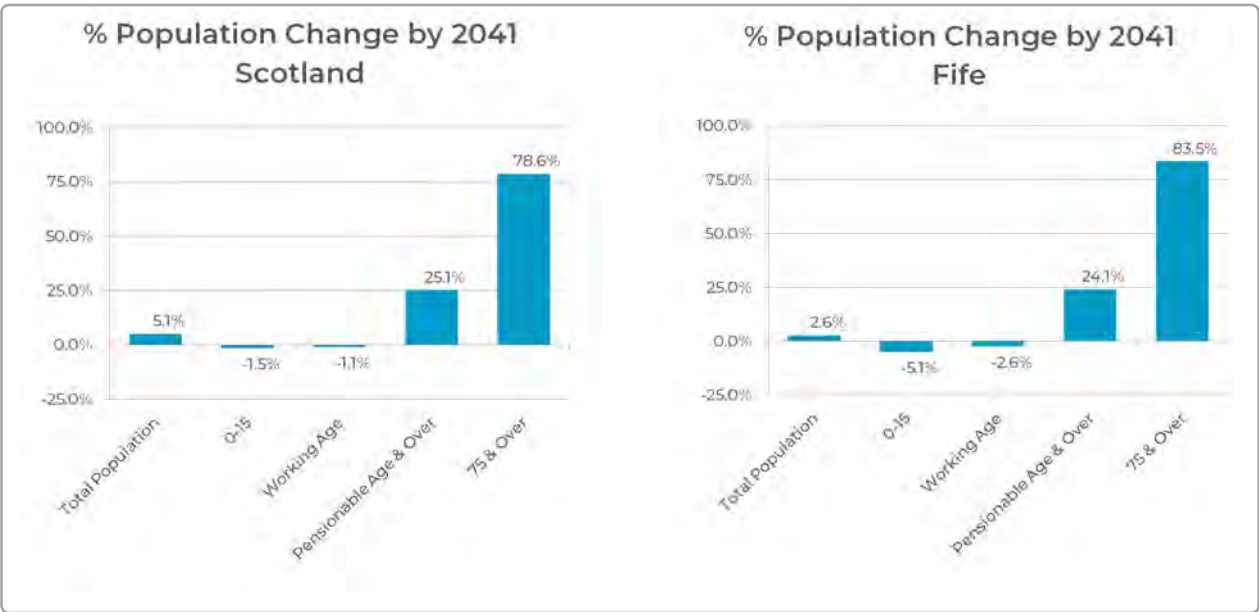
The graphs below obtained from the National Records of Scotland (March 2018), show the Projected Population Changes for Scotland and Fife.

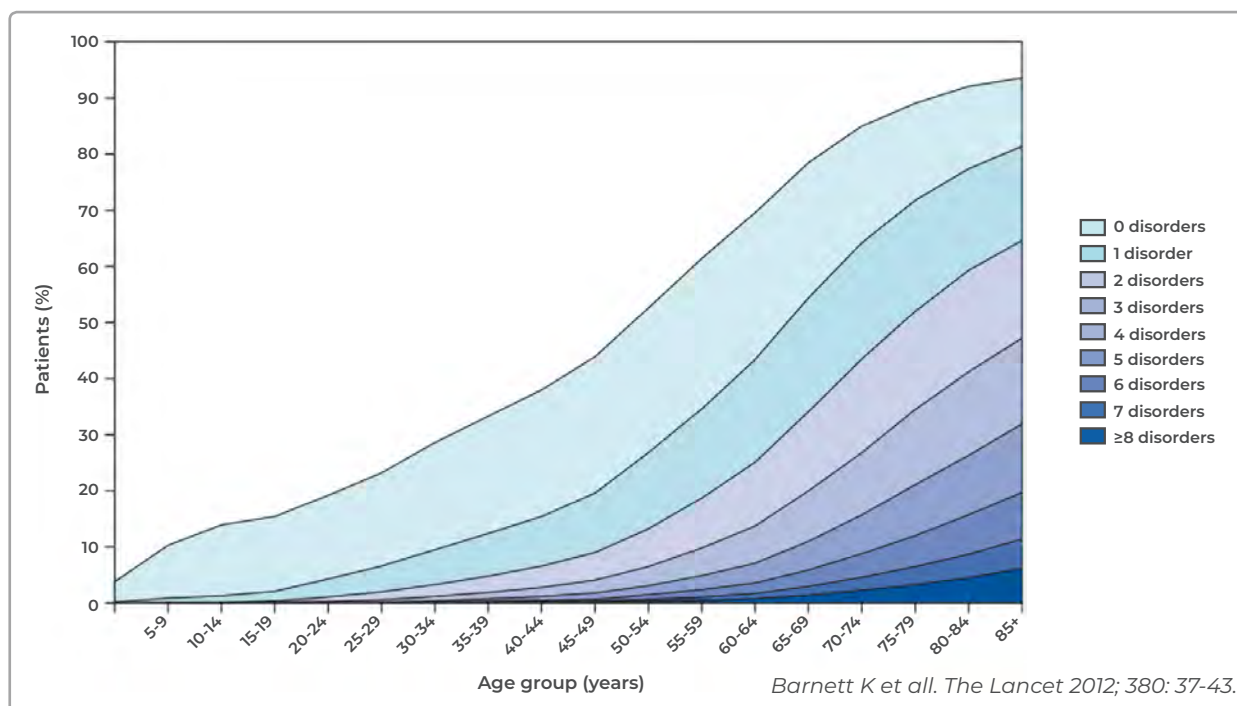
Within Fife, the population is projected to increase by circa 9,500 between 2016 and 2041. While this increase is proportionately smaller than the Scottish average, the increase in those aged 75 is projected to be 83.5%, 4.9% higher than the Scottish average.

This has significant implications for NHS Scotland and NHS Fife. Nationally it will require a shift in resources to those boards projected to have a significant increase in population, particularly given the growth will be mainly in those of pensionable age. Locally, it will require a review of workforce capacity in order to deliver the increased demand in clinical services at a time when the population increase of those of working age are minimum, or in the case of NHS Fife, reducing. Section 3 of the plan will detail the implications presented by the changing population to our workforce.

2.1.3 Morbidity & Health Inequalities

Ischaemic heart disease, neck and lower back pain, depression, Chronic Obstructive Pulmonary Disease (COPD)





and lung cancer account for nearly a quarter of the total burden of disease in Scotland. Multi-morbidity is also common in Scotland. The majority of over 65's in Scotland have two or more conditions, and the majority of over 75's have three or more conditions. More people have two or more conditions than only have one condition. The chart above highlights the percentage of patients with two or more conditions, by age groups Multi-morbidities by Age Groupings.

With the projected demographic changes within Fife, driven by the increase in those of pensionable age, patients with multi-morbidities will be an increasing trend for NHS Fife, placing further demand on the range of services offered.

People living in more deprived areas in Scotland develop multimorbidity at least 10 years before those living in the most affluent areas and Fife's Health Inequalities Strategy 2015-2020 acknowledges that while health in Fife is improving, long-term health inequalities persist.

Health inequalities have a significant impact on people's lives, meaning that some communities live shorter and less healthier lives than others. Some of these health inequalities can be

mitigated and changed, for example if we make our services more equitable and reduce the issues people face when accessing them (whether that be due to their health or where they live) we can improve health and wellbeing. Health inequalities are expected to be addressed through the implementation of the GMS contract.

2.1.4 National Workforce Plan

The Scottish Government published a national workforce plan in three parts between 2017 and 2018. It sought improvements to the workforce planning infrastructure within the context of an integrated health and social care sector, incorporating services provided by public, third and independent sector employers. Its aims were to build on the existing good practice to ensure increasingly integrated and collaborative approaches to planning and committed to the creation of a single Workforce Plan and associated guidance for the sector.

2.1.5 GMS Contract

The GMS contract was agreed with the aim to improve patient care and community health by providing a clearer role for General Practitioners (GP's), ensuring a more manageable workload and reducing the risk associated with

aspects of the independent contractor arrangements. Initial workforce planning implications arising from it include reducing GP's current work commitments by transferring non-GP essential services, and the staff performing these services, over to Health Boards and Health and Social Care Partnerships; Increased commission of services such as minor injuries, phlebotomy and chronic disease monitoring and related data collection; and Increasing the range of non-GP professionals such as Pharmacists & Pharmacy Technicians, and AHP's and Nursing staff specialising in Musculoskeletal and Mental Health working in GP practices.

Further information on the workforce implications arising from the GMS Contract is contained within Fife's Health and Social Care Partnerships Workforce and Organisational Development Strategy and associated implementation plans.

2.1.6 Safe Staffing Legislation

The Scottish Government are finalising the processes required to enshrine the Health and Care (Staffing) (Scotland) Bill into legislation for 2019. This bill will require organisations providing health and social care to apply nationally agreed, evidence based workload and workforce planning methodologies and tools, and to provide assurance regarding safe and effective staffing.

2.1.7 Waiting Times Improvement Plan

Published in October 2018, this Plan identified monies Boards could secure in order to obtain additional resources designed to reduce the length of time people were waiting on key areas of healthcare. Along with commitments detailed in the Programme for Scotland, the Plan would enable:

- Increase capacity and accelerate delivery dates for the existing Elective Centre Programme,
- Increase clinical effectiveness and

efficiency by implementing targeted action plans for key specialties and clinical areas and mainstream key productivity programmes (i.e. Attend Anywhere)

- Working with communities, design and implement new models of care by accelerating whole system design of local patient pathways through H&SC integration plus regional service reconfiguration.

2.1.8 Technology Enabled Care (TEC)

Development of the use of digital technology across society, including throughout the public sector, is a key strategic priority of the Scottish Government. Scotland is believed to be at the forefront of implementing technology within care settings (for example, over 80% of those in receipt of formal social care services already use telecare to support their independence at home), and the Scottish Government recognises the massive potential of TEC to reach more people, to offer more direct health / care support and to realise more benefits. The Scottish Government is committed to investing energy, imagination and resources to maintain this leading position.

With the advances already made in the introduction of technology opportunities within our health and care system in Scotland, the aim is to shift NHS Scotland's focus from technology itself to 'care, supported by technology'. To support this transition, the Scottish Government has adopted 'Technology Enabled Care' (or TEC) as a simpler and broader term for describing our citizen facing activity.

The Technology Enabled Care Action Plan, introduced in 2016, aims to support a transition to an integrated Digital Health and Care Strategy for Scotland within the context of Scotland's Public Sector Reform ambitions and the National Clinical Strategy for Scotland.

The Scottish Government will provide a continuing commitment to support



the development and delivery of TEC in local Health & Social Care Partnerships, and their partners, through on-going investment in the TEC Development Programme. This aims to inform and deliver technology enabled system redesign and focuses on five key interconnected work areas:

- Home and Mobile Health Monitoring;
- Expansion of Video Enabled Services;
- Digital Services, including development of a Digital Platform framework;
- Telecare Expansion (including a shift from Analogue to Digital Telecare);
- Improvement and Support.

This aspect of the Strategy will have training and development requirements for the workforce to ensure they are equipped to use any Digital Platform competently and effectively for the benefit of patients.

2.1.9 Shared Services / Once for Scotland

The public service reform agenda, reiterated in the Programme for Scotland, has direct implications on health service provision, with an emphasis on the need to reduce duplication and inefficiency.

By adopting a 'Once for Scotland' approach and changing the way we

work, this agenda aims to improve, integrate and co-ordinate services across the Scottish Public Sector. Its aim is to reduce geographical and organisational barriers to the delivery of support services and functions. The key principle being, where appropriate, services should be managed on a Scotland wide basis and should be delivered in a consistent way, unless a compelling reason exists for variation.

The Shared Services Portfolio will help us to do all of that and is fundamental to the Scottish Government's ambitions for improving Scotland's health and social care. It means transforming the way we work; targeting resources on the highest quality patient care means cutting duplication and wasteful variation. The initial focus of this work will be on reviewing the number of Partnership Information Network (PIN) policies replicated throughout NHS Scotland with the aim of agreeing a single policy to be introduced throughout Scotland.

Similarly, the integration of health and social care services is a fundamental shift to achieving this, and the potential change to the manner in which Acute Services are delivered would be consistent with the aims of the National Clinical Strategy and public sector reform.

2.2 The Regional Context

2.2.1 Health and Social Care within the East Region

Collaboration and cross territorial Board working has been discussed and progressed within the South East of Scotland area using the already established South East and Tayside Regional Planning Group (SEAT) arrangements. Building on this approach has enabled NHS Borders, NHS Fife and NHS Lothian to evolve and transition as appropriate in line with the Scottish Government commitments outlined within a Programme for Scotland.

The three participating Boards within the East Region, and the six Integration Joint Boards, established a programme of work to take forward the objectives contained within the national Health and Social Care Delivery Plan and Clinical Strategy. This programme of work incorporated:

- Acute Services, with a focus on the most problematic elective and diagnostic specialties across the region and implementation of Scottish Government policy.
- Primary, Community and Social Care, with a focus to look at potential economies of scale and learning opportunities across the IJBs in the region.
- Prevention and Population Health, with a focus on major preventive strategies that will meet the triple aim of better health, better care and better value.
- Business Support Services, with a focus on accelerating efficiencies and integration across health boards.

Initial output of this regional approach has resulted in important progress, for example, an initial agreement to support elective Orthopaedics within Fife; agreement to work collaboratively on an ambitious commitment to reduce Type 2 diabetes; and pilot a new model of care

within Primary and Community Care settings where NHS 24 triage patients requesting same day access to General Practitioners and, where clinically appropriate, redirect the patients to the wider multi-disciplinary team including Allied Health Professionals and Advanced Nurse Practitioners.

A number of key priorities have also been established for 2019/20 including, for example, Agreement on the optimal regional operating models and treatment thresholds for a range of priority specialties for Acute Services (e.g. Orthopaedics and Ophthalmology); Scope pilot of the use of artificial intelligence in the triage of gastro-endoscopy; Progress the national approach to trauma and major trauma; Progress other IJB led priorities on commissioning, mental health and realistic medicine; and Further progress scenario planning and modelling to inform priorities and choices given financial, service and workforce pressures.

In support of this, a co-owned picture of the NHS workforce demand and supply issues, opportunities, risks and challenges has been developed through the development of a comprehensive East Region Workforce Profile. Specific, and in-depth, profiles have also been established on the range of Acute Specialties identified as key to the delivery of clinical services within the East.

This workforce profile has identified a number of common themes across the East Region, such as an ageing workforce and the prospect that the future supply of Doctors (in certain specialties), General Practitioners and Nurses and Midwives may be insufficient to meet future demand. In response, it has been possible to detail a number of key elements in order to sustain and grow the future workforce within the East, and details a prospective Workforce Planning agenda which will be taken forward by the East Region Workforce Group.

2.2.2 East Region Workforce Group

Following publication of the National Workforce Planning Strategy for 2017-18, and the Health and Social Care Plan for the East Region, the existing regional workforce group within the East Region agreed refocused key priorities including aligning workforce planning, education and development activity with Regional Delivery Plans; Building workforce planning and development capacity; Establishing regional solutions to service and profession sustainability pressures; and encouraging collaborative working where this was appropriate.

2.2.3 Business Support Services, Regional Collaboration

NHS Fife is working with participating Boards within the East Region to identify and progress areas of collaborative working. Initially, this has focused on approaches to Recruitment and Retention (inc. Workforce Employability Services and Youth Employment), with the aim of moving away from the existing model where recruitment is carried out on an individual basis, to a more collaborative model based on a strong NHS Scotland brand delivered from a regional model.

The benefit realisation from this regional collaboration is focused on applicant experience; standardising the current range of recruitment processes adopted across Boards; clarifying the roles and responsibilities of HR and Service Users with the development of associated key performance targets; increased flexibility in targeting pulled recruitment resources to meet service demand and minimise inefficiency; and delivering financial savings.

Similar work is being undertaken to standardise workforce information reporting throughout the East Region, and reviewing the delivery of Financial Service functions.

Following national agreement on NHS locum pay rates, work

has also commenced to consider implementation of a regional medical workforce bank solution throughout the East Region, and discussions have commenced to establish the feasibility of extending this collaborative working to a Nurse Bank, eRostering arrangements and certain Financial Service functions.

2.3 The Local Context

2.3.1 Clinical Strategy Fit for the Future

NHS Fife's Clinical Strategy provides a route map for health services in Fife between 2016-21. It recognises positive changes in lifestyles alongside advances in medical science mean that the population of Fife is living longer, with a projected increase in the coming 20 years which will increase demand for all forms of healthcare. It is this demand, coupled with greater complexity in the needs of those requiring healthcare, which means that the delivery of services must be examined and adapted if NHS Fife is to ensure that the on-going health needs of our population continue to be met.

2.3.2 Annual Operational Plan 2019-20

The 2019/20 Annual Operational Plan sets out how NHS Fife will deliver expected levels of operational performance in order to provide the national priorities on waiting times improvement, mental health investment, progress and pace on the integration of health and care, and key standards for healthcare associated infection.

The four local key priorities for 2019/20, underpinning all aspects of NHS Fife's strategic planning are:

- Acute Services Transformation Programme
- Joining Up Care - Community Redesign
- Mental Health Redesign
- Medicines Efficiencies

The Annual Operation Plan helps deliver and support NHS Fife's ambition to be a strong performing board delivering quality person-centred and clinically excellent care.

2.3.3 Health and Social Care Partnership Workforce & Organisational Development Strategy

The Health and Social Care Partnership has published its Workforce and Organisational Development Strategy for 2019/22. Its aim is to develop a workforce fit for the future that is skilled and capable of transforming how we work together in the delivery of integrated community-based services aimed at achieving better outcomes for those who use health and social care services.

Referencing the history and culture of effective partnership working involving Fife Council, NHS Fife and other community partners including the Independent and Third Sectors, the Strategy recognised the need to continue to develop an integrated and flexible care model that is fit for the future as the model of service delivery changes.

Similar to this Strategy, it recognised the challenging landscape across health and social care in Fife, with increasing demand linked to a significant projected demographic change alongside reduction in resources across all organisations charged with delivery of services. The Strategy sets out a range of workforce opportunities and challenges, many of which are reflected in Section 4 of this document.

2.3.4 Workforce Planning Groups

Following publication of the National Workforce Plan in 2018, the Strategic Workforce Planning Group within NHS Fife was refocused, providing assurance that workforce planning and development activity is robust and fit for purpose. Taking a 'whole system' multi-professional approach, the group will

facilitate delivery of safe staffing levels and innovative workforce models to support sustainable health services.

In addition, a Workforce and Organisational Development Strategic Implementation Group has been established within the Health and Social Care Partnership which will provide a Fife Partnership focus for the planning, implementation and monitoring of workforce planning activity. This group provides a forum for engagement with all partner organisations within the statutory, independent, voluntary and Further Education sectors in respect of issues and matters impacting of workforce and organisational development.

These groups are supported by a range of workforce planning activities undertaken within localities, or focused on professional disciplines spanning across the full NHS workforce such as those for the Medical and Dental workforce and Nursing, Midwifery and Allied Health Professions.

2.3.5 Youth Employment Strategy

Continued uncertainty linked with the UK's withdrawal from the European Union (EU), the reduction in the number of professionals from EU countries seeking to register with professional bodies across the UK, combined with changes to the local demographics within Fife which will see a reduction in the size of the working age population, places greater importance in improving our employment of young people in order to sustain the workforce of the future.

As a member of the Fife Developing Young Workforce Board, NHS Fife is working with a range of key partners to seek opportunities to increase our supply of a youth workforce. This will include introducing the Youth Employment Strategy incorporating career pathways, social inclusion and Foundation/modern Apprenticeship

Schemes, closer liaison with education and the introduction of professionally branded materials promoting NHS Fife as an employer of choice.

2.3.6 Urgent Care Services

Urgent care is a priority area for NHS Fife within the General Medical Services (GMS) contract and it is well recognised that Advanced Nurse Practitioners (ANP's), Advanced Practice and Specialist Paramedic Practitioners, Nurse Practitioners and other members of the healthcare team offer great support within primary care when aligned to general practice.

A three year implementation plan is being developed, focusing on the following priorities:

- Assess and treatment of urgent and emergency care presentations
- Home visits
- Falls

It is predicted that the primary care workforce will require expansion to introduce a sustainable model of care to support the Urgent Care demand on General Practice, and work is ongoing to scope the size and skill mix of the required workforce.

2.3.7 Financial Challenge for 2019/20

Across NHS Scotland there is a continued drive for improved financial efficiency and savings. NHS Fife requires to make estimated cash savings of £17.333 million during 2019/20. A Service Review approach to support strategic financial planning and longer term sustainability has been established, and a key part of this will be linked to the Scottish Government investment in improving patient outcomes of £392million across NHS Scotland.

This funding is not included in the current financial planning assumptions for NHS Fife in 2019/20 as it is recognised that further details are still to be announced on the mechanism by

which the various funding envelopes will be allocated. This will, however, be a key component in the delivery of the Board's overall balanced finance and performance approach for 2019/20, given the extent to which this funding is required to support priorities such as securing elective capacity to meet demand; digital, technology and innovation solutions to support redesign e.g. within outpatients; primary care modernisation; and improvements in mental health services.

It has been estimated that NHS Fife will require at least £5m Access Support funding from Scottish Government to 'stand still' and a significant additional sum to support a move towards achievement of access targets in 2019/20.

Notwithstanding the on-going financial challenges, NHS Fife will require to consider how it can support its workforce to work differently, providing services in new and innovative ways to ensure long term sustainability, with strong financial governance, and reduce the requirement for supplementary bank and agency staff use.



3.1 Data Cleansing

Effective workforce planning should describe the required workforce, based upon drivers for change, utilising accurate and quality data on the existing workforce and identifying key workforce trends. To maintain the quality of this data, NHS Fife implemented the Electronic Employee Support System (eESS) in March 2019, and will introduce a minimum regional data set to standardise practice and workforce reporting throughout the East Region.

3.2 Workforce Projections

Workforce projections have been undertaken for each Division and Directorate within NHS Fife to satisfy national reporting requirements and are submitted to the Board separately to this Plan to ensure appropriate governance. These projections influence, and are influenced by, workforce planning within each area and are published by Information Services Division (ISD).

3.3 Future Workforce Demand

The changing size and composition of the population is the overarching driver

for change in both the services and the workforce which provides them. As detailed in Section 2, Fife, in line with the rest of Scotland, has a growing and ageing population. This growth, in conjunction with Treatment Time Guarantees, increases the requirement for capacity in both primary and secondary care.

In response, NHS Fife has already made significant progress towards development of the future workforce. For example, during the 5 year period to 31st December 2017, published Information Statistics Division (ISD) data highlights that while there has been a 2.6% increase in the whole time equivalent workforce, advances in technology and a drive for efficiency has meant that a lesser proportion of the workforce is engaged in Administrative Services or Support Services roles. With 26.65% of the workforce engaged in these job families, NHS Fife is below the NHS Scotland average (27.87%), allowing these resources to be redirected to those areas providing direct clinical care.

Meeting the future demand, and addressing the workforce challenges detailed in Section 4, will require robust

models of care that enable integrated health and care teams to deliver the care that people need, where they wish to receive it, with them playing a key role in determining what that care is. The move to support people within their community or locality will require staff who have traditionally worked within the Acute sector to work across traditional boundaries, working within localities to support people in the community. NHS Fife's workforce must be equipped and able to deal with the complexity of morbidity that patients present with and be able to manage any concurrent mental health issues including cognitive impairment and frailty.

Increasingly, the workforce across NHS Fife, including those working within the Health and Social Care Partnership, will need to operate within a digital environment, utilising innovative approaches, including digital platforms to support self management, hospital at home and the delivery of outpatient services. The aim is to reduce the number of return visits to hospital; provide more diagnostic tests locally and provide advice directly to service users at home.

3.4 Health and Social Care Transformation Programme

The NHS Fife Clinical Strategy (2016-21) was produced in 2016 to provide strategic direction for the future delivery of clinical services for the people of Fife and was closely aligned with the Health and Social Care Partnerships Strategic Plan. During 2017/18, the recommendations within this Strategy were developed into a transformation programme that included programmes of work from both our Acute Services and the Fife Health & Social Care Partnership.

3.4.1 Acute Services Transformational Programme

With the changing population demographics detailed in Section Two,

continuing to deliver acute services based around hospital admissions is not a sustainable model of care. Increases in the demand for services, coupled with greater complexity in the needs of those requiring healthcare, means that the delivery of services must be examined and adapted if NHS Fife are to ensure that the on-going health needs of our population is to be met.

Recognising the growing interdependencies between Health Boards to identify solutions for common workforce challenges, NHS Fife's Annual Operational Plan for 2018-19 highlighted the work being undertaken to deliver an Acute Services Transformational programme.

The models of service delivery are in their infancy, however, from the recommendations contained within the Clinical Strategy, and the discussions taking place within relevant Acute Services Groups, reviews of individual services within the Acute Services were undertaken at the start of 2018 to establish an understanding of current service provision challenges and the plans services proposed for future service delivery, in line with the clinical strategy.

The Workforce implications of these service reviews form the basis of the broad action themes contained within Section 5, which details the work being progressed to minimise potential gaps within the workforce, in terms of numbers and skills, to ensure workforce and service sustainability.

3.4.2 Fife Health & Social Care Partnership Transformational Programme

Fife Health and Social Care Partnership has established a community transformation programme which aims to establish a fully integrated 24 hour, 7 day a week community health and social care model that ensures sustainable, safe, person centred care in line with the

Fife Health and Social Care Partnership Strategic Plan and NHS Fife's Clinical Strategy.

The three component parts of their proposal incorporate multidisciplinary Community Health and Well Being Hubs focused on prevention and early intervention; Out of Hours Urgent Care to support the provision of safe and effective services 24 hours a day; and establishing a future model for Community Hospitals set within the context of changing acute care and an evolving health and social care landscape which includes a review of mental health services and the implementation of the new GP contract.

The Health and Social Care Partnership began a process of public consultation on these proposals, outlining changes believed to facilitate a safe and sustainable service that meets the triple aim of:

- Improving the quality of the care provided;
- Improving the health of the population; and
- Securing the value and financial sustainability of the health and care services provided.

The Health and Social Care Partnership published its own Workforce Strategy in 2018. This incorporated an action plan focusing on unique workforce demand and supply pressures that need to be planned for to ensure workforce and service sustainability. The Health and Social Care Partnership's action plan sets out the actions that are being taken forward to close potential gaps within the workforce in terms of numbers and skills, whilst acknowledging any and all interdependencies.

3.5 Common Themes

3.5.1 Workforce Modelling Tools

NHS Fife continues to use the nationally provided Nursing and Midwifery Workload and Workforce

Planning (NMWWP) tools to reviewing workload pressures, assess safe staffing establishment and inform projections. These tools currently cover over 90% of the Nursing and Midwifery workforce, and their application is overseen by the Board's Director of Nursing.

Although national guidance is still being finalised for some areas, for example within Theatres and Community Nursing, robust assurance systems have been established which should facilitate the use of the NMWWP tools to determine safe staffing levels under the legislation to be introduced in 2019.

3.5.2 Consultant and SAS Job Planning

All Consultants, Associate Specialists and Specialty Doctors should have an agreed job plan, reviewed annually. Job planning is a key mechanism through which objectives are agreed, monitored and delivered. Job planning therefore contributes significantly to the achievement of a range of NHS Fife objectives such as national waiting time targets and HEAT standards.

Despite recording a high level of job plan compliance in the September 2018 annual response, improvements in the job planning process to ensure it is as paper light and efficient as possible, is a priority within NHS Fife and the Regional Work Streams.

NHS Fife has rolled out eJob Planning for the Medical and Dental workforce to allow users to populate, review and sign off job plans via a unified single system in 2019.

3.5.3 Technology Enabled Care (TEC) Programme

Facilitating NHS Fife's Technology Enabled Care (TEC) Programme is critical to delivering the aims of NHS Fife's Clinical Strategy and the Fife Health and Social Care Strategic Plan. Scottish Government funding has already been

secured to introduce 'Florence', an innovative telehealth monitoring system that uses text messages to help patients and health professionals monitor and/or manage blood pressure levels at home or in a homely setting in the community. The benefits identified to date have meant that a wider roll-out of Florence is being considered in the management of other long term conditions.

Other technological solutions being explored within the context of the TEC programme includes 'Attend Anywhere', a confidential video call system designed to help health and care providers connect to service users digitally via virtual consultation rooms accessed online; plus 'Snap 40', a system which allows medical conditions and activity levels to be observed remotely via a mobile telecommunications device to ensure health professionals can prioritise their work and reduce admission to hospital.

3.5.4 Diagnostic Services

Diagnostic services will be developed to allow more diagnostic tests to be carried out in the community or in the patient's own home and video links will provide new opportunities to help people take greater responsibility for managing their own health and wellbeing. The future NHS Fife workforce requires to develop and adapt to implement the future service vision currently being described above within the evolving NHS Fife Clinical Strategy ensuring at the same time, workforce models are responsive to the integration agenda and acknowledge the changing NHS Fife workforce profile, described within section 3 of the strategy.

3.5.5 Development of New Roles

NHSScotland has already invested significantly in its workforce and recognises the benefit of new roles in the healthcare setting, but also recognises they need to do more. NHS Fife must be able to design new roles

that are based on competencies and skills that allow the workforce to provide future care pathways and emerging ways of working. These new roles include:

Physician Associates: Previously considered to be of limited benefit within Fife, recent UK wide moves to regulate the role of Physician Associates may address a number of perceived barriers in implementing this role. If successful, this could provide an opportunity to supplement the workforce with Physician Associates, who would be responsible for undertaking a number of day-to-day activities under the supervision of a doctor (e.g. taking medical histories, performing physical examinations, diagnosing illnesses, performing diagnostic and therapeutic procedures, analysing test results and developing management plans).

Clinical Fellows: A new role of Clinical Fellow has been identified and developed as a solution to the ongoing risk associated with unfilled DDIT posts, resulting in non-resilient junior doctor rotas. The aim of this role is to ensure high quality, safe and patient-centred care is maintained; improve the resilience of doctors in training rotas' to ensure high quality training; and support the recruitment and retention of high quality doctors in training.

Advanced Practitioners: Advanced Practice Nurses and AHPs have existed within NHS Fife for some time. In order to support their continued evolution, and to maximise their contribution in a modern and integrated health care setting, NHS Fife published the Advanced Practice Strategic Framework in 2018. The aim of the framework was to inspire the evolution of new clinical practice, highlighting the importance of continuing education which underpins future role extension, and addresses key themes to transform patient care within a multi-professional context. The framework also advocated for

the expansion of this role out with the current disciplines, for example introducing advanced practice within Healthcare Scientists.

Modern Apprenticeships: NHS Fife's historical approach to Modern Apprenticeship (MA) has not been as co-ordinated as it could have been and steps are being taken to redress this position. The introduction of the MA levy in 2017, the resulting increase in available MA frameworks, coupled with a projected decrease population of Fife aged between 16 and 64, and an above average youth unemployment rate, mean that MA is an important element of achieving an effective recruitment and retention strategy.

New clinical and non-clinical career pathways, supported by MA frameworks, are currently being developed across NHS Fife, in line with a national drive to develop MA's within NHS Scotland.

In Fife work has begun to develop a Youth Employment Strategy. The purpose of the strategy is to connect the key stakeholders in Health, Social Care, Schools, Colleges and the partners in Skills Development Scotland and NES to promote and co-ordinate the opportunities for young people to access and develop careers in Health and Social Care in Fife.

Working in collaboration with Fife Council's Economy, Planning & Employability Service agreement is in place for this service to support NHS Fife in identifying and placing prospective young Modern Apprentices.

Service Manager's in Allied Health Professions, Laboratories, Nursing and Midwifery and Support Services are identifying placements for both Modern Apprentices and Foundation Apprentice placements.



4.1 Distribution of Current Workforce

As detailed in paragraph 1.4, NHS Fife is currently made up of Acute Services, an agreed range of NHS Fife Services delegated to Fife's Health & Social Care Partnership, which are managed through 3 Health and Social Care Divisions, plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance and Human Resources. The data in this section and within the rest of the Strategy relates to all NHS Fife employees, including those who work in the Fife's Health & Social Care Partnership. It does not include data for Fife Council employees who work in Fife's Health & Social Care Partnership.

4.2 Current Workforce Highlights

4.2.1 Staff in Post

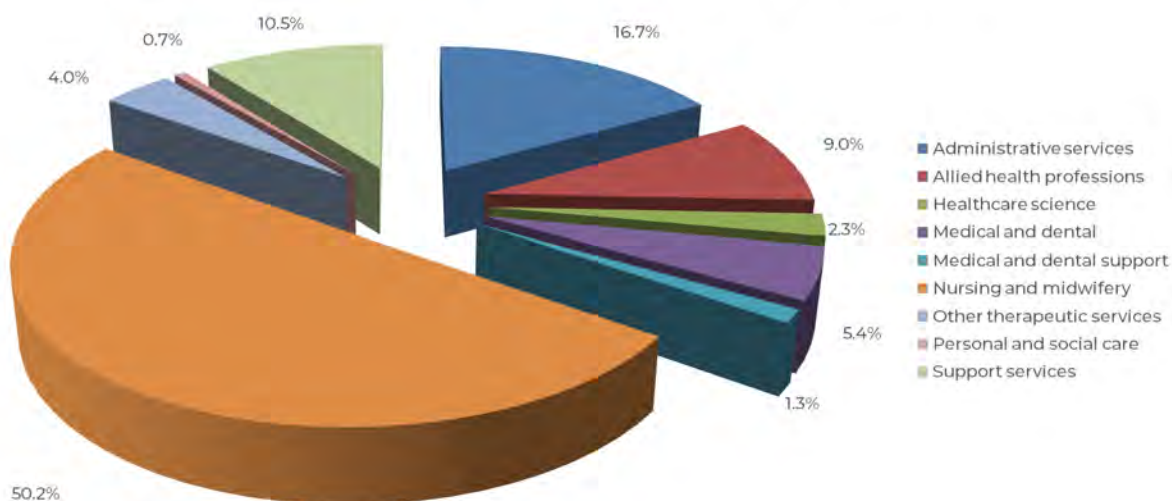
NHS Fife employed 7,128.8 whole time equivalent (wte) staff and a headcount of 8,619 as at 31st March 2019. 43.2% of the workforce is engaged within the range of services delegated to Fife's Health & Social Care Partnership, with 37.7% of the workforce engaged within the Acute Services. The previous 12 months has seen a continuation of the trend where a greater percentage of NHS Fife's staff is engaged in services delegated to Fife's Health & Social Care Partnership.

Similar to other NHS Boards, Nursing and Midwifery roles form the largest job family within NHS Fife, accounting

Workforce distribution by Division - 31st March 2019



Workforce distribution by Job Family - 31st March 2019



for 50.2% of the workforce. In contrast, non-clinical, Administrative Services and Support Services job roles account for 27.2% of the workforce.

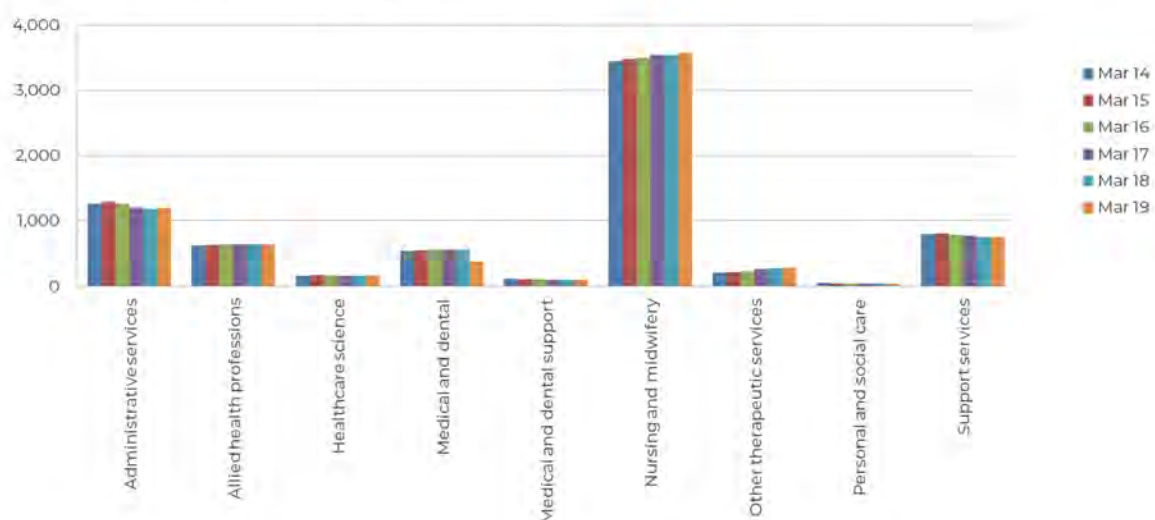
4.2.2 Workforce Trends

Across NHS Fife there has been a reduction in the total wte worked by staff by approximately 120 wte in the previous 12 months (-0.5%). This reduction was as a result of changes to the employment arrangements for Doctors in Training introduced in 2018, which led to this staff group being employed centrally within the East region.

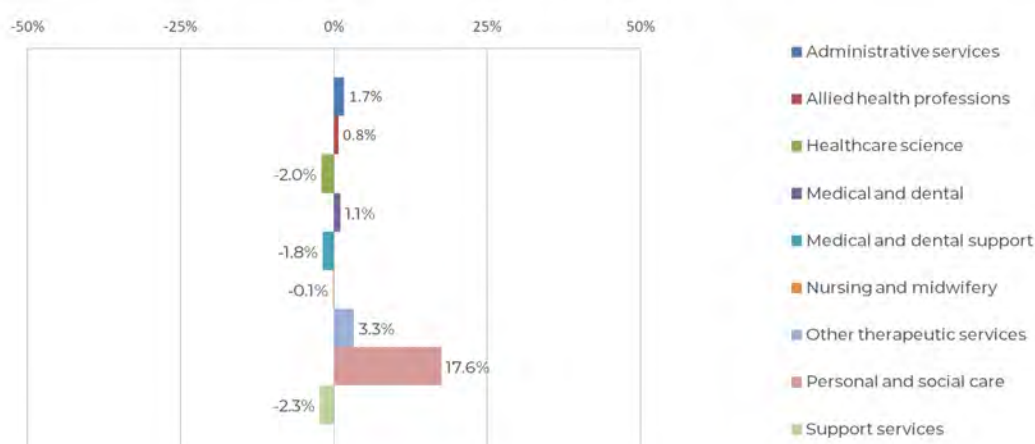
Since 2014 there has been a reduction of approximately 70 wte (-1.0%). This reduction has largely focused on non-clinical, Administrative Services and Support Services job roles. Restructuring systems and processes to achieve efficiencies within these roles has meant that circa 90 wte fewer staff are engaged in these roles over a five year period, allowing this resource to be redirected into clinical roles.

The reduction in Medical and Dental Support roles predominantly relates to a number of vacancies within Theatre Support roles being filled with

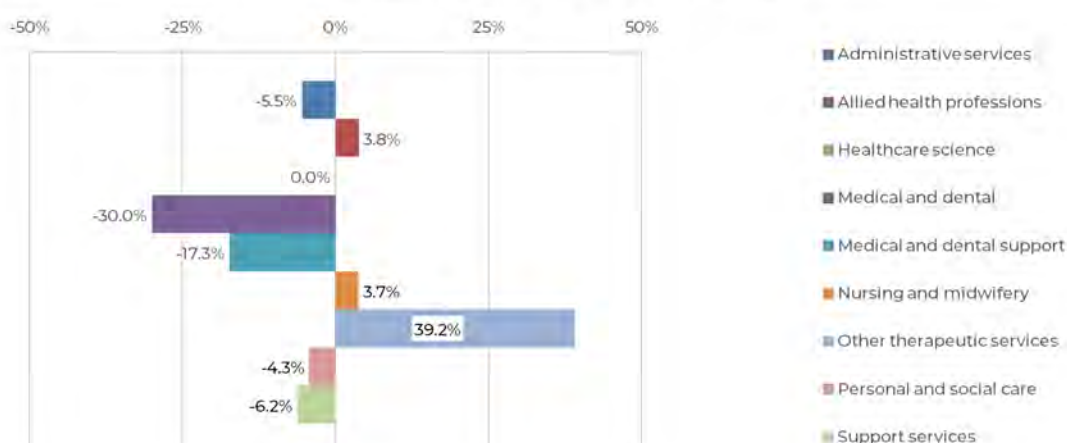
Workforce trend (wte) by Job Family - 31st Mar 2014 to Mar 2019



**Yearly % change by Job Family
31 March 2018 to 31 March 2019**



**5 Year % change by Job Family
31 March 2014 to 31 March 2019**



Anaesthetic Nurses, coded under the Nursing and Midwifery job family. This has not seen a reduction in this function, and NHS Fife continues to review these arrangements on an ongoing basis, appointing the most suitable staff in response to turnover.

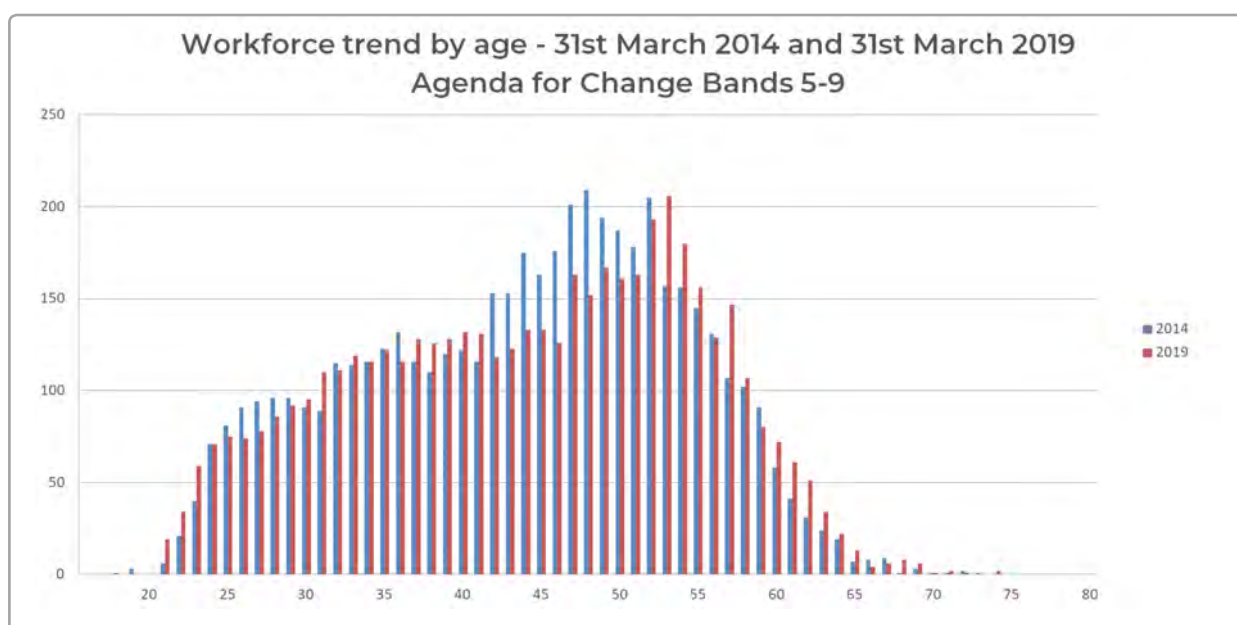
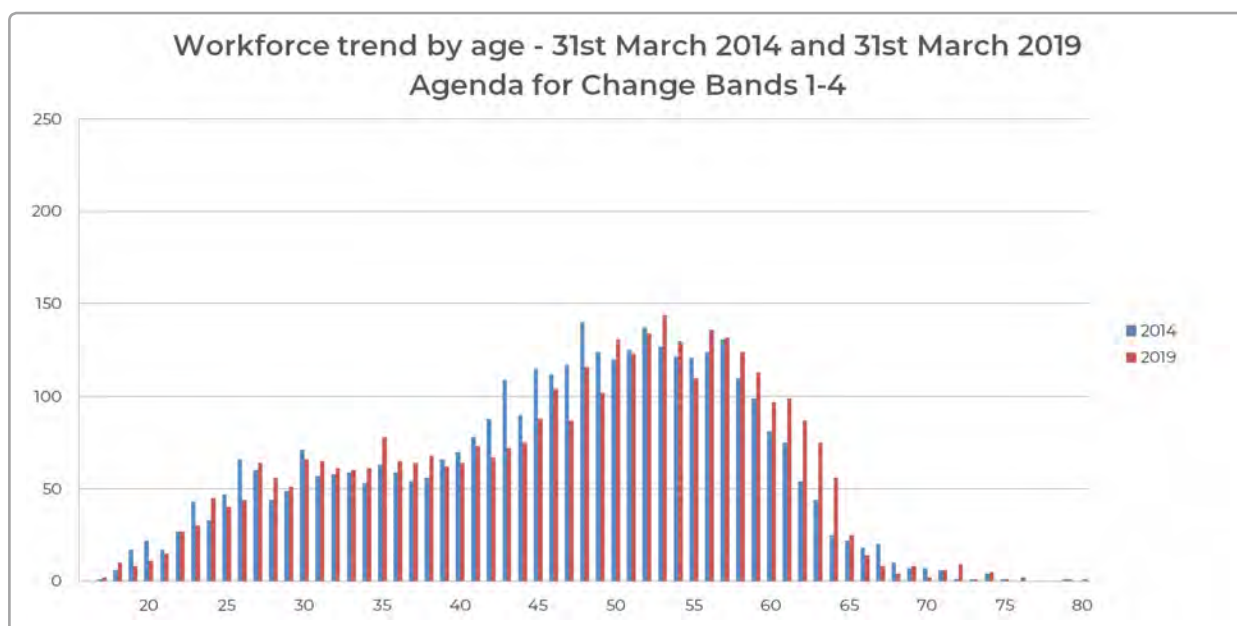
4.2.3 Changing Age Profile

Consistent with the demographic change in the population across Scotland, NHS Fife's workforce is ageing. The proportion of the workforce aged 50 and over has increased from 37.4% to 41.6% in the previous 5 years, with the proportion of the workforce aged 60

and over increasing from 6.7% to 9.1% in the same period.

Changes in the age demographics of the workforce over the previous 5 years are detailed in the diagrams overleaf.

While the median (average) age of the workforce within NHS Fife has remained consistent during this time (45.2), indicating significant growth in the 20-34 age group, the distribution of the age demographics remain skewed towards older age groups and as a result NHS Fife, along with other health boards, will require to develop recruitment and retention strategies in order to avoid



the loss of a significant proportion of the workforce over the next decade. The development of supply channels is necessary to enable alternative routes into the workforce to ensure adequate recruitment.

4.2.4 Changing Working Patterns

The ageing workforce appears to have impacted on working patterns in the previous 5 years. While whole time working remains the norm within NHS Fife, the proportion of the workforce working full time hours or above has reduced from 49.4% in 2014 to 47.3% in 2019.

Analysis of working patterns by Age Range highlights a 3.6% increase in the percentage of staff aged 50 and over working part time hours between 2014 and 2019, while the percentage of staff aged 49 and below working part time hours has remained consistent.

While it is recognised that increasing numbers of staff are choosing to work beyond both the Occupational Pension Scheme Age and State Pension Age, partly to assure their income in retirement, NHS Fife is required to consider how the output from the national working longer steering group can be used to support the employment needs of older people

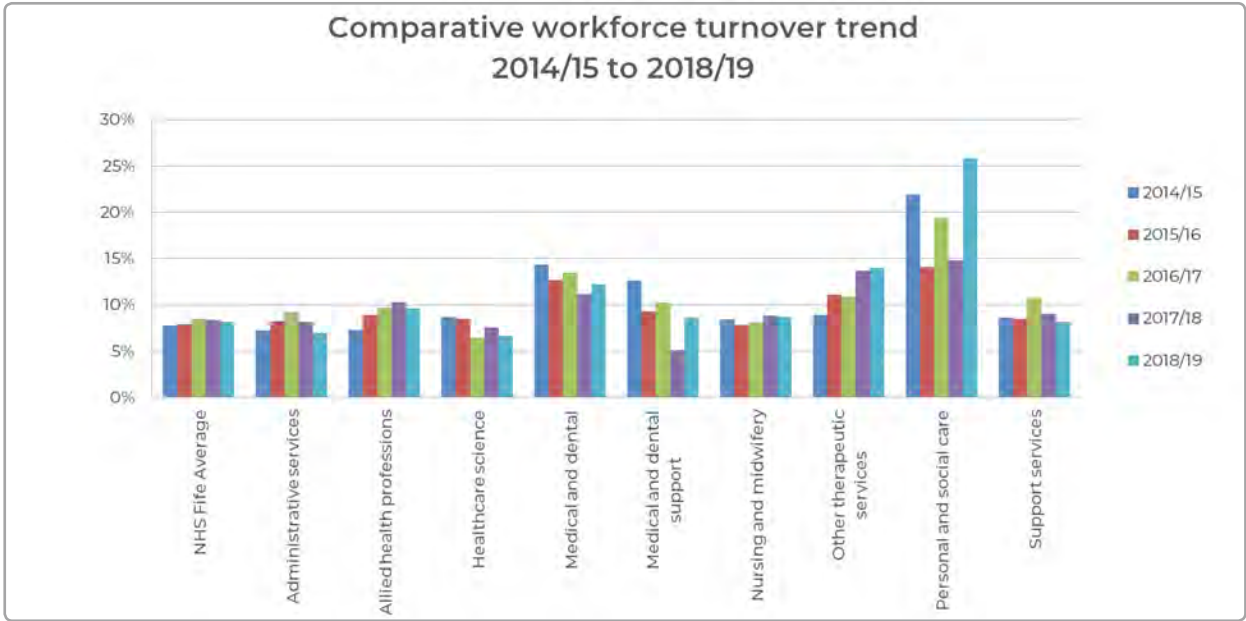
to ensure a sustainable and capable workforce.

4.3 Staff Turnover Rates

There has been an increase in the overall turnover rate within NHS Fife in recent years, reaching a high of 8.5% in the year ending 31st March 2017, before reducing to 8.2% in the year ending 31st March 2019. This is 1.4% higher than the published turnover rate across

NHSScotland for 2018/19 (6.8%).

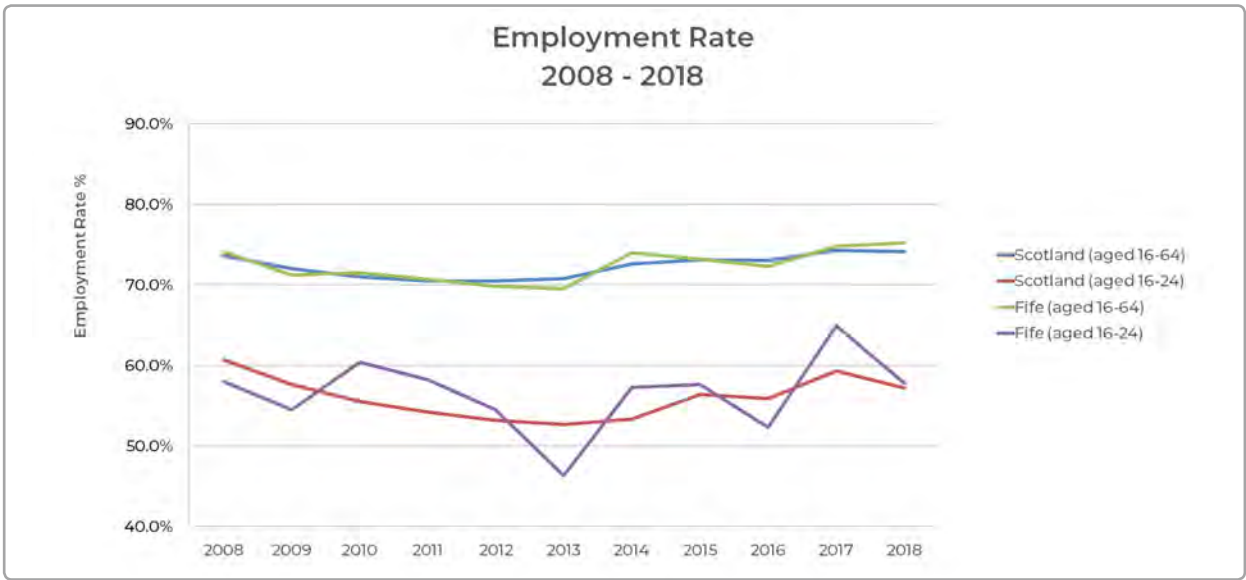
While this increase may be symptomatic of an ageing workforce demographic, and be driven in part by changes in the Scottish Public Pension Scheme regulations, the increasing trend places an additional pressure on the need to recruit staff. A greater understanding of the reasons for this is required in order to strengthen staff retention policies.

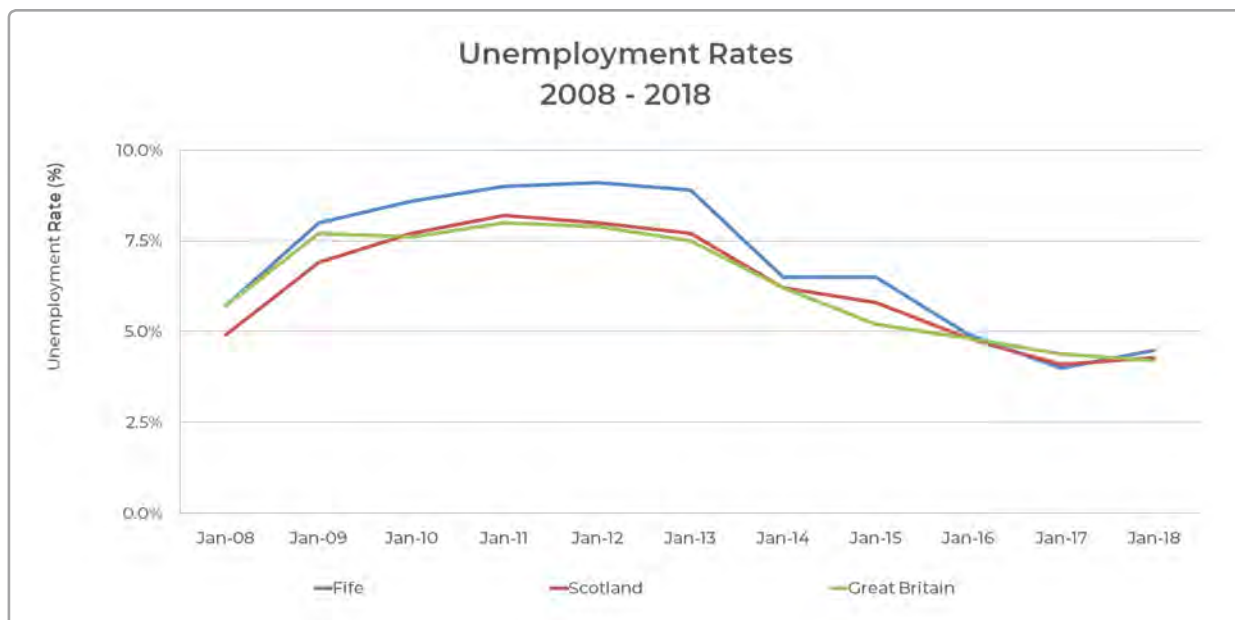


4.4 Local Labour Market Trends

With 75.2% of the population in employment at December 2018, the overall employment rate within Fife continues to follow the Scottish average. As the graph below highlights,

historically there has been more variation in the employment rates for those aged between 16 and 24, and these figures would need to be considered along with other positive destinations for this age group, such as further and higher education.





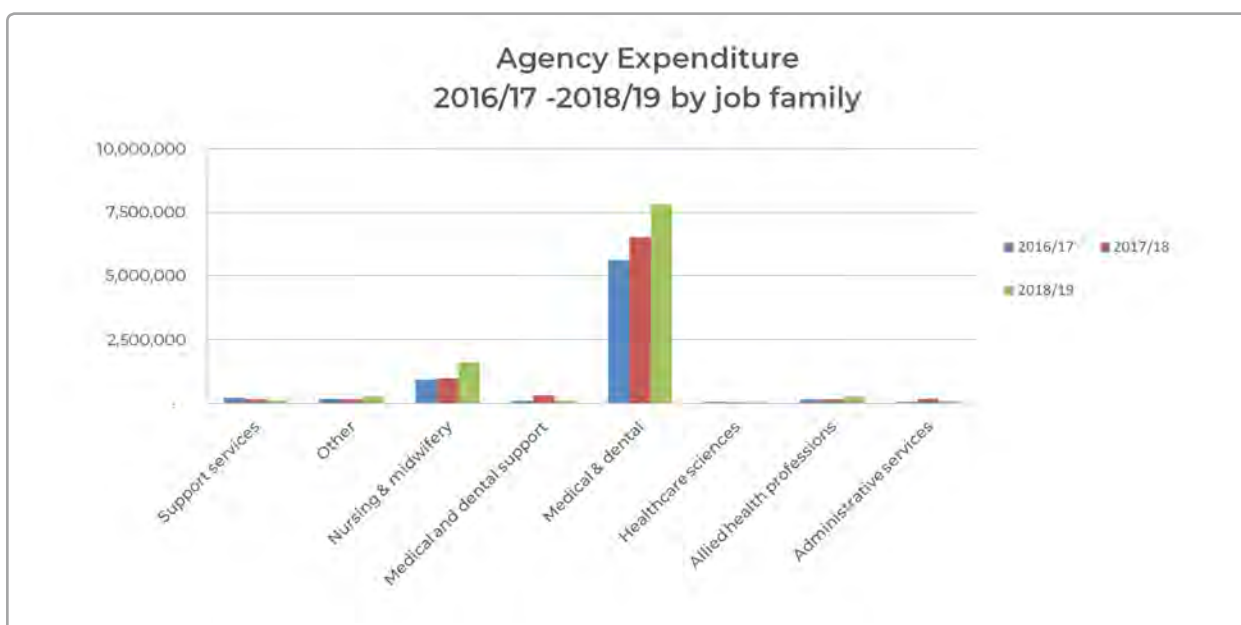
Similarly the unemployment rate within Fife, which was recorded as 4.5% at December 2018, has improved in recent years and is now aligned to the Scottish average.

Although these trends present an improved Labour Market position for Fife, they should be considered along with wider population changes impacting on the demographics within Fife. With an aging population, the number of economically active citizens in Fife has decreased by circa 1,700 (0.9%) in the previous 5 years, with the number of economically active citizens, as a percentage of the population aged 16-64, increasing by 1.3%. The actual

reduction in the size of the population aged between 16 and 64 within Fife is at odds with the overall trend in Scotland where this population has increased within the same period. These trends are likely to impact on the ability of NHS Fife to recruit from the local labour market as increasingly organisations compete for these same individuals.

4.5 Expenditure on Agency, Overtime and Additional Hours

NHS Fife spent £10,235 million on supplementary agency staffing for the year ending 31st March 2019, an increase of 20.9% from the previous year. 76.2% of this spend was on Medical and



Dental job family roles, with the majority (£5,683 million) spent on securing career grade supplementary staff, for example Consultants and Specialty Doctors.

Spend on supplementary nursing and midwifery staff, engaged via the internal Nurse Bank, also increased by 27.9% for the year ending 31st March 2019. Spend on Bank Nursing and Midwifery was £9,523 million.

Increase cost pressures for supplementary staffing vary. It includes challenges in maintaining services in response to high levels of vacancies in certain specialties and job families, winter bed pressures experiences in 2018/19, and levels of sickness absence. Directorates are mitigating these cost pressures through a series of initiatives being taken forward in conjunction with the Workforce Planning Groups within NHS Fife and Fife's Health and Social Care Partnership.

4.6 Key Workforce Challenges & Opportunities

Analysis of the workforce profile within the national, regional and local context of NHS Fife identifies a number of risks to a sustainable and capable workforce. These include:

4.6.1 Recruitment & Retention

Projected demographic changes, which will see a reduction in the working age population of Fife, will lead to recruitment and retention challenges where NHS Fife, and partner organisations providing health and social care services, increasingly compete with each other, and other industry sectors, for a reducing resource.

To improve recruitment prospects, clearer career pathways require to be developed which provides clarity to applicants on the wide range of employment opportunities within NHS Fife and on the employment and progression routes within their chosen profession. Such pathways start with

Modern Apprenticeships to ensure NHS Fife is able to maximise the benefits of the MA levy.

In addition, and in preparation for the national Shared Services work, NHS Fife, along with the other East Region Boards, is reviewing current recruitment practices in line with a Once for Scotland approach. This involves the recruitment stages being processed mapped to ensure best practice can be shared and adopted across the three recruitment teams within the East Region.

4.6.2 Supplementary Staffing

As highlighted in the recent Audit Scotland report on Workforce Planning, the cost of supplementary staffing increased throughout Scotland by 107% between 2012/13 and 2016/17. NHS Fife was not immune to this cost pressure given the levels of vacancies within our Medical and Dental workforce.

Financial initiatives have been implemented to reduce this cost pressure, such as the implementation of the Temporary Agency Medical Locum Framework, however, minimising this cost pressure will require a concerted effort to move away from external agency providers to an internal bank system, where earnings are more closely linked to the NHS payscales.

4.6.3 Medical & Dental

Current levels of Consultant vacancies are presenting a range of services throughout NHS Fife with difficulties meeting and sustaining patient demand. In particular, specialties including Radiology and Psychiatry are all contributing to a Consultant vacancy rate of 13.1%, 5.9% higher than the average across NHS Scotland.

Services have responded to these challenges with a number of innovative solutions, including the implementation of digital solutions within Radiology to support regional collaboration, and joint

appointments with neighbouring NHS Boards and Universities to maximise the attractiveness of vacancies.

Notwithstanding these solutions, many of the services encountering the most significant challenges have been identified as areas where regional working may be of benefit. In addition, NHS Fife has progressed regional and national solutions for some services, including the international recruitment campaign for Radiologists in 2018 and Psychiatrists in 2019.

4.6.4 Nursing & Midwifery

Although the overall Whole Time Equivalent of registered Nursing and Midwifery staff has shown an increasing trend, as highlighted above, an increasing number of staff are 50 years or above.

This age profile is replicated throughout NHSScotland and, therefore, the recruitment and retention of nursing and midwifery staff is becoming more important to ensure the sustainability of services. In response to this challenge, NHS Fife has had success in working with neighbouring Universities in an attempt to recruit newly qualified nurses into NHS Fife, and increasing the number of student places available on certain specialties.

Some areas of particular note include:

Mental Health – The number of newly qualified students graduating University has proven insufficient to meet recent demand. A Service review has shown shortfalls within inpatient areas making it difficult to deliver a full range of therapeutic interventions and activities which prepare people for positive discharge. This is being mitigated by using Occupational Therapy

resource and activity worker roles differently. In addition, the H&SCP is tackling stigma associated with mental health as a key priority, and working with key partners to deliver early intervention, with the intention of minimising the demand for inpatient care.

Advanced Nurse Practitioners – In 2016, the Scottish Government identified funding to support an additional 500 Advanced Nurse Practitioners in Scotland within a 5 year period between 2016 and 2021. By March 2019, NHS Fife increased the number of Advanced Nurse Practitioners by 26.9 wte within the first 3 years of this pledge, as services introduced new models of care in responding to service demand pressures and recruitment challenges within other staff categories. Services continue to explore where they can use this role within new and evolving models of care.

Theatre Nursing & Operating Department Practitioners (ODPs) – There is a recognised shortage of ODPs throughout NHS Scotland, with new graduates often electing to work for premium rates secured through external agencies. NHS Fife has participated in the National Theatre Nursing & ODP Workforce Collaborative on the development and delivery of a Dip (HE) in Operating Department Practice and associated education pathway. The University of the West of Scotland has been successful in tendering for this course and NHS Fife is actively participating in discussions to confirm the number of students to take up places from September 2019.

4.6.5 Allied Health Professionals

The Allied Health Professions workforce has pushed historical job role boundaries in recent years in response to service sustainability

challenges. The introduction of Allied Health Profession Consultants, Advanced Practice Physiotherapists and Reporting Radiographers have all positively benefited the provision of care within Fife. Continuing the introduction of advanced practice roles, in line with NHS Fife's Advanced Practice: Strategic Framework for Nurses, Midwives and Allied Health Professionals in Fife, will be an important step in Fife's Health & Social Care Partnership Transformational Programme and the implementation of the national GP contract.

These developments need to be maintained to maximise the contribution Allied Health Professionals make to the transformational change agenda. National agreement and local implementation of Workload and Workforce Planning Tools will improve annual data collection, effective benchmarking and proactive workforce planning. However, closer collaborative working with national groups and neighbouring universities is required to increase the provision of candidates in the labour market and prevent Health Boards competing for an increasingly scarce resource to fill future vacancies.

4.6.6 Psychological Therapies

Despite recruitment of additional staff, secured through Scottish Government funding, demand for Psychological Therapies continues to exceed capacity and clinicians continue to work through this. The H&SCP is responding to the challenge by supporting system-wide redesign across statutory and third sector services to reduce waiting times by improving flow, while better meeting individual needs.

4.6.7 GP Contract

General Practice carries out 90% of patient contacts within the Health Service, therefore appropriate implementation of the new GMS contract is important if NHS Fife is to

realise the intended patient benefits of this contract, and allow GP's the opportunity to be more involved in influencing the wider Health and Social Care system to improve local population health in their communities.

Initial multi-partnership work has been undertaken to scope this contract, and the challenges involved in reducing the existing contractual complexity for GP's under the present arrangements, and establish how best to deliver improvements in the primary and secondary care interface. Under the new GMS contract this will involve the provision of wider multi-disciplinary professionals within practices, and the impact this commitment has on the local, regional and national supply of these staff groups will need to be considered.

4.6.8 Leadership Capability and Capacity

It is crucial that we ensure that those within our workforce who undertake a formal leadership role within the Board are supported via appropriate training and development to do so in a competent manner and displaying appropriate values and behaviours. This will be provided by reviewing our current development opportunities to ensure that these are fit for purpose.

Reflecting the ongoing transformation within Health & Social Care, it is recognised that the skills and competencies held by the next generation of leaders will need to be different. Focused on collective and collaborative working to meet the challenges of tomorrow, Project Lift is a collaboration between the Scottish Government and the NHS to create a digital platform supporting the development of leadership capability and capacity to transform health and care.

The goals of Project Lift are to establish a system-wide approach to identifying,

supporting, enhancing and growing leadership talent at all levels in order to transform NHS Scotland services and improve the experience of our people. Specifically, its aim is to:

- Articulate, promote and develop key leadership attributes within NHS Scotland, demonstrating the importance of values and insight as well as ability and ambition
- Create the skills, behaviours, and culture to realise the ambitions of the Health & Social Care Delivery Plan
- Support a talent pipeline of our highest potential people and visible succession planning to our most senior roles within NHS Scotland
- Make NHS Scotland an exemplar employer of proud, fulfilled and engaged staff

4.6.9 Safe Staffing Legislation

The Nursing and Midwifery Workload & Workforce Planning (NMWWP) tools, which will form the basis of Safe Staffing Legislation to be introduced in 2019, continue to be rolled out and applied throughout Adult inpatient areas, Community Nursing, Mental Health, Midwifery and Learning Disability services. Initial findings from these exercises indicate that the number of nurses within the inpatient Mental Health environment may need to be increased in order to optimise patient care, whilst the complexity of patient conditions in community Adult inpatient areas may lead to an increase in establishment levels in certain community hospital areas.

The Director of Nursing is responsible for reviewing and approving the NMWWP exercise results, taking account of wider factors such as the Clinical Strategy, changes to the future models of care, and a greater proportion of the population of Fife to be cared for in a community setting. In future, this will also require to take account of the supply of staff to ensure robust triangulation between patient care,

finance and the availability of staff.

4.6.10 Sickness Absence

Levels of sickness absence remain a concern within NHS Fife, causing challenges relating to the quality and continuity of care delivered by staff, in addition to financial challenges associated with the costs of supplementary staff. Strategies continue to be adopted to improve sickness absence trends, most recently involving the Well at Work Group which has adopted approaches to embed a health promoting organisational culture. The Well at Work Group is also exploring how wider Public Health initiatives, such as those relating to reducing the health gap between the more affluent areas and more deprived areas in society, could be adopted to support staff.

4.6.11 United Kingdom's withdrawal from the European Union

The implications of the UK's decision to leave the European Union, popularly known as Brexit, will be dependent on the final agreement negotiated between the UK and the remaining 27 EU members. Currently, there remains uncertainty over the shape of the labour market, employment law and immigration policy. All of these factors will impact upon Workforce Planning at a national, regional and local level, and a variety of solutions will need to be identified across these levels to ensure the health and social care needs of our population are not adversely affected during the transition period and beyond.



As detailed within this plan there are a wide range of workforce demand and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad workstreams that are being taken forward to close potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate Functions. The actions being taken within the Health and Social Care Partnership are detailed separately within their Workforce Plan. The

Partnership’s Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

This Section is not a detailed implementation plan. The more detailed implementation/action plan will be developed and monitored on a regular basis throughout the year by the two Strategic Workforce Planning Groups within NHS Fife and the Health and Social Care Partnership respectively.

Area	Strategic/Overarching Workstreams/Actions
Acute Services	Consideration of Service Redesign across a range of clinical services in order to meet future workforce demand and sustain services:
Audiology	Analysis of demand and capacity, review of existing patient pathways and a revised skill mix
Cardio-Respiratory	Development of new roles and expansion of existing roles
Critical Care	Development of new roles and review of Technology Enabled Care (TEC)

Area	Strategic/Overarching Workstreams/Actions
Dermatology	Development of Advanced Nurse Practitioner roles
Emergency Medicine	Review of nurse staffing, review of medical model to determine future sustainability, development of new roles and escalated planning of Urgent Care Centres
Endoscopy & Gastroenterology Service	Potential collaborative work within the East Region, review of Technology Enabled Care (TEC), development of new roles and skill mix
ENT	Continue to review and implement new expanded ANP roles, potential collaborative work within the East Region
Haematology	Development of new expanded ANP roles
Laboratories	Participation in potential Regional model, potential to achieve efficiencies through regional working with shared systems and processes, introduction of Advanced practice roles and review of Technology Enabled Care (TEC)
Medicine of the Elderly	Develop a transformational multi-disciplinary and multi-agency approach to the MoE service, develop a nurse rotation programme supported by the Dundee School of Nursing, review use of ANP role and review staffing via use of the nursing workforce tool
Obstetrics & Gynaecology	Review of medical staffing skill mix, review model of care delivery consider potential regional opportunities
Ophthalmology	Potential service redesign via Waiting List/Access bid and consideration of potential regional opportunities
Orthopaedics	Development of successful Orthopaedic bid, review Consultant workforce and consideration of potential regional opportunities
Paediatrics and Neonates	Review model of care delivery including skill mix required to deliver this to ensure sustainability of the nursing service consider development of ANP roles
Radiology	Consideration of regional options for service delivery, participation in any national or international recruitment initiatives and consider the use of expanded roles within the service
Renal	Review use of ANP roles, review of medical/nursing workforce model
Theatres & Anaesthetics	Contribute to revising the national approach to train ODP's within Scotland, review of skill mix, introduce Physician Assistants and consider development of other Bank options to provide a workforce supply

Corporate & Whole System Professional Specific Areas

Area	Strategic/Overarching Workstreams/Actions
Medical and Dental Vacancies	Agree optimal regional operating models, implement regional medical bank and review recruitment practices including local, regional, national and international
Doctors and Dentists in Training	Delivered for Doctors future development to integrate Dentists into the same model, consider new models of care including new roles and use of Physicians Assistants, Physician Associates, Clinical Fellows and Advanced Practitioners
Consultant and SAS Job Planning	Rollout of e-job planning
Nursing, Midwifery and AHP Recruitment	Continue positive liaison with universities, colleges and schools, development of additional placements for Dundee campus students within Fife, engage with national workload and workforce planning group to support proactive workload planning
Administrative Services	Measurement of this element of the workforce and benchmarking nationally and identification of any transformational change that may release resource efficiencies
Estates and Facilities	Participate in National Laundry & Catering Groups, explore potential regional recruitment solutions if appropriate, continue in year review of vacancies to support service redesign
Human Resources	Develop youth employment strategy and opportunities with DYW Board and directly with schools, deliver a programme of open events, develop a programme for broadening employment opportunities for other social inclusion groups within the community, participate in East Recruitment transformation programme, participate in national once for scotland policy programme, implement eESS and other workforce related IT systems
Finance	Participate in local, regional and national programmes of service redesign



The implementation of the plan is the responsibility of the Chief Executive, Directors and General Managers of NHS Fife. Levels of partnership working are supported by the Local Partnership fora and the Area Partnership Forum. Performance scrutiny is provided by the management structure of NHS Fife and assurance through the Staff Governance Committee.

Whilst the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within

NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions detailed within Section 5 that impact on NHS Fife staff engaged within the Partnership. Working with colleagues from NHS Fife, Fife Council, Voluntary and the Third Sector, these actions will be progressed via the appropriate governance arrangements.

The Strategy is a live document that is flexible and adaptive in response to change. The Strategy, therefore, will remain a live document continually under review.

Staff Governance Committee



DATE OF MEETING:	30 th August 2019
TITLE OF REPORT:	TURAS PDP Completion
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Bruce Anderson. Head of Staff Governance

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

SBAR REPORT

Situation

EDG have committed to improving performance with regard to TURAS PDP completion and agreed to set a recovery plan target to restore compliance to above 80% by the end of October 2019. Staff Governance Committee are provided with an update on this issue along with the position for each directorate to meet the agreed recovery plan.

Background

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 “appropriately trained”. The core element is the Personal Development Plan and Review (PDPR) process underpinned by an electronic recording and monitoring system Turas. Although PDP is no longer a HEAT target the Scottish Government expectation is that Boards continue to meet the 80% compliance target rate.

The importance of all staff having “..... a meaningful conversation about their performance, their development and career aspirations” is a priority for action in the Everyone Matters 2020 Workforce Vision Implementation Plan. The Turas development recognised the most important element of the PDP process is the quality “face to face” discussion between reviewer and reviewee, and provides a simpler process to enable this interaction than the previous eKSF system.

PDP performance is routinely monitored through the IPR and the Staff Governance Committee. The staff governance committee previously tasked the Chief Executive in setting improvement targets for each Directorate to achieve 80% compliance. This was successful in 2017/18 prior to the introduction of Turas as the eKSF replacement. It was anticipated in the transition period from eKSFsystem to Turas that the period of changeover would likely result in a drop in PDP completion. Turas has now been fully operational for 15 months and although there are some signs of improvement in PDP compliance the current figure is currently 51%.

Assessment

1. Performance Summary

The chart below tracks the minimum performance improvement required to meet the October target for each directorate.

PDP compliance has shown an increase in performance in 2019/20 however it currently sits at 51% compliance, 29% lower than the agreed target and in order to improve this the following actions have been taken:

- The provision of baseline Turas performance compliance data to the main operational units
- Monthly reporting to EDG and quarterly to Staff Governance Committee through IPR

- The provision of Turas RAG reports to managers to identify and monitor their own performance compliance
- The full suite of Turas training provision and support has been reviewed and extensively publicised
- Ongoing targeted support being provided to managers on request

The Turas PDP improvement plan seeks to return the Board to 80% compliance by 31st October 2019
The proposed trajectory is detailed below.

Table 1: Performance against Recovery Trajectory based on 12 month rolling performance rate

Month	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Actual Performance	42%	46%	48%	51%								
Performance of previous month	39%	42%	46%	48%								
Direction	↑	↑	↑	↑								
Performance against trajectory	+3%	-	-5%	-9%								
Recovery Trajectory	39%	46%	53%	60%	67%	73%	80%	80%	80%	80%	80%	80%
Target standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

The Table below details the improvement required in each Directorate:

Directorate/Division	Number of staff	Number of completed Appraisals on Turas	Previous Month Cf %	July Actual %	Direction	August Recovery Trajectory %	September Recovery Trajectory %	October Recovery Trajectory %
Acute Services	3383	1886	55%	56%	↑	64%	72%	80%
Estates and Facilities	1113	554	47%	50%	↑	60%	70%	80%
Medical Director	50	21	0.38	40%	↑	53.3%	66.6%	80%
Finance	100	51	49%	53%	↑	62%	71%	80%
Human Resources	64	37	52%	53%	↑	62%	71%	80%
Nursing Director	64	28	0.35	36%	↑	50.7%	65.4%	45%
Public Health	19	7	41%	37%		51.3%	65.6%	80%
Fife Wide Division	1942	1010	50%	52%	↑	61.3%	70.6%	80%
East Division	704	215	0.28	31%	↑	47.3%	63.6%	80%
West Division	711	333	36%	47%	↑	58%	69%	80%
Board Total	8157	4142	0.48	51%	↑	60.6%	70.2%	80%

Recommendation

Staff Governance is asked to **note** the progress in relation to the recovery plan.

Objectives: (must be completed)

Healthcare Standard(s):	Staff Governance Standard
HB Strategic Objectives:	Exemplar Employer

Further Information:

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

Impact: (must be completed)

Financial / Value For Money	
Risk / Legal:	
Quality / Patient Care:	Potential impact through non identification of staff learning and development needs
Workforce:	Staff morale, motivation, and competence potentially affected through the non- application of a structured PDP process
Equality:	<ul style="list-style-type: none">n/a

Report to Staff Governance Committee

DATE OF MEETING:	30 th August 2019
TITLE OF REPORT:	Youth Employment Strategy
EXECUTIVE LEAD:	Barbara Anne Nelson, Director of Workforce
REPORTING OFFICER:	Bruce Anderson, Head of Partnership

Purpose of the Report (delete as appropriate)		
	For Information	

SBAR REPORT

Situation

Previous updates have been provided to Staff Governance Committee regarding the overall Workforce Strategy. A report was also provided on 4th September 2018 regarding the individual workstream about the Board's approach to Youth Employment and the need to review this and seek different ways to engage with this element of our local population to support an increase the source of our workforce going forward.

Background

This paper reminds the Committee of the work undertaken to date but also gives an indication of other steps that are being taken to increase our engagement in this agenda. It is also anticipated that further national guidance will be issued by Scottish Government in respect of a Youth Employment Strategy.

As stated above the employment of young people within the Board will not only support us in sustaining our workforce going forward but will also increase the health and wellbeing of this element of the population of Fife as well as wider family members. This will have not only an individual benefit but also has the potential to support a reduction in demand for services as the health of the population improves.

Assessment

Current and future actions to support this agenda are:

- A paper is to be considered at EDG in September 2019 with proposals to support a significant increase in the number of Apprenticeships within the Board.
- Acting as a full member of the Fife Developing Young Workforce Board working with key partners in Further Education, NHS Scotland, Fife Council, Private Sector, third and voluntary sector and Skills Development Scotland to seek opportunities to increase our supply of a youth workforce
- Provision of work placements in a variety of departments via Government funded placements liaising with Jobcentre Plus as appropriate. Currently supporting 4 individuals in this position
- Progressing the development of Foundation and Modern Apprenticeships. Currently four MA's are in place within the Board with plans to implement 13 FA's and an additional 10 MA's within the following areas: Health Records, Laboratories, Podiatry, Dietetics, ICASS, eHealth, Nursing and Finance.
- The Board continues to facilitate the extremely popular Pre-University/College Student Placements for young people: Admin & Clerical – 1; Labs – 5; Dental, Speech & Language Therapy, Podiatry, Vascular, Public Health, Community Nursing – 49; Pre-medical – 52 (1 week placement); Radiology – 6; Physiotherapy – 7.
- Deliver specific NHS career events
- Determine how to utilise social media to maximise effectiveness in establishing a link to the young people of Fife

- Pilot an interactive challenge with S2 High School pupils early 2019 with evaluation thereafter to determine the benefits of future rollout
- Another introduction to Nursing event is taking place in September 2018 with 80 students attending over Victoria and Queen Margaret Hospitals
- We have 5 students attending Pre Medical School placements from the St Andrew's Gateway to Medicine programme.

The further development of the Board's Youth Employment strategy is essential and will be progressed incorporating all of the existing good work which is undertaken within the Board in this area. It will also incorporate the actions described above and any new initiatives that are identified.

Recommendation

Staff Governance Committee are asked to:

- **Note** the specific actions to be taken in supporting the Youth Employment Agenda

Objectives: (must be completed)

Healthcare Standard(s):	National Clinical Strategy
HB Strategic Objectives:	Sustainable/Competent Workforce

Further Information:

Evidence Base:	2020 Vision/National Workforce Plan/Local Workforce Intelligence
Glossary of Terms:	N/A
Parties / Committees consulted prior to meeting:	N/A

Impact: (must be completed)

Financial / Value For Money	Compliance with Staff Governance Standards
Risk / Legal:	N/A
Quality / Patient Care:	Provision of quality care/staff health and wellbeing
Workforce:	Staff Safety and Wellbeing
Equality:	N/A

STAFF GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
1 November 2019
17 January 2020
6 March 2020
1 May 2020
3 July 2020
4 September 2020
30 October 2020
15 January 2021
5 March 2021

Please note that all meetings take place in the **Staff Club** and start at **10am**

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Fife Integrated Performance & Quality Report

Produced in August 2019



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

Staff Governance

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

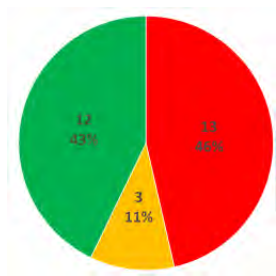
A summary report of the IPQR, the Executive Summary IPQR (ESIPR), is presented at each NHS Fife Board Meeting, while Board members are sent a courtesy copy of the IPQR each month.

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 including current and previous performance and benchmarking against other NHS Boards.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 12 (43%) classified as **GREEN**, 3 (11%) **AMBER** and 13 (46%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

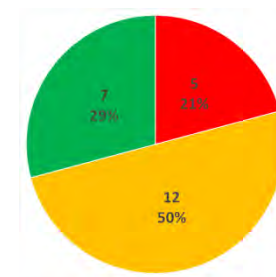


There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, consistently below the target level, at 1.47 per 1,000 Occupied Bed Days
- The SAB infection rate (measured on a rolling 3-month basis) is significantly lower than the Improvement Trajectory for 2019/20
- New Outpatient Waiting Times achieved above Standard performance for third month in succession with 95.4% waiting less than 12 weeks
- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20
- Cancer 31-Day DTT achieving the Standard in June

b. National Benchmarking

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



c. Indicator Summary




c. Indicator Summary				Performance								Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target								Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory								Mid Range			
				more than 5% behind the Standard / Delivery Trajectory								Lower Quartile			
Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major and Extreme Adverse Events	N/A	Month	Jun-18	49	May-19	60	Jun-19	55	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01		2018/19	1.01	◀▶	1.00
	N/A	Inpatient Falls with Harm	2.16	Month	Jun-18	2.45	May-19	1.57	Jun-19	1.47	↑	N/A			
	N/A	Pressure Ulcers	0.42	Month	Jun-18	0.82	May-19	0.55	Jun-19	0.68	↓	N/A			
	N/A	Caesarean Section SSI	2.5%	Quarter	Mar-18	3.3%	Dec-18	1.7%	Mar-19	6.5%	↓	QE Mar-19	6.5%	▼	1.6%
	0.32	HAI - C Diff	0.32	Quarter Ending	Jun-18	0.17	May-19	0.18	Jun-19	0.16	↑	2018	0.19	▲	0.27
	0.24	HAI - SABs	0.34	Quarter Ending	Jun-18	0.45	May-19	0.30	Jun-19	0.26	↑	2018	0.43	▼	0.33
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jun-18	73.6%	May-19	75.7%	Jun-19	70.9%	↓	2017/18	77.5%	◀▶	74.4%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jun-18	32.1%	May-19	48.0%	Jun-19	51.8%	↑	2017/18	49.7%	◀▶	52.8%
		Patient Experience													
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Jun-18	100.0%	May-19	100.0%	Jun-19	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	96%	Month	Jun-18	96.8%	May-19	94.5%	Jun-19	94.9%	↑	Jun-19	94.9%	▲	90.3%
	N/A	Delayed Discharge (% Bed Days Lost)	7%	Month	Jun-18	3.5%	May-19	8.5%	Jun-19	6.8%	↑	QE Dec-18	7.5%	◀▶	7.1%
	95%	New Outpatients Waiting Times	95%	Month	Jun-18	92.0%	May-19	96.4%	Jun-19	95.4%	↓	Mar-19	98.2%	▲	75.0%
	100%	Diagnostics Waiting Times	100%	Month	Jun-18	95.8%	May-19	99.5%	Jun-19	99.5%	↔	Mar-19	99.9%	▲	84.0%
	100%	Patient TTG (Patients Waiting)	80%	Month	Jun-18	86.2%	May-19	88.2%	Jun-19	87.0%	↓	QE Mar-19	89.6%	▲	70.1%
	90%	18 Weeks RTT	84%	Month	Jun-18	80.3%	May-19	82.6%	Jun-19	83.4%	↑	Mar-19	76.9%	◀▶	77.3%
	95%	Cancer 31-Day DTT	95%	Month	Jun-18	93.8%	May-19	93.3%	Jun-19	95.0%	↑	QE Mar-19	95.2%	◀▶	94.9%
	95%	Cancer 62-Day RTT	94%	Month	Jun-18	86.2%	May-19	86.6%	Jun-19	82.9%	↓	QE Mar-19	84.8%	◀▶	81.4%
	29%	Detect Cancer Early	27%	Year Ending	Dec-17	22.4%	Sep-18	27.9%	Dec-18	27.6%	↓	2017, 2018	25.1%	◀▶	25.5%
	80%	Antenatal Access	80%	Month	Apr-18	83.0%	Mar-19	90.9%	Apr-19	92.8%	↑	2018/19	91.5%	▲	84.9%
	100%	Smoking Cessation	100%	YTD	Mar-18	58.7%	Feb-19	88.0%	Mar-19	88.6%	↑	YT Dec-18	78.8%	◀▶	84.7%
	90%	CAMHS Waiting Times	88%	Month	Jun-18	72.1%	May-19	66.7%	Jun-19	76.5%	↑	QE Mar-19	72.8%	◀▶	73.6%
	90%	Psychological Therapies Waiting Times	82%	Month	Jun-18	70.9%	May-19	66.2%	Jun-19	66.3%	↑	QE-Mar-19	67.6%	▼	77.4%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Jun-18	80.7%	Mar-19	66.1%	Jun-19	75.0%	↑	2018/19	66.1%	▼	85.6%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Apr-18	96.0%	Mar-19	95.0%	Apr-19	92.1%	↓	QE-Mar-19	92.6%	◀▶	93.2%
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	N/A	N/A	2016/17	88.2%	2017/18	85.3%	↓	2016/17	88.2%	◀▶	83.5%
	N/A	Dementia Referrals	TBD	YTD	Dec-17	497	Sep-18	406	Dec-18	586	↓	2016/17	59.8%	▲	41.4%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Jun-18	N/A	May-19	66.2%	Jun-19	61.1%	↓	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Jul-18	N/A	Jun-19	£3.130m	Jul-19	£5.228m	↓	N/A			
	N/A	Capital Expenditure	£7.394m	Month	Jul-18	N/A	Jun-19	£0.422m	Jul-19	£0.653m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Jun-18	4.69%	May-19	5.66%	Jun-19	5.55%	↑	2018/19	5.51%	▼	5.39%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison
Inpatient Falls Reduce falls with harm by 20%	2.16	May-19	2.16	Jun-19 1.47	N/A N/A
While overall, falls with harm rate has been static, the data highlights an increase in falls with harm in a few focussed areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment, patient profile including those patients who have boarded in other wards.					
Pressure Ulcers 50% reduction by December 2019	0.42	May-19	0.42	Jun-19 0.68	N/A N/A
There remains standard variation in the data with no sustained improvement in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.					
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Dec-18	2.5%	Mar-19 6.5%	QE Mar-19 ▼
Quarterly performance varies significantly, and eradicating variation as well as reducing the infection rate is being targeted through improvement work. The identified actions are long-term but some impact should be apparent as the year progresses.					
SAB (MRSA/MSSA) Rate of SAB (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	0.24	Never Met	0.34	QE Jun-19 0.26	2018 ▼
Performance has improved significantly during the first half of 2019. HPS are now reporting on performance using split Healthcare/Community measures, and these will need to be considered as we move forward. The Improvement Actions by their nature are long-term, although some impact should be apparent as this year progresses.					
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jun-19 51.8%	FY 2017/18 ◀▶
Variable monthly performance, but slightly improving towards the target for 2019/20 Regular meetings are being held with ASD colleagues to review issues and style of draft responses, and education is being provided on an ad hoc basis (as well as formally to FY2 doctors).					

Executive Lead Comments

No comments received

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison	
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-19	8%	Jun-19	6.8%	Dec-18 
Increasing delays at monthly census points throughout FY 2018/19, with knock-on affect on bed days lost Actions have been identified to address key delay reasons such as the time (and location) for social care assessments. A Moving On Policy is also being developed to cover the situation where families of patients in delay are refusing choices and/or where there is no availability of the assessed resource.						
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%	Nov-18	95%	Jun-19	94.9%	Jun-19 
Performance has been just below the Standard since the start of 2019, although consistently better than the Scottish average. The PerformED Group has been formed to analyse attendance trends and identify where improvements can be made and this, along with complementary work within AU1 and ECAS, is expected to have a positive impact in reducing 4-hour breaches as we move towards the challenging winter period.						
Patient TTG All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Jun-19	87.0%	QE Mar-19 
The LDP Standard addresses patients treated each month, but we are measuring performance in terms of the % of patients waiting over 12 weeks at month end. This provides a better view of ability to manage waiting times. The first tranche of additional SG funding has been confirmed, and work has started on key projects around Clinical Space and Theatre Utilisation, which will support a sustainably improved performance.						
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%	Jun-19	82.9%	QE Mar-19 
There is significant monthly variation and generally poor performance against the Cancer 62-Day RTT Standard. All pathways are being reviewed, with specific focus on the prostate pathway via the work of the Urology Improvement Group. The latter is showing a positive impact. The overall governance structure and format of weekly meetings are also being reviewed.						
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	Never Met	100%	Year To Mar-19	88.2%	QE Dec-18 
The final figures for 2018/19 show that we achieved just under 90% of the target, better than in previous years. Improvement actions focusing on hard-to-reach communities and pregnant women are in place to ensure that the 2019/20 target of 473 quits will be achieved.						
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Jun-19	76.5%	QE Mar-19 
After a consistent improvement in 2018, performance has been variable since the start of this year The addition of the Primary Care Mental Health cohort had a positive impact, but these fixed-term contracts have ended and recruitment is having to restart. Additional evening clinics are planned for later this year, while the creation of Team Leader role is having a beneficial affect in waiting times management.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison	
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral Continuing to report monthly performance between 65% and 70% Single point of access is in place for 4 out of 6 Community Mental Health Teams, while we are monitoring the impact on capacity of the Extended Group Programme (introduced in November 2018). An evaluation of the impact of implementing a pilot nurse-led mental health triage system at a small number of GP Cluster Areas is also underway.	90%	Never Met	82%	Jun-19	66.3%	QE Mar-19 ▲
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days Although performance has fallen sharply in the last quarter, plans have now been put in place to provide a more efficient system for logging and managing requests (including those passed on to the IJB). We are also looking to improve resilience within Corporate Services to reduce dependency on individuals.	N/A	N/A	85%	QE Jun-19	61.1%	N/A N/A

Executive Lead Comments

Acute waiting times for new outpatients, Patient TTG and Diagnostics are currently performing in the upper quartile compared with other mainland Scottish NHS Boards. In terms of AOP performance, TTG is better than target but Outpatients is behind target.

Urology remains challenging for 31 and 62 day Cancer Waiting Time target. The work within Urology Improvement Group to review the pathways is expected to be completed by January 2020 as is currently on track.

Emergency Access standard remains a challenge for Fife. Improved patient flow is key to achieving 95% and review of AU1 Assessment Pathway, redevelopment of ECAS and implementation of OPAT service all underway and are due to be completed by October 2019.

Bed Days Lost to Delays has reduced to 6.8%, under 5% target for March 2020, with the number of patients in delay at census 53. A review of timeliness of social work assessments is under way and a trusted assessor's model within VHK for patients transferring to STAR/Assessment Beds is on track for completion by October.

Mental Health Waiting Times continue to be a challenge with both CAMHS and Psychological Therapies below AOP trajectories. All improvement actions are currently on track to deliver by agreed timescales.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison
Revenue Expenditure					
Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-19 + £5.228m	N/A N/A
<p>The revenue position for the 4 months to 31 July reflects an overspend of £5.228m. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.</p>					
Capital Expenditure					
Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-19 £0.653m	N/A N/A
<p>The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>					

Executive Lead Comments


As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outturn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.** It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	May-19	5.66%	FY 2018/19 
Performance has exceeded 5% since July 2018 Extensive support for management of attendance continues to be offered and improvement trajectories for individual business units are being monitored monthly. The early intervention of Occupational Health for mental health-related absence has been in place since March.						

Executive Lead Comments

We continue to progress work in partnership with our staff representative colleagues to improve performance in this area. This includes jointly presented “myth busting sessions” which will also support the application of the newly agreed Circular dealing with this issue.

Our workshops which include discussion of best practice examples from within the Board; the art of having “Good Conversations”, supporting staff resilience and the need to be aware of and support in a timeous way any colleagues who are experiencing mental health related issues have been extremely well received

II. Performance Exception Reports

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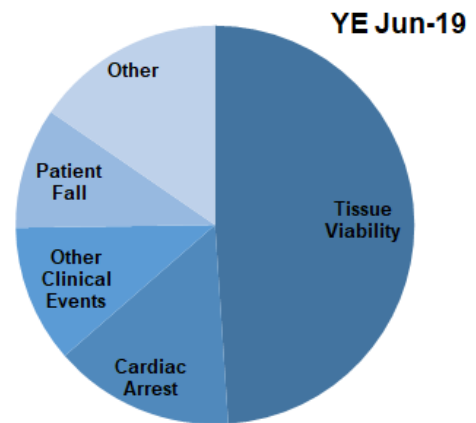
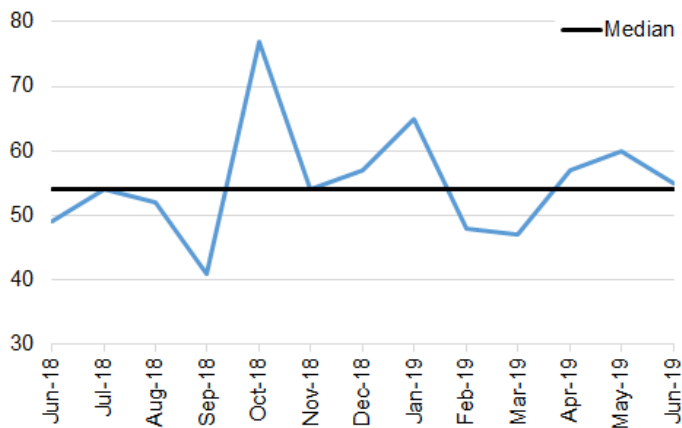
Staff Governance

Sickness Absence	39
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

ALL	Month	2018							2019					
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	NHS Fife	1339	1414	1401	1202	1467	1287	1239	1347	1263	1280	1232	1290	1219
	Acute Services	553	545	596	522	614	614	577	628	585	573	536	598	559
	HSCP	709	801	737	634	772	631	619	668	627	663	645	623	615
Corporate	77	68	68	46	81	42	43	51	51	44	51	69	45	
CLINICAL	NHS Fife	915	904	932	809	966	925	869	972	873	893	851	936	814
	Acute Services	503	492	532	469	570	566	518	566	523	523	484	555	509
	HSCP	386	387	380	321	373	348	340	390	338	354	356	346	287
	Corporate	26	25	20	19	23	11	11	16	12	16	11	35	18

Commentary

All Adverse Events are managed in accordance with GP/19 NHS Fife Adverse Events Policy and there are systems in place to manage the events and take oversight within the Acute Division and the Health and Social Care Partnership

There is nothing exceptional to report.

Current Challenges

Improvement Actions

Progress

Timescale

Status

1.

Clinical Governance

HSMR

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

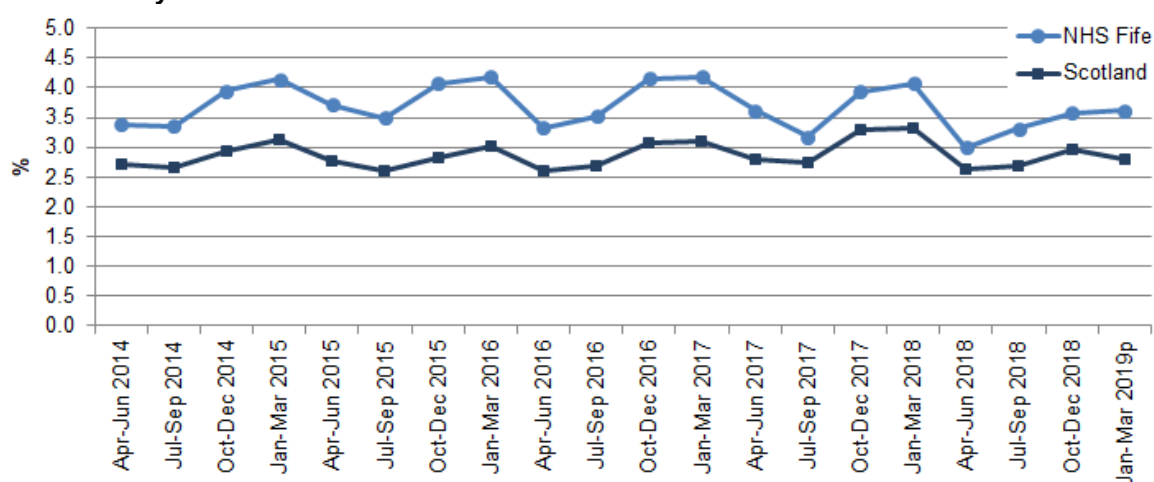
Reporting Period; April 2018 to March 2019^p

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	25,362	25,362	702,449	3.6%	1.00
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate



Commentary

HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1, and this should be used by Boards to reflect when a value is greater or less than this. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding.

The provisional NHS Fife HSMR for the whole of FY 2018/19 was 1.01, which is in line with Scottish performance.

Current Challenges

The QMH HSMR is significantly above the reference point

Improvement Actions	Progress	Timescale/Status
1.		
2.		
3.		

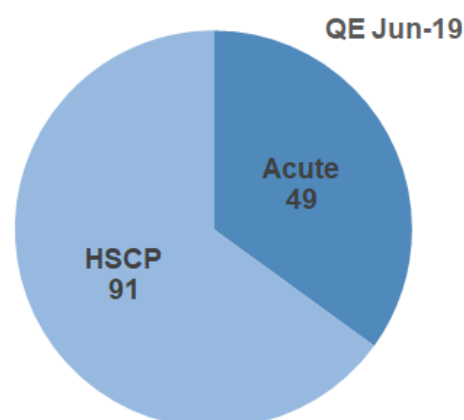
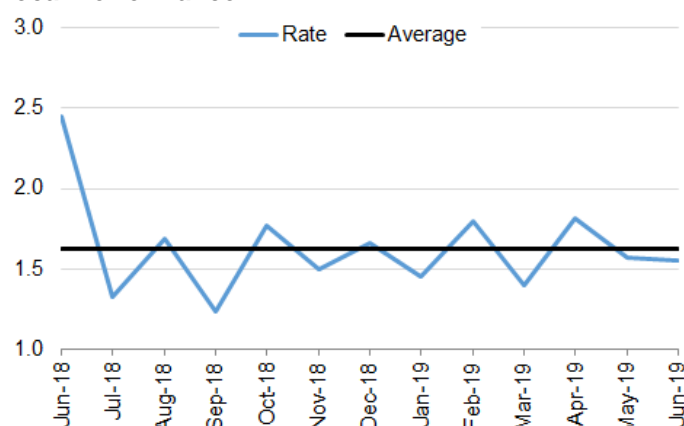
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)

Improvement Target for 2019/20 = 2.16 per 100,000 OBD

Local Performance



Service Performance

Service Performance													
Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	2.45	1.32	1.69	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55
Acute Services	1.20	0.74	1.32	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73
HSCP	3.40	1.78	1.99	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40

Commentary

While falls with harm rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards.

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 underway and aimed to be complete in August. – **Actions 1, 2 and 3**

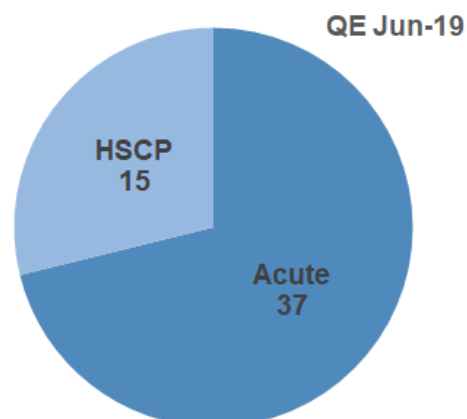
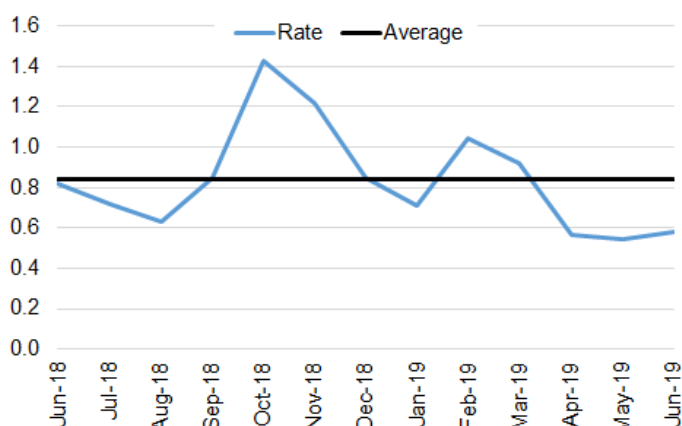
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart	A short life working group has reviewed and refreshed the falls toolkit for NHS Fife and has also developed significant new risk assessment, care plan and flowcharts for post falls assessment and the use of bed or chair alarms. These new pieces of work have been consulted upon across the acute and community hospitals and have been approved. Formal re-launch of the new toolkit is planned for 10 th September but roll out is already underway across the organisation	Jul 2019 Complete Sep 2019 On Track
2. Develop Older People's Knowledge and Skills Framework	Framework (relevant to all clinical areas that care for older people across our acute and community hospitals) has been piloted with a number of health professionals within the acute hospital and the feedback is extremely positive. Formal launch planned for 10 th September	Aug 2019 On Track
3. Falls Audit	A tool has been developed and tested in community in-patient beds and this will be utilised in acute setting First run of audit week beginning 12 th August	Aug 2019 On Track

Clinical Governance

Pressure Ulcers

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

Local Performance



Service Performance

Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.82	0.71	0.63	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58
Acute Services	1.29	1.31	1.01	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25
HSCP	0.46	0.25	0.32	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27

Commentary

There remains standard variation in the data with no sustained improvement in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**

Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

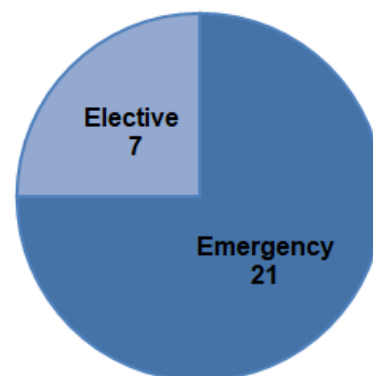
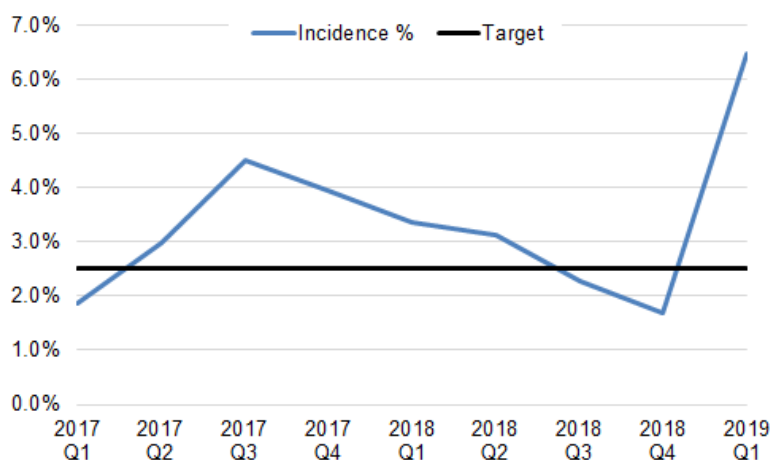
Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned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

Clinical Governance

SSI Caesarean Section

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

Local Performance



Service Performance

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

Current Challenges

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

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

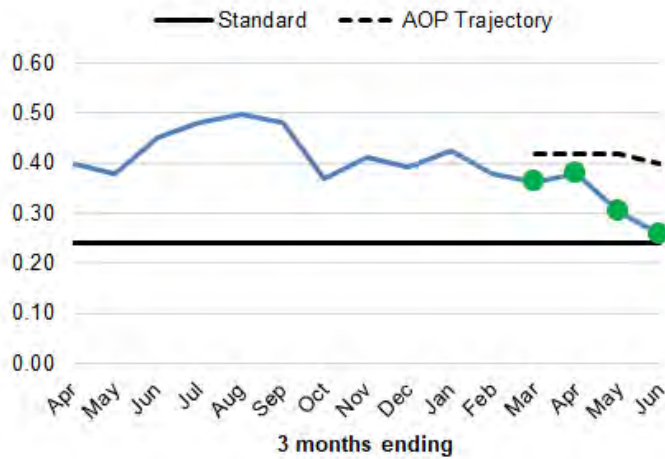
Clinical Governance

HAI SAB (including MRSA)

Rate of 0.24 cases or less per 1,000 Acute Occupied Bed Days (AOBD)

Improvement Target for 2019/20 = 0.34

Local Performance | Quarter Ending



Acquired Location QE Jun-19



National Benchmarking | Year Ending

	2018/19											2019/20			Sep-19
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Target
NHS Fife	0.39	0.39	0.41	0.42	0.42	0.44	0.43	0.42	0.42	0.42	0.41	0.40	0.37		0.38
Scotland	0.34			0.33			0.33								

Current Challenges

Increase in number of VAD-related infections – **Action 1**

Increase in number of SAB in diabetic patients – **Action 2**

Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Complete work mandated by Vascular Access Strategy Group	Improved systems and processes in place to manage VAD including policies, procedures, pathways, eHealth solutions and training and education Governance arrangements are more robust, and will provide assurance and data for improvement Teams continue to work on the reduction in the number of VAD associated SAB: incidence charts are used to support teams in QI	Mar 2020 On Track
2. Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	First meeting with key stakeholders to discuss SAB prevention in the diabetic community scheduled for September 2019	Mar 2021 On Track
3. Reduce the number of SAB in PWIDs	First meeting with key stakeholders to discuss SAB prevention in the PWID community scheduled for September	Mar 2021 On Track

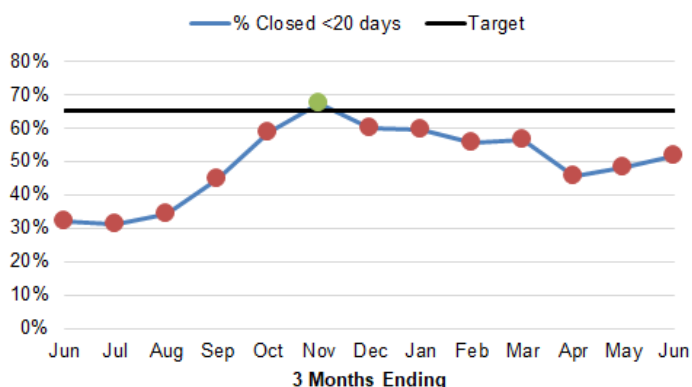
Clinical Governance

Complaints | Stage 2

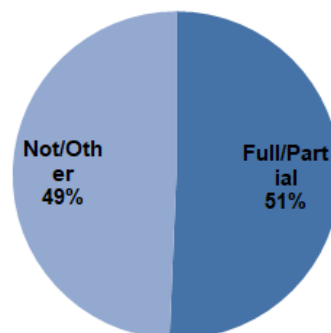
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2019/20 = 65%

Local Performance



By Outcome | QE Jun-19



Local Performance by Directorate/Division

3-Month Ending	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Five	32.1%	31.0%	34.4%	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	51.8%
Acknowledged < 3 Days	73.8%	70.7%	72.1%	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.3%	97.6%
ASD	30.8%	33.8%	40.9%	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.2%
HSCP	16.7%	7.1%	16.1%	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%

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

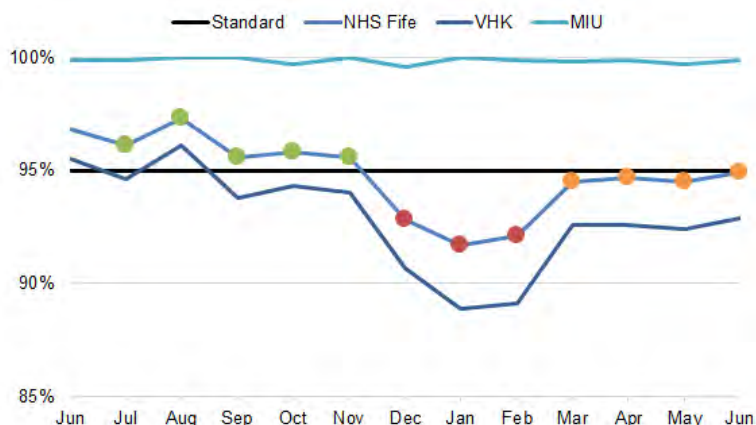
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged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

Finance, Performance & Resources – Operational Performance

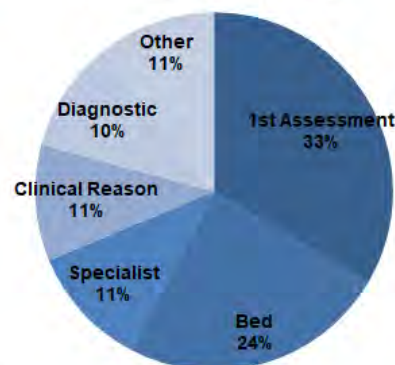
4-Hour Emergency Access

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

Local Performance



Breach Reason Jun-19



National Benchmarking

Month	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	96.8%	96.1%	97.3%	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%
Scotland	92.8%	93.0%	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%

Current Challenges

Variation in 4-Hour Emergency Access Performance - **Action 1**

Patient Flow – **Action 2**

ECAS and OPAT Services and Capacity – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Group identifying trends and engagement meetings have commenced with services external to ED. Continue to revise what changes can be made internally following review of data.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	AU1 attendances and admissions contribute to approximately 20% of EC admissions. New flow model providing better control of occupancy of the area and continue to revisit the ANP call handling from GPs.	Oct 2019 On Track
3. Development of services for ECAS and implementation of OPAT	Review of attendances and flow within the ECAS area and engagement with acute physicians regarding occupancy and demand. Microbiologist to support OPAT commencing September, however, nursing support continues to be assessed v budget.	Oct 2019 On Track

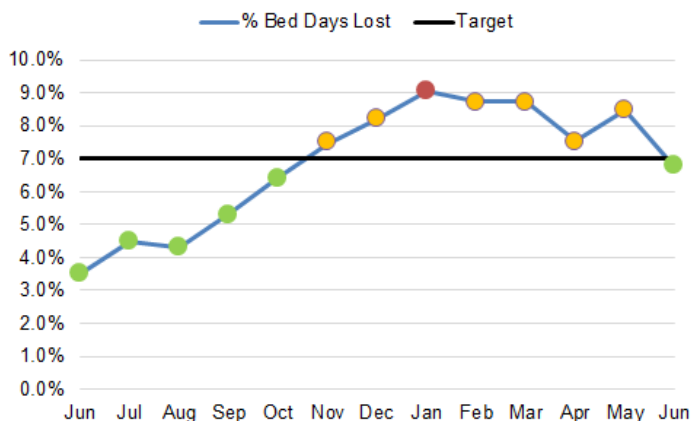
Finance, Performance & Resources – Operational Performance

Delayed Discharges

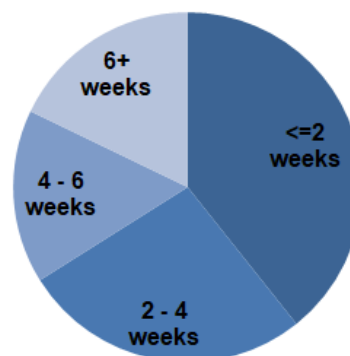
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 7%

Local Performance



Length of Delay | Jun-19



National Benchmarking

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

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed.	Oct 2019 On Track
2. Review timescales of social work assessments	Patients requiring single carer for homecare will now be assessed at home. Homecare assessments to be completed within 48 hours. Social work are reviewing timescales.	Sep 2019 On Track
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter	Nov 2019 On Track

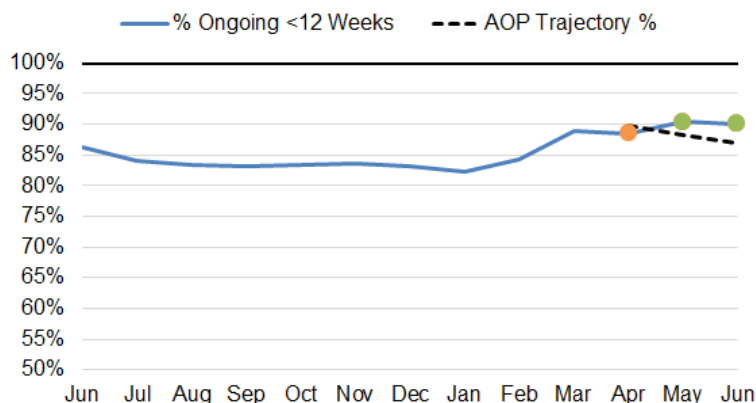
Finance, Performance & Resources – Operational Performance

Patient TTG

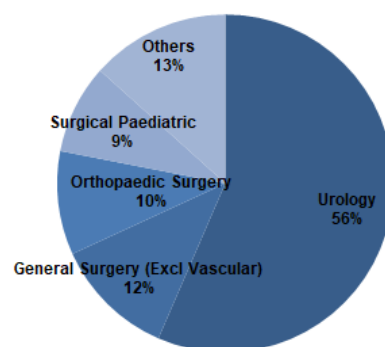
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

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

Local Performance



Ongoing Breaches Jun-19



National Benchmarking

	2018/19											2019/20		Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	86.2%	84.1%	83.3%	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	84.8%
Scotland	70.9%			68.1%			67.5%	66.6%	66.8%	70.1%				

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**

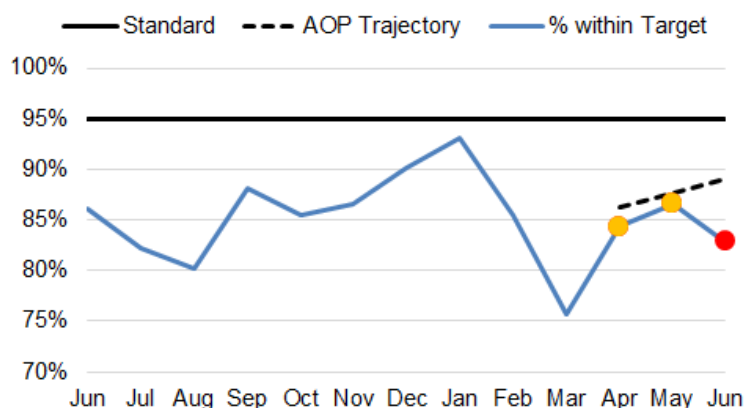
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20	Letter confirming first allocation of funding received	Oct 2019 On Track
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings established , Bed Modelling exercise underway	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings established, action plan in place. Enabled the provision of additional theatre sessions to support new Consultant Urologist appointments.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

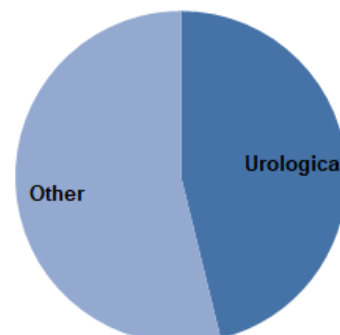
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches Jun-19



National Benchmarking

	2018/19										2019/20			Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	86.2%	82.2%	80.2%	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	92.0%
Scotland	82.4%	82.7%	79.7%	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	

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 1 st OPA, MRI, TRUS biopsy, and histopathology turnaround times. CNS coordinating bundle booking where appropriate. Completed actions implemented immediately.	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 and organisational expectations to improve cancer waiting times performance	Governance structure agreed. Meetings to be arranged and ToRs finalised. CWT education package under development. SOP to be reviewed. Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. There is a focus to ensure escalations are acted upon in a timely fashion.	Oct 2019 On Track
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways to be distributed to teams for review and specific escalation points to be agreed	Jan 2020 On Track

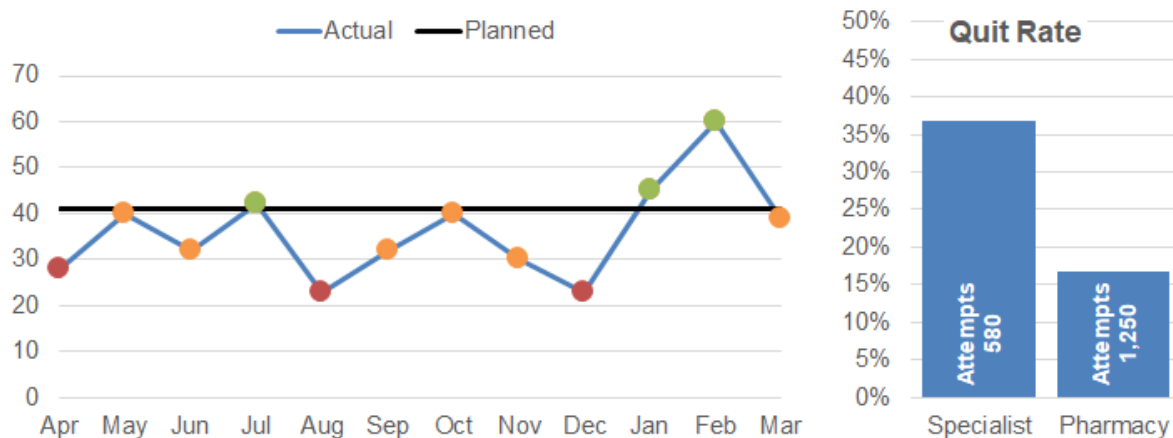
Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Improvement Target for 2019/20 = **473**

Local Performance



National Benchmarking

	2018/19											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	68%	83%	81%	87%	80%	80%	83%	82%	79%	82%	88%	89%
Scotland			87%			85%			85%			

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**

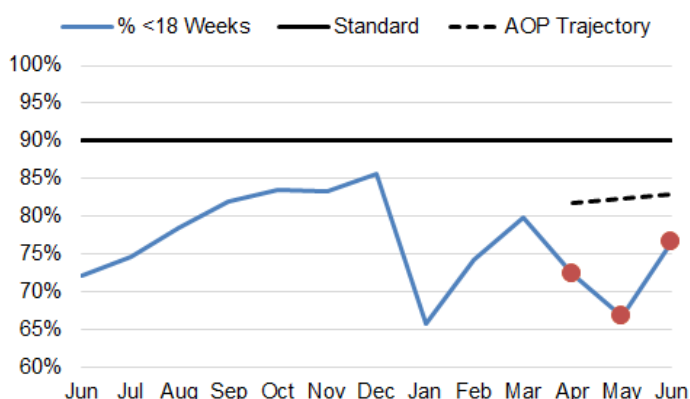
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton	Progress has been delayed due to unrest in the community, but we are hoping to re-engage in the next few months	Mar 2020 On Track
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

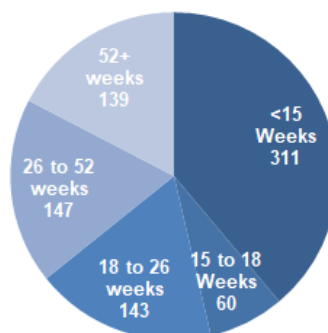
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (800) Jun-19



National Benchmarking

Month	2018/19									2019/20				Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	72.1%	74.6%	78.4%	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.5%	85.0%
Scotland	69.7%	70.2%	66.3%	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%				

Current Challenges

Increased referrals to service – **Action 1**

Pressure on existing staff – **Action 2**

Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Started in April 2019 following SG Action 15 funding. Four additional staff were recruited on 1-year contracts. Impact has been extremely positive with significant amount of C&YP signposted following assessment to alternative service providers. New staff have since moved on to permanent posts, and recruitment has restarted. This is experiencing significant delay. Group programme under way, resulting in 158 C&YP being allocated group places between September and December.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional evening clinics to start in September; it is anticipated that additional C&YP will be allocated individual therapy	Sep 2019 to Feb 2020 Not Started
3. Introduction of Substantive Team Leader Role	Posts in place. Active allocation of appointments underway. Team leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

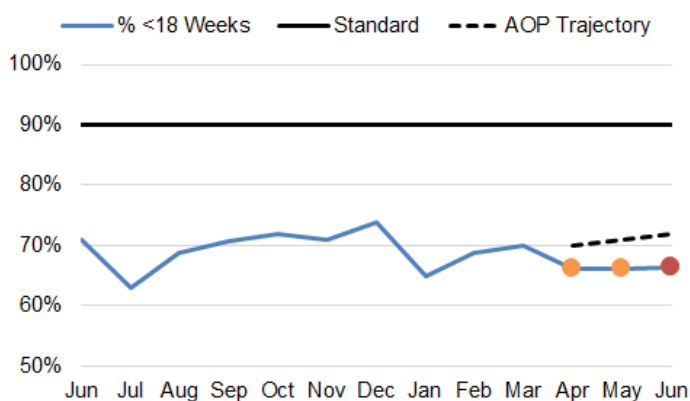
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

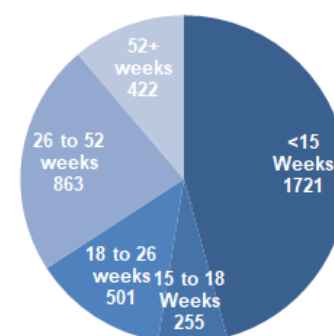
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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

Local Performance



Waiting List (3762) Jun-19



National Benchmarking

Month	2018/19											2019/20			Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
NHS Fife	70.9%	62.9%	68.7%	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%		75.0%
Scotland	76.0%	75.9%	74.8%	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%					

Current Challenges

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

Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Underway in 4 of 6 CMHTs; working with e-health to develop SCI gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Group programme and self-referral introduced November 2018 via Access Therapies Fife website. Monitoring impact on capacity.	Sep 2019 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of redesign underway. Further progress required to impact on capacity for delivery of PTs.	TBD
4. Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Staff in post in selected GP Cluster areas; service being well-utilised; evaluation underway (interim report due Sep 2019)	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

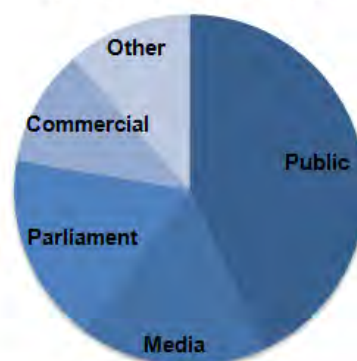
Freedom of Information Requests

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

Local Performance



FoI Source QE Jun-19



Service Performance

Monthly	2018/19									2019/20		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	63.6%	53.1%	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	76.2%	56.5%	56.8%	55.6%
IJB							100.0%	100.0%	55.6%	100.0%	86.7%	71.4%

Current Challenges

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

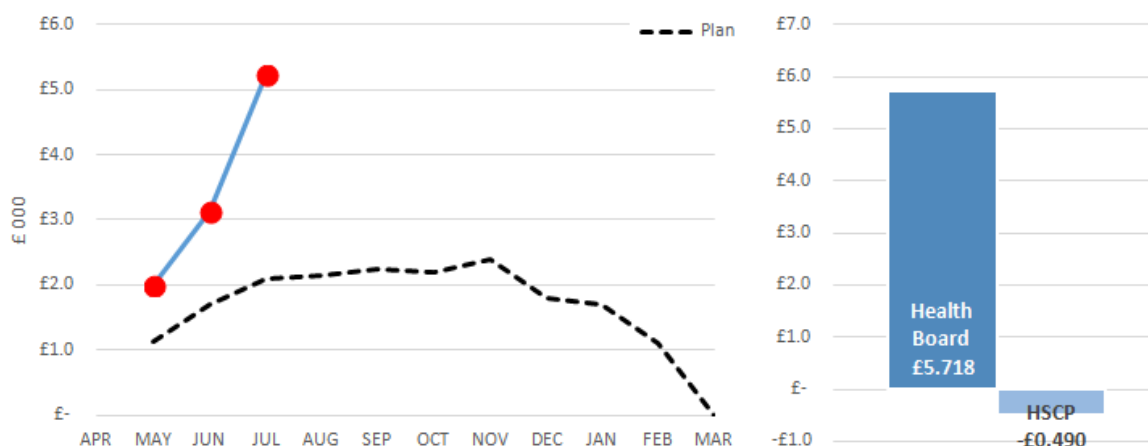
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses	New spreadsheet created to improve ongoing tracking of enquiries and stages of delay	Aug 2019 Complete
2. Improve FoI case recording and monitoring of timeliness of responses	Revised spreadsheet being tested and refined	Aug 2019 On Track
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience	Not yet started	Sep 2019

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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



Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	2,531	3,187
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	-1,455	965
Total	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

Commentary

The revenue position for the 4 months to 31 July reflects an **overspend of £5.228m**. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.

As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outturn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our**

Finance, Performance & Resources – Finance

optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings. It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

1. Financial Framework

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

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 On 1 August 2019 NHS Fife received confirmation of July core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £692.701m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

Non Core Revenue Resource Limit

- 2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The Anticipated non core RRL funding of £33,832m is detailed in Appendix 3.

Total RRL

- 2.3 The total current year budget at 31 July is therefore £770.903

3. Summary Position

- 3.1 At the end of June, NHS Fife is reporting an overspend of £5.228m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.718m is attributable to Health Board retained budgets; and an underspend of £0.490m is attributable to the health budgets delegated to the Integration Joint Board.

- 3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £5.915m, driven largely as a result of non delivery of savings (£3.100m);
- 3.2.2 The aforementioned Acute Division overspend includes £1.979m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;
- 3.2.3 Underspend across Estates & Facilities; and
- 3.2.4 Underspend of £0.490m against the Health budgets delegated to the IJB.

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

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	2,531	3,187
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	-1,455	965
Total	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	197,074	199,775	67,797	73,712	5,915	8.72%	2,815	3,100
IJB Non-delegated	8,137	8,141	2,847	2,822	-25	-0.88%	-43	18
Estates & Facilities	72,826	72,668	23,745	23,639	-106	-0.45%	-137	31
Board Admin & Other Services	53,110	66,945	29,281	29,357	76	0.26%	38	38
Non Fife & Other Healthcare Providers	85,946	85,946	28,627	29,408	781	2.73%	781	0
Financial Flexibility & Allocations	23,894	29,614	917	0	-917	-100.00%	-917	0
Health Board	440,987	463,089	153,214	158,938	5,724	3.74%	2,537	3,187
Integration Joint Board - Core	371,725	393,044	131,925	131,431	-494	-0.37%	-1,459	965
Integration Fund & Other Allocations	13,074	3,542	0	0	0	0.00%	0	0
Sub total Integration Joint Board Core	384,799	396,586	131,925	131,431	-494	-0.37%	-1,459	965
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	384,799	396,586	131,925	131,431	-494	-0.37%	-1,459	965
Total Expenditure	825,786	859,675	285,139	290,369	5,230	1.83%	1,078	4,152
IJB - Health	-38,441	-49,702	-16,503	-16,499	4	-0.02%	4	0
Health Board	-24,592	-39,070	-20,952	-20,958	-6	0.03%	-6	0
Miscellaneous Income	-63,033	-88,772	-37,455	-37,457	-2	0.01%	-2	0
Net position including income	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £5.915m for the year to date**. This reflects an overspend in operational run rate performance of £2.815m, and unmet savings of £3.100m. Within the run rate performance, pay is overspent by £2.106m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with workforce planning tool. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging. Further details of the position, by Directorate are set out below:

Table 2: Acute Division Financial Position for the period ended July 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	67,161	68,566	23,483	25,061	1,578	6.72%	439	1,139
- Emergency Care & Medicine	73,578	74,518	25,792	28,354	2,562	9.93%	1,698	864
- Women, Children & Clinical Services	53,542	53,853	17,982	19,483	1,501	8.35%	404	1,097
- Acute Nursing	647	667	196	180	-16	-8.16%	-16	
- Other	2,146	2,171	344	634	290	84.30%	290	
						0.00%		
Total	197,074	199,775	67,797	73,712	5,915	8.72%	2,815	3,100

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Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **under spend of £0.106m** which can be broken down into under spend of £0.137m on run rate and unmet savings of £0.030m. The run rate net under spend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.3 Within the Board's corporate services there is an **overspend of £0.076m**. This comprises an under spend on run rate of £0.038m as offset by unmet savings of £0.038m. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.781m**. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards. Further detail is attached at Appendix 5.

Financial Plan Reserves & Allocations

- 4.5 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts are held in a central budget and will be subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. 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

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.490m for the year to date**. This position comprises an under spend in the run rate performance of £1.455m; together with unmet savings of £0.965m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services, inpatient service costs within East and West.
- 4.7 The key financial risk in relation to the Health & Social Care Partnership is the overall gap on the IJB budget of £6.5m (comprising an under delivery of £7.2m on social care and over delivery of £0.7m on delegated health budgets) and the increasing overspend on social care budgets seen in the first quarter of the year. The Integration Scheme for the IJB describes the steps required to manage any overspend:

"Process for resolving budget variances in year - Overspend

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

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

- *utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*

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- *utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*

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

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

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

4.8 In previous years, and in agreement with Fife Council colleagues, we have managed the overspend on the IJB through the risk share arrangement described at 8.2.4 of the Integration Scheme. However, as discussed and agreed through the Finance, Performance & Resources Committee in February 2019, the Annual Operational Plan for 2019/20 was predicated on the assumption that the Chief Executive and Director of Finance would actively pursue discussions with the Director of Health & Social Care and Fife Council colleagues that the risk share approach would not be the immediate option. Instead, the application of an earlier clause (ie a further recovery plan per 8.2.1, or each party to cover their own position per 8.2.3) was preferable.

Income

4.9 A small over recovery in income of £0.002m 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 July-19

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	366,117	122,615	123,377	762
GP Prescribing	74,106	24,102	23,903	-199
Drugs	30,815	10,989	10,606	-383
Other Non Pay	367,951	130,668	132,483	1,815
IJB Risk Share	0	0	0	0
Efficiency Savings	-12,470	-4,152	0	4,152
Commitments	33,156	917	0	-917
Income	-88,772	-37,455	-37,457	-2
Net underspend	770,903	247,684	252,912	5,228

Pay

5.2 The overall pay budget reflects an overspend of £1.8152m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.

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- 5.3 Against a total funded establishment of 7,669 wte across all staff groups, there was 7,713 wte staff in post in July.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.582m on medicines of which an underspend of £0.199m is attributable to GP Prescribing and an under spend of £0.383m relating to sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and April & May 2019 actual information.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £1.815m. The overspends are in purchase of healthcare, other supplies, property & hotel expenses and surgical sundries. These are offset by under spends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below.

Table 4: Savings 2019/20

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	10,873	863	438	1,301	9,572
Integration Joint Board	6,460	1,435	2,127	3,562	2,898
Total Savings	17,333	2,298	2,565	4,863	12,470

7 Key Messages / Risks

- 7.1 As described above, the most significant financial risk is the non-delivery and identification of savings; particularly within the Acute Services Division and the impact of the IJB overspend if the risk share arrangement is enacted.
- 7.2 At this early stage in the year, it is difficult to be entirely definitive on the likely outcome for the year, however initial indications suggest the position ranges from an optimistic year end overspend of £4.4m to a mid range overspend of £8.8m. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.7m, nor does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division.

- 7.3 For the purposes of reporting to SGHSCD, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

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 £5.228m for the year to 31 July 2019;
- **Note** the additional overspend of £1.6m for the year to 31 July 2019, which would result if the risk share arrangement was applied to the current full year gap for the Integration Joint Board;

and

- **Note** the *potential* (draft) outturn position of £9m reflecting an optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

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Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	Year 2 funding
Jul-19	Advanced Breast Practitioner in Radiography Pilot			36	36	
	General Dental Services Element of Public Dental Service		2,091		2,091	Annual Allocation- Salaried Dental Service
	Impementation of Best Start			75	75	Additional funding
	Family Nurse Partnership			1,276	1,276	Annual Allocation
	Breastfeeding PIG Year 2			78	78	2 year of Programme for Government
	Patient Advice & Support Service			-39	-39	Annual Contribution
	Excellence in Care			70	70	Funding for EIC Lead
	Excellence in Care eHealth			20	20	eHealth funding to support EIC Lead
	Increase provision of Insulin pumps for adults and CGMs			162	162	3 year of funding to increase access to insulin pump therapy and increase availability of Continious Glucose Monitors
	Mental Health Strategy Action 15 Workforce First Tranche		811		811	First 70% of annual allocation
	Discovery		-38		-38	Annual Contribution
	Total Core Revenue Allocation	678,349	6,638	7,714	692,701	

Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

	£'000
CAMHS Regional post	35
Distinction Awards	230
Research & development	843
NDC Contribution	-844
Community Pharmacy Pre-Reg Training	-44
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	1,675
NSD risk share	-2,566
Scotstar	-321
PET scan	-477
Depreciation to Non-core	-12,820
Primary Medical Services	50,114
Mental Health Bundle	620
Primary Medical Services Bundle	1,718
Community Pharmacy Champions	19
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Veterans First Point Transisition Funding	114
Pharmacy Global Sum Calaculation	-1,346
Men C	-16
Primary Care Fund GP sub Committee	34
ADP	1,157
Primary Care Improvement Fund	2,520
Total	44,370

Finance, Performance & Resources – Finance

Appendix 3 – Anticipated Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	119
Impairment	8,000
AME Provision	2,000
IFRS Adjustment	5,019
Non-core Del	2,500
Depreciation from Core allocation	12,820
Total	33,832

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	10,430	3,317	3,340	23
Nhs Fife Chief Executive	207	72	81	9
Nhs Fife Finance Director	5,114	1,692	1,540	-152
Nhs Fife Hr Director	3,013	1,008	977	-31
Nhs Fife Medical Director	6,330	1,871	1,821	-50
Nhs Fife Nurse Director	3,417	1,124	1,445	321
Nhs Fife Planning Director	1,901	638	569	-69
Legal Liabilities	15,519	12,828	12,922	94
Public Health	2,092	686	642	-44
Early Retirements & Injury Benefits	629	92	64	-28
External & Internal Audit	151	50	53	3
Regional Funding	217	107	107	0
Depreciation	17,926	5,796	5,796	0
Total	66,946	29,281	29,357	76

Finance, Performance & Resources – Finance

Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	32	19	-13
Borders	43	15	17	2
Dumfries & Galloway	24	8	20	12
Forth Valley	3,089	1,028	1,110	82
Grampian	349	116	104	-12
Highland	131	44	73	29
Lanarkshire	111	37	51	14
Scottish Ambulance Service	98	33	35	2
Lothian	30,600	10,200	9,982	-218
Greater Glasgow	1,607	536	515	-21
Tayside	39,772	13,257	13,380	123
	75,919	25,306	25,306	0
UNPACS				
Health Boards	8,063	2,688	3,331	643
Private Sector	1,209	403	534	131
	9,272	3,091	3,865	774
OATS	690	230	237	7
Grants	65	0	0	0
Total	85,946	28,627	29,408	781

Finance, Performance & Resources – Finance

Appendix 6 – Financial Flexibility and Allocations

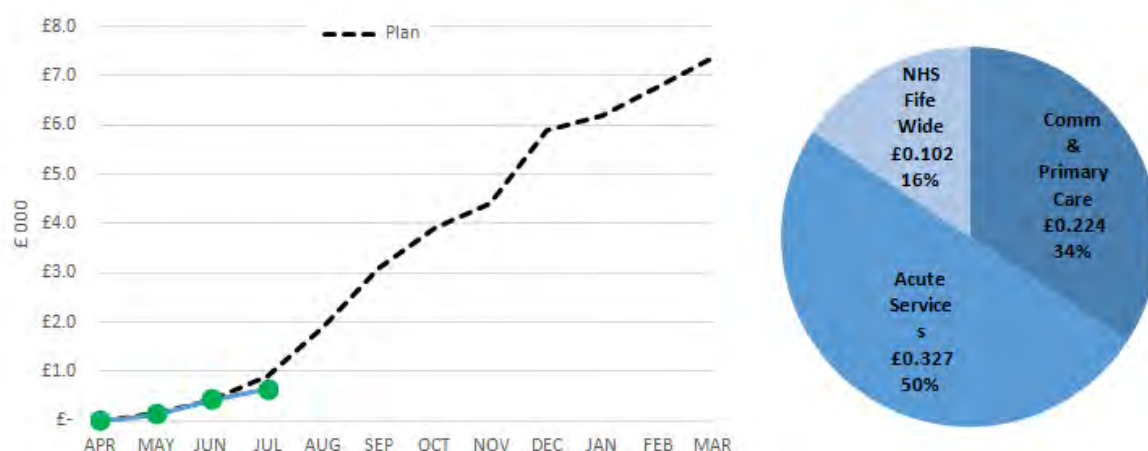
	Financial Flexibility £'000	Released to July-19 £'000
Financial Plan		
Drugs	4,432	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
National Specialist Services	121	0
Band 1's	307	103
Unitary Charge	263	20
Junior Doctor Travel	118	7
Consultant Increments	50	17
Discretionary Points	231	0
Cost pressures	4,883	713
Financial Flexibility	926	57
Subtotal Financial Plan	11,485	917
Allocations		
Health Improvement	112	0
AME Impairments	8,000	0
AME Provisions	2,412	0
Pay Awards	1,398	0
Distinction Awards	37	0
Waiting List	5,254	0
CAMHS Post	35	0
Best Start	414	0
6EA Unscheduled Care	250	0
Advanced Breast Practitioner Radiology	36	0
Excellence in care	20	0
Insulin Pumps & CGM	161	0
Subtotal Allocations	18,129	0
Total	29,614	917

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Capital Programme Expenditure

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
<u>COMMUNITY & PRIMARY CARE</u>			
Statutory Compliance	1,262	141	1,262
Capital Minor Works	218	49	218
Capital Equipment	81	34	81
Condemned Equipment			
Total Community & Primary Care	1,560	224	1,560
<u>ACUTE SERVICES DIVISION</u>			
Capital Equipment	1,948	160	1,948
Statutory Compliance	2,205	129	2,205
Minor Works	280	21	280
Condemned Equipment	95	16	95
Total Acute Services Division	4,528	327	4,528
<u>NHS FIFE WIDE SCHEMES</u>			
Condemned Equipment			
Information Technology	1,041	40	1,041
Equipment Balance	3		3
Scheme Development	62	62	62
Contingency	100		100
Statutory Compliance - Fire Compartmentation	100		100
Total NHS Fife Wide	1,306	102	1,306
TOTAL ALLOCATION FOR 2019/20	7,394	653	7,394

Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. INTRODUCTION

- 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.

2. CAPITAL RECEIPTS

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

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sale completed 5th August 2019;
- Fair Isle Clinic – Under offer;
- Skeith Land – preparing to market; and
- ADC – Sale due to complete imminently

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

- 3.1 Details of the expenditure position across all projects are attached as Appendix 2. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £0.653m or 8.83% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£0.271m
Minor Works	£0.070m
Equipment	£0.211m
E-health	£0.040m

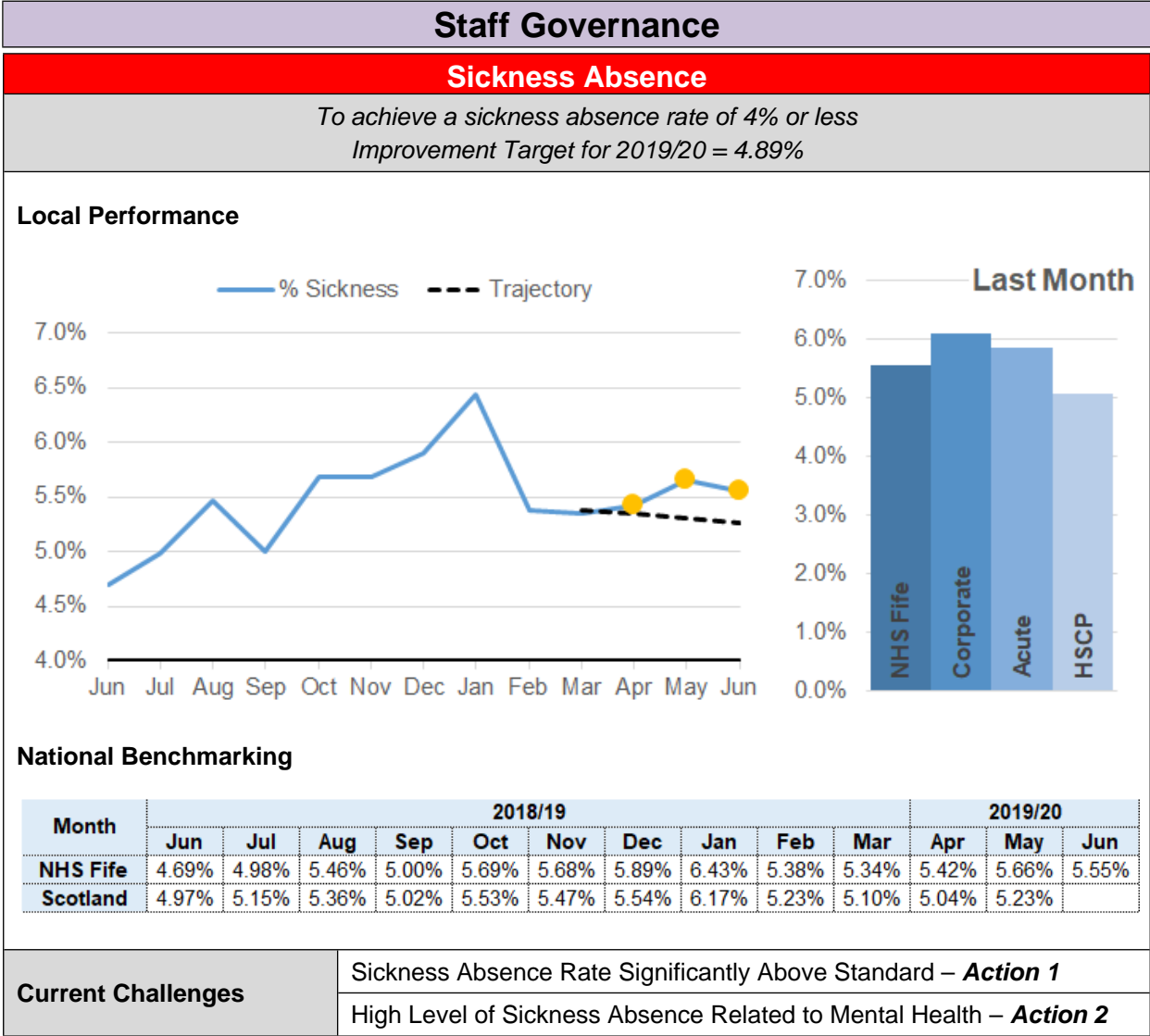
4. CAPITAL EXPENDITURE OUTTURN

- 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 31 July 2019 of £0.653m and the forecast year end spend of the capital resource allocation of £7.394m



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. Plan for additional OH support being developed.	Sep 2019 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 in six months	Oct 2019 On Track

PAUL HAWKINS

Chief Executive

21st August 2019

Prepared by:

CAROL POTTER

Director of Finance and Performance

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 24TH JULY 2019 AT 14:00 PM IN STAFF CLUB, VICTORIA HOSPITAL KIRKCALDY

Chair: Paul Hawkins, Chief Executive

Present:

Sharon Adamson, RCN
Bruce Anderson, Head of Staff Governance
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Claire Dobson, Divisional General Manager (West), Health & Social Care
Kevin Egan, UNITE
Simon Fevre, BDS
Paul Hayter, UNISON
Chu Lim, BMA

Joy Johnstone, FCS
Chris McKenna, Medical Director
Wendy McConville, UNISON
Alison Nicoll, RCN
Louise Noble, UNISON
Susan Robertson, Regional Officer, UNITE
Jim Rotheram, Head of Facilities
Ellen Ryabov, Chief Operating Officer
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Human Resources

In Attendance:

Janet Melville, Personal Assistant (minutes)

		Actions
61/19	WELCOME, APOLOGIES AND INTRODUCTIONS	
	Mr Hawkins welcomed everyone to the meeting and apologies were noted from Andy Fairgrieve (Jim Rotheram attending) Michael Kellet (Claire Dobson attending), Dona Milne, Leigh Murray, Barbara Anne Nelson, Lynne Parsons, Margaret Pirie, Carol Potter, Gillian Tait and Mary Whyte.	
62/19	MINUTES OF PREVIOUS MEETING AND ACTION LIST	
	The minutes of the meeting held on 22 nd May 2019 were accepted as a true and accurate record. It was requested that deadline dates are added to the Action List as required.	
63/19	MATTERS ARISING	
	a) Perfect Attendance Letter arrangements Mrs Waugh confirmed that the 'perfect attendance' letters are about to be issued (following the delay caused by the implementation of eESS Manager and Employee Self Service). It was noted that the majority of staff appreciate the gesture.	RW
	b) Travel to Work Scheme promotion Mrs Brown explained that some members of staff (not only those on lower bandings) call in 'sick' as they can't afford to travel to work. Mr Rotheram acknowledged that although the travel to work salary sacrifice scheme is in place, it is not widely known about (currently 71 staff – of mixed disciplines – have subsidised travel arrangements costing NHS Fife around £60,000 per year). Mr Rotheram raised his concern regarding the financial implications	

		should uptake increase dramatically. It was suggested Mr Rotheram liaise with Mrs Potter and Mr William Dove, Active Travel Co-ordinator and an SBAR be brought to the next meeting.	JR/CP/ WD
	c)	Decontamination Unit – further review Following a short discussion, it was agreed that there are no further issues that require investigation and the action can now be closed.	
	d)	Financial Workshop arrangements Mrs Brown clarified that Mr Fevre and Mr Verrecchia were not tasked with organising the workshop, but with encouraging staff side colleagues to attend the event.	SF/ AV
	e)	A&E Pressures investigation Mrs Ryabov advised that an ED Performance Working Group has been set up to analyse the increased activity at A&E. No particular patterns (e.g. specific age ranges, postcodes, GP practices) have been discovered; therefore further analysis of data will be undertaken. After a brief discussion it was acknowledged that individuals may present at A&E rather than attend their GP (or they may not be registered with a GP) and it would therefore be helpful to prepare a leaflet to support individuals to source a GP.	ER/ Joyce Kelly
	f)	Citizen's Advice Bureau assistance Mrs Waugh reported that the Citizen's Advice & Rights Fife has had a presence within NHS Fife for many years, but perhaps not in the most obvious location (the Renal Unit). It was suggested that a permanent, more visible venue be found and their services are more widely publicised. Mrs Waugh to follow up and discuss options with Ms Nelson and Mrs Brown.	RW/ BAN/ WB
	g)	Staff Survey – Catering Facilities Mr Rotheram is planning to undertake the survey at the end of August 2019 (when the majority of staff are back from summer leave) to determine what staff would like to see on offer in the dining rooms to encourage use of the facilities.	JR
64/19	INTEGRATED PERFORMANCE REPORT		
	Health & Social Care Mrs Dobson reported that: <ul style="list-style-type: none"> • There has been a delay with 'Care at Home' due to capacity issues. • There has been variable performance within CAMHS and Therapies. • The proposals for the Redesign of Community Hospitals and Intermediate Care are well-formed. These will be discussed at staff meetings and communicated in a newsletter. Approval will be sought from the Integrated Joint Board (IJB) in October 2019. Acute Services Division Mrs Ryabov indicated that there has not been much change in overall performance; the main challenges are with A&E and waiting times for cancer treatments. Performance at weekends and out of hours is also		

	<p>being reviewed, in order to ensure there are adequate staffing levels to meet demand. NHS Fife performance is largely above that of most other Boards, but there is some variability (e.g. outpatient performance is better than planned but inpatient performance is lower than desired). Mrs Ryabov advised there is a focus on how best to improve cancer pathways, especially in urology: two surgeons have been appointed but have yet to commence with NHS Fife.</p> <p>Board Finance</p> <p>Mr Hawkins explained that NHS Fife is one of only two Boards in NHS Scotland that has a risk share agreement with their Health & Social Care partner (72% to 28% liability for any overspend). Mr Hawkins drew attention to the fact that given Fife's ageing population, the financial challenges and service pressures are likely to increase in the coming years (with Homecare already exceeding budget and no additional funding forthcoming from the Scottish Government). This is despite the work ongoing to ensure the most cost effective treatments and placement of patients. In addition, there are also issues arising due to NHS Fife's ageing workforce. Mr Hawkins suggested these matters could be discussed at the next Financial Workshop, and asked colleagues to give some thought as to how we could do things differently to meet budget savings.</p>	All
	APF noted the report.	
65/19	HEALTH & SOCIAL CARE INTEGRATION UPDATE	
	<p>Mrs Dobson advised that the IJB had approved the proposals for PCES Out of Hours services which will be implemented before winter 2019.</p> <p>Mrs Dobson reported that the overall Health & Social Care Partnership iMatter report has been generated with a staff engagement score of 76%. The Action Plans are now being concentrated on.</p> <p>Mrs Dobson indicated that the Transformation stocktake at the recent workshop had been extremely useful and next steps are being planned.</p> <p>Mrs Dobson also informed colleagues that Mr Michael Kellet will be taking up his new post with the Scottish Government next week. Recruitment is underway for an Interim Director of Health & Social Care (for 6 months) during which a permanent Director is anticipated to be appointed.</p>	
	APF noted the update.	
66/19	ACUTE SERVICES DIVISION UPDATE	
	<p>Mrs Ryabov explained that the current focus is on the transformation programme to help address service change. Four workstreams are looking at the redesigning of services in order to contribute to the £10m efficiency savings required for this year. With 8 months remaining in the financial year, £4m savings have been identified. The situation has been discussed at the Executive Directors Group and external support for 12 weeks has been secured to assess and pinpoint savings options.</p> <p>Mrs Ryabov highlighted:</p> <ul style="list-style-type: none"> the move of Gynaecology from Ward 9 to Women & Children, to enable minor works to be carried out. A final decision on the proposal is awaited but it is hoped the work will be completed by 	

	<p>the end of October 2019</p> <ul style="list-style-type: none"> the temporary move of Ward 4 to Ward 13 to enable repair of the leaking roof. The intention is to move back to Ward 4, although this may change in the longer term. 	
	APF noted the update.	
67/19	NHS FIFE'S NURSE BANK – BANK WORKER ANNUAL LEAVE	
	<p>Mrs Waugh observed that Bank Worker Annual Leave has been discussed at previous APF meetings and that the paper reflects the discussion of a few months ago. Mrs Waugh advised that Mrs Kathryn Brechin, when Head of Nursing, NHS Fife, Ms Elaine Paton, Nurse Bank Manager, Mrs Brown and she had met to discuss the most appropriate way to manage nurse bank worker annual leave. It is proposed that the NHS Fife approach is aligned with CEL(2011)15 by applying Option 2 i.e. all annual leave is taken within the financial year, in quarterly periods. Mrs Brown supported this option with the caveat that annual leave must <i>normally</i> be taken in the 3 month period (to cover e.g. special occasions, saving up of leave for a holiday of a lifetime).</p> <p>It was agreed this would apply to all bank workers (not only to nurses) and would enable easier monitoring of leave.</p>	RW
	APF noted the report and agreed to the implementation of 'Option 2'.	
68/19	REGIONAL WORKING UPDATE – RECRUITMENT TRANSFORMATION	
	<p>Mrs Waugh reported that the implementation of JobTrain, the online recruitment system is on track. A scoping workshop, looking at the model for recruitment and option appraisal has been held. An update paper will be circulated with the minutes.</p>	RW
	APF noted the report.	
69/19	REGIONAL POLICY AND PRACTICE WORK	
	<p>Mr Anderson informed colleagues that the 'Once for Scotland' policies will be published in August 2019. Training support will be available for managers to ensure accurate interpretation of the national policies (which will also be available electronically).</p>	
	APF noted the report.	
70/19	ATTENDANCE MANAGEMENT	
	<p>Attendance Management</p> <p>Mrs Waugh was disappointed to report that the overall NHS Fife absence rate has risen in the past two months, and highlighted the cost in monetary terms. Both Health & Social Care and Corporate Division had increased absence rates, although the Acute Services Division rate has decreased. Mrs Waugh noted that eHealth is now a separate Directorate but as only one month of data is available, it is not meaningful at the moment.</p> <p>Mrs Waugh indicated that following the success of the previous Promoting Attendance Event held in April 2019, two more workshops have been</p>	

	<p>scheduled: for 9 August 2019 and for 17 October 2019. The focus will be on resilience work which Mairiead McLennan has been undertaking within the Labs and on the Once for Scotland Promoting Attendance Policy which is at the final consultation stage.</p> <p>Mrs Waugh advised that the NHS Fife Management of Attendance Group is concerned about the increase in absence rates and discussions are ongoing to determine how to improve these. Dr Sue Blair, Consultant in Occupational Health is holding 'drop in' sessions until October 2019 to assist with complex cases. Mrs Waugh confirmed that Review & Improvement Panels continue to review effectiveness of absence management.</p> <p>Mr Hawkins suggested escalating absence figures to EDG on a monthly basis, differentiating between short and long-term sickness absence and occasions of absence.</p> <p>Mrs Ryabov explained that within Acute Services Division, an investigation is ongoing into the three areas with the highest absence rates. This is to ensure the policy is consistently applied; and with undertaking return to work interviews ('welcome back conversation') it is hoped to support staff to feel valued and regularly attend work.</p> <p>Mrs Dobson indicated that following a meeting with Nursing Team Leads and Managers in Health & Social Care, it is planned to manage absence by anticipating long term sickness and offering support/ making adjustments as required; and by having early conversations when patterns are noted, prior to the 'trigger' date.</p> <p>Well at Work</p> <p>Mrs Waugh was pleased to report that NHS Fife has successfully maintained the Healthy Working Lives Gold Award for 2019-20.</p> <p>Mrs Waugh then highlighted some of the recent Well at Work activities:</p> <ul style="list-style-type: none"> • The <i>Going Beyond Gold</i> project (including Good Conversations and Mindfulness courses) is being funded for a further year. It is hoped to use this in a wider context e.g. absence management. • A <i>Rugby World Cup 6 week Challenge</i> (to coincide with the sporting event running from 20 September to 2 November 2019) has been devised to encourage staff to <i>try</i> a new sport or incorporate activities into their daily routine. • The 2nd edition of the <i>All About You</i> newsletter has been published on the Intranet (and hard copies will be available). • The <i>Eden Project's Big Lunch</i> project aims to bring people together to support team building, relationships, motivation, engagement and productivity. Mrs Waugh advised that the HR department had recently held their own 'Big Lunch' event. • The <i>Walk A Mile</i> event held in June 2019 had been well-supported. • A <i>Physical Activity Survey of NHS Fife Doctors</i> is being undertaken within NHS Fife. 	RW/ BAN
	APF noted the updates.	
71/19	iMATTER	

	<p>Mr Anderson was pleased to advise that an overall Board report has been generated (indicating >60% response rate). Each Directorate is detailed in the report, including the Response Rates and Employee Engagement Index. Mr Anderson stated that the Action Planning process is under way, but to date only 9 teams have confirmed. With merely a 12 week window (the deadline is 16 September 2019) Mr Anderson requested colleagues encourage teams to prepare and take forward their improvement plans.</p> <p>Ms Brown suggested identifying areas requiring support – especially departments/ wards who hadn't previously generated a report – in order to make them feel valued and their ideas listened to,.</p>	BA
	APF noted the update.	
72/19	DIGNITY AT WORK	
	<p>a. Local Board Update on Dignity at Work Policy</p> <p>Mrs Brown informed colleagues that 17 members of staff from a range of disciplines had undertaken the Confidential Contact training to ascertain whether they would like to volunteer for this role: 13 have confirmed they would, with the others declining the role/ thinking about it/ yet to advise. It was agreed that in the meantime, the names of the those who have confirmed should be published.</p> <p>b. Sturrock Report</p> <p>Following a short discussion, it was agreed that a sub group (including Ms Nelson, Mr Anderson and staff side colleagues) meet before the next APF (18 September 2019) to determine how to progress next steps; and an SBAR be brought to the meeting.</p>	BA BAN/ BA/ Staff Side Colleagues
	APF noted the updates.	
73/19	WORKFORCE STRATEGY	
	<p>Mrs Waugh reported that the strategy is now complete, has been agreed at EDG and is going to the next Board meeting in July 2019 for endorsement. Communications have produced the 'glossy' version, which will be circulated once approved. Mrs Waugh expressed her thanks to all who had contributed to the document.</p>	RW
	APF noted the update.	
74/19	BREXIT UPDATE	
	Mr Hawkins advised there is currently nothing to update.	
	APF noted the information.	
75/19	STAFF SUGGESTION SCHEME	
	Mr Rotheram confirmed that an SBAR outlining what is involved and how the scheme could be made to work, given previous iterations, has been submitted to EDG for comment.	

	APF <u>noted</u> the information.	
76/19	ITEMS FOR NOTING	
	The following items were <u>noted</u> for information by APF:	
	<ul style="list-style-type: none"> a. H&SCP LPF – 1st May 2019 (minutes) b. ASD & CD LPF – 27th June 2019 (minutes and action lists) c. NHS Fife Well at Work Group – 5th June 2019 (unconfirmed minutes). 	
77/19	AOCB	
	There was no other competent business.	
78/19	DATE OF NEXT MEETING	
	The next APF meeting will be held on Wednesday 18 th September 2019 at 13:30 hrs in the Staff Club, Victoria Hospital.	

**AREA PARTNERSHIP FORUM
ACTION LIST as of 24th JULY 2019**

OPEN ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
07.03.18	18/18	Finance Report	BAN	To circulate HR report on staffing issues for comment	23.01.19 Reports to be circulated once Tableau available
23.05.18	41/18	Dignity at Work	SLWG	Look at top the 5 concerns from Dignity at Work Report;	21.11.18 Ongoing (see 33/19, 53/19 below)
20.03.19	33/19	Dignity at Work	BA/ WB	Arrange Dignity at Work launch September 2019	24.07.19 date not achievable (see 41/18, 53/19)
22.05.19	53/19	Dignity at Work	WB/ BA/ Comms	Re-launch Dignity at Work – date to be confirmed (see also 33/19)	
24.07.19	72/19a	Dignity at Work	BA	Publish list of Confidential Contacts	
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	
23.01.19	04/19	Perfect Attendance Letter	RW	Arrange for letter to be sent to eligible staff	24.07.19 Delay due to prioritisation of eESS – issue of letters imminent
20.03.19	26/9 f)	Staff (non-) Smoking Policy	BA/ JM	Request update from Mr Paul Madill	20.03.19 emailed PM – advised no response from Scottish Government
20.03.19		Financial Workshop	CP/ER/JP/ WB	Design future workshop	
22.05.19	42/19	Financial Workshop	SF/AV	Encourage staff side attendance	
24.07.19	65/19	Financial Workshop	APF members	Discuss financial and service efficiency savings	
22.05.19	41/19b)	Employee Benefits Scheme	JR/ Comms	Promote ‘Travel to Work’ scheme	24.07.19 – further discussion required (see 63/19b below)
24.07.19	63/19b	Travel to Work Scheme Promotion	JR/CP/WD	Discuss implications of widely promoting subsidised travel tickets Bring SBAR to next APF meeting (18 September 2019)	

22.05.19	41/19c)	Pool Car Use	AF/JR	Review Pool Car Use November 2019	
22.05.19	44/19	A&E Analysis	ER/ AM	Investigate high numbers of patients attending A&E	24.07.19 – investigation ongoing
24.07.19	63/19e	A&E Pressures	ER/ Joyce Kelly	Prepare leaflet to support individuals to source a GP practice	
22.05.19	58/19	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital	24.07.19 – will do when the majority of staff are back from annual leave (see 63/19g)
24.07.19	63/19g	Non-Patient Catering	JR	Undertake survey of staff views on menus and catering facilities at Victoria Hospital – end August 2019 (to APF November 2019)	
24.07.19	63/19f	Citizen's Advice & Rights Fife	RW/ BAN/ WB	Discuss venue options and promote CARF services	
24.07.19	68/19	Recruitment Transformation	RW	Circulate update paper with APF minutes	
24.07.19	70/19	Attendance Management	RW/ BAN	Escalate absence figures to EDG monthly (short/ long term, occasions of absence)	
24.07.19	71/19	iMatter	BA	Identify teams to support who have not previously had a report	
24.07.19	73/19	Workforce Strategy	RW	Circulate Workforce Strategy following Board approval (end July 2019)	

CLOSED ACTIONS

Date of Meeting	Item No	Description	Responsible	Action	Progress to Date
21.10.16	75/16	AOB	MH, RW	To discuss issues surrounding the performance of the Staff Wellbeing & Safety service at EDG.	Dr Hannah is leading a review of OH services 23.06.17 review concluded, report back to APF on September 06.09.17 final report will be ready for next meeting 01.11.17 update given to APF meeting.
21.04.17	21.17	Attendance Management	RW	Update on survey back to APF	23.06.17 Survey launched, closes at end of July and a report back to APF on September 06.09.17 was on the agenda for discussion
21.04.17	21.17	Attendance Management	David Kerr	To prepare basic foundation for managers	23.06.17 on agenda for discussion. David asked to prepare paper for other roles that recognises national work
21.04.17	21.17	Attendance Management	RW	To deliver an workshop to EDG concentrating on an area of the LJB	23.06.17 date confirmed, invite to all APF members, update to APF on September
21.04.17	24/17	Proposed changes in NHS Fife Board dates	WB	To join working group and represent APF	23.06.17 on agenda for discussion
23.06.17	30/17	Matters Arising	JR AF	To bring an update on Pool Cars to APF	06.09.17 on agenda for discussion 01.11.17 AF to contact comms to raise profile
23.06.17	30/17	Matters Arising	DK	To prepare a paper for APF on passport for staff	06.09.17 on agenda for discussion
23.06.17	37/17	National Shared Services	BAN	To prepare a slide presentation on subject for APF	06.09.17 on agenda for discussion A presentation will be circulated for comments and feedback -done
06.09.17	49/17	Matters Arising	BAN	To circulate presentation on Staff Passport	01.11.17 update on Staff Passport given, a presentation will be presented at next meeting 03.01.18 update ready for next meeting 07.03.18 update ready for next meeting 23.05.18 BA provided an update
01.11.17	67/17	H&SCP update	JP	To ask Claire Dobson to present Hub plans to APF	03.01.18 update ready for next meeting PH to discuss with MK 07.03.18 Workshop on community hubs to be discussed 23.05.18 MK gave a presentation

03.01.18	05/18	H&SCP update	MK	To request a written update if no one can attend meeting	<u>23.05.18</u> MK agreed
03.01.18	13/18	AOB	JR	Will give a verbal report about Shared Services	<u>07.03.18</u> AF delivered an update
07.03.18	16/18	Minutes	BAN/SF/ AV	To meet and identify which meetings to cover for Mrs Brown (Co-chair)	<u>completed</u>
07.03.18	17/18	Matters Arising	CD	Ms Dobson to give update on community hubs	<u>23.05.18</u> MK gave an update
07.03.18	17/18	Matters Arising	JG/SF	To work on comms message to staff around pool car use	<u>11.12.18</u> Complete
07.03.18	18/18	Finance Report	PH/JG	To meet Staffside reps for comment on service reviews	<u>23.05.18</u> Complete
07.03.18	26/18	HR polices for agreement	BAN	Prepare and deliver report on number of staff on fixed contacts	<u>23.05.18</u> BA provided an update
07.03.18	27/18	Staff Lottery	CP/BAN/ SF/ PHayter	To meet and work on message to staff about joining committee	<u>18.07.18</u> New Staff Lottery Committee has met and reenergised the Staff Lottery
07.03.18	29/18	AOB	AF	To tackle issues around staff parking	<u>11.12.18</u> Complete – no anticipated end date
23.05.18	36/18	EPP	RW	Check and advise if 6 week target met	<u>18.07.18</u> Complete
23.05.18	41/18	iMatter Update	BA	Provide iMatter update for EDG	<u>18.07.18</u> Complete
23.05.18	47/18	Workforce Strategy	All	eMail comments on draft Workforce Strategy to Brian McKenna	<u>18.07.18</u> Complete
23.05.18	47/18	Workforce Strategy	BMcK	Compose Executive Summary of the Strategy for display on the Intranet	<u>19.09.18</u> Complete
23.05.18	33/18	Staff Passports	BA	Circulate Staff Passport to APF members for comment	<u>19.10.18</u> Circulated to APF members and HR colleagues
18.07.18	56/18	Home Computing	CP	Consider feasibility of running the Home Computing scheme	<u>23.01.19</u> Complete
18.07.18	64/18	Workforce Strategy	JM	Circulate to APF members the final draft version of the Workforce Strategy	<u>18.07.18</u> Complete
18.07.18	65/18	EPP	RW	Provide verbal update at next APF on EPP screening figures	<u>19.09.18</u> Complete
18.07.18	66/18	NHS 70th Anniversary Events	EDG	Write to Communications to thank them for their proactive work	<u>11.12.18</u> Complete

18.07.18	68/18	HR Policy	BA	Provide appropriately worded message to launch the Voluntary Retirement & Return to Part Time Working Policy	<u>24.07.18</u> Complete
18.07.18	70/18	Medical Rep	RW	Seek Medical Representative for APF meetings	<u>19.07.18</u> Complete
18.07.18	63/18	Dignity at Work	BA/ SLWG	Set up SLWG to look at areas detailed in 41/8 above.	<u>19.09.19</u> Complete
19.09.18	Present-ation	Nurse Bank	KB	Bring update on new Nurse Bank System to APF 21 November 2018	<u>21.11.18</u> Complete
19.09.18	Matters Arising	EPP	RW	Investigate high level of DNAs and CNAs of EPP appointments with service areas and report at next meeting	<u>11.12.18</u> Complete
19.09.18	78/18	Regional Working Update	All	Print off copies of 'Common Ground' for those without computer access	<u>21.12.18</u> Complete
19.09.18	79/18	Attendance Management/ Well at Work	RW	Invite Wendy Simpson to a future APF to present on 'Going beyond Gold' project, Good Conversations and Mindfulness	<u>21.11.18</u> – Complete - Invited to 23 January 2019 meeting
19.09.18	79/18	Attendance Management/ Well at Work	RW	Invite APF colleagues to Amanda Jones' presentation on the Ageing Workforce	<u>11.10.18</u> Complete
19.09.18	80/18	iMatter	All	Encourage all iMatter Team Leaders to undertake Action Planning with staff	<u>11.12.18</u> Complete
19.09.18	81/18	Dignity at Work	BA	Provide update on DAW SLWG progress at next APF (21 November 2018)	<u>21.11.18</u> Complete
19.09.18	87/18	HR Policy Update	BA	Amend HR25 Policy as discussed and circulate to APF electronically for approval	<u>12.11.18</u> Complete – no comments received
21.11.18	Present-ation	NHS Credit Union	WB/ Comms	Roll out of NHS Credit Union Awareness Sessions	<u>23.01.19</u> Complete - dates arranged.
21.11.18	93/18	EPP	RC/ KB	Follow up staff requiring EPP check	<u>23.01.19</u> Complete
21.11.18	95/18	PCES	PH/ FE	Take forward accommodation issues affecting PCES staff	<u>11.12.18</u> Update provided <u>23.01.19</u> Complete
21.11.18	96/18	Site Optimisation	GC/ LC	Liaise with Lynn Campbell to address issues and engage with staff affected by bed reconfiguration	<u>23.01.19</u> Complete – discussions with staff.

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

22.05.19	41/19e)	Decontamination Unit	ER/AM	Further Review Staff Concerns with Decontamination Unit	<u>24.07.19</u> – no further investigation required – <u>Complete</u>
22.05.19	53/19	Dignity at Work	WB/ BA	Design and deliver training for Confidential Contacts	<u>24.07.19 Complete</u>
22.05.19	46/19	East Region Recruitment Transformation	??	Invite colleagues to attend regional Recruitment Workshops	<u>24.07.19 Complete</u>
22.05.19	49/19	iMatter	BA/ Comms BA	Publish video clips on the Intranet Prepare iMatter update report (response rates)	<u>24.07.19 Complete</u>
22.05.19	54/19	Workforce Strategy	APF members	Review and comment on draft Workforce Strategy document	<u>24.07.19 Complete</u>

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 27 JUNE 2019 AT 2.00 PM IN
TRAINING ROOM 1, DINING ROOM, VICTORIA HOSPITAL, KIRKCALDY.**

Present:

Andrew Mackay (AM), Deputy Chief Operating Officer (**Chair**)
 Paul Hayter (PH), Unison (until 3 pm)
 Andrew Fairgrieve (AF), Director of Estates, Facilities & Capital Services
 Joy Johnstone (JJ), FCS
 Louise Noble (LN), Unison
 M Watts (MW), General Manager – Emergency Care (until 3 pm)
 Craig Webster (CW), H&S Manager

In Attendance:

Jeanette Burdock (JB), Radiology & Diagnostic Services Manager (attending for G Couser)
 Michelle Sinclair-Forrow (MS-F), HR Officer (attending for S Young)
 Gillian McKinnon (GMcK), Personal Assistant to Chief Operating Officer

		Action
1	WELCOME & APOLOGIES	
	AM opened the meeting by welcoming everyone.	
	Apologies were received from Andrew Verrecchia, Ellen Ryabov, Gemma Couser, Lynn Campbell, Susan Young, Conn Gillespie and Fiona Alexander.	
2	MINUTE OF PREVIOUS MEETING – 25 APRIL 2019	
	The Minutes of the Meeting held on 25 April 2019 were accepted as an accurate record.	
3	ACTION LIST	
	3.1 <u>Cars being stickered at QMH</u>	
	<ul style="list-style-type: none"> The Minutes of 28 February 2019 have been amended. This action can be closed. 	GMcK
	<u>Ward 4</u>	
	<ul style="list-style-type: none"> The Minutes of 28 February 2019 have been amended. This action can be closed. 	GMcK

ASD & CD Health & Safety Committee

- Update to be given under Item 4.2. This action can be closed.

GMcK

Staff Briefings & Internal Communications

- Update to be given under Item 7.1. This action can be closed.

GMcK

RIDDOR Update

- The colours relate to the reporting timescales. This action can be closed.

GMcK

Turas Update

- Update to be given under Item 6.2. This action can be closed.

GMcK

Car Parking at the top of Whyteman's Brae

- The car park is kept closed during weekends and on bank holidays as there is less demand on spaces and ample parking available on the site. This action can be closed.

GMcK

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- CW advised the H&S Team would now concentrate on other projects following the removal of the Improvement Notices.
- CW advised following a review 4 policies/procedures have been submitted to the General Policies Group for processing.
- CW advised all RIDDOR incidents have been updated following escalation to relevant managers.
- CW advised since the last meeting there has been 1 RIDDOR reportable incident notified (patient fall).

4.2 ASD/CD H&S Committee Update

- The ASD/CD Health & Safety Committee Update paper was noted, for information.
- CW asked if it was appropriate for the Committee to be co-chaired by the H&S Manager and staff side representative? MW noted it would be difficult to chair and also input into the meeting, but CW confirmed he would be happy to undertake this role. Following discussion, it was agreed this was appropriate.
- CW asked if the proposed membership within the Terms of

Reference was appropriate? Following discussion it was agreed this was appropriate. CW advised a number of representatives have been identified but as yet no representative had been put forward for WCCS or PCD. AM to ask these Directorates to nominate a representative to CW as soon as possible. Staff side colleagues have been asked to consider nominating one staff side representative from each trade union/professional organisation.

- CW asked if there are other advisors that should be part of the Committee and should these advisors attend the Committee but not be formal members? Following discussion it was agreed there should also be an infection control advisor. Advisors should attend the Committee but not be formal members.
- CW advised good progress on the implementation of the Health & Safety Committee was being made with the first meeting was being planned for August 2019.
- AF advised a meeting of the NHS Fife Health & Safety Sub-Committee would take place on 28 June 2019. Papers would be noted at next week's NHS Fife Clinical Governance Committee.
- AF advised Internal Audit would be auditing the Sharps Policy this fiscal year to ensure appropriate roll-out following the closure of the Improvement Notices.

5 STAFF GOVERNANCE 2019/20

A Well Informed

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

- AM advised new Performance and Accountability Reviews have been rolled out across NHS Fife with all areas now having been through this process. Reviews will take place four times per year and will be an opportunity for Executive colleagues to ask questions and challenge individual areas.
- AM confirmed monthly Performance Reviews currently take place within Acute.
- AM advised there had been a variable performance against the 4 hour target within ED. Work is ongoing to improve our performance and an ED Working Group has been established.
- AM advised all board areas have shown an increase in ED attendance levels and this is having an impact on performance with extra demand placed on teams, but teams are working hard to maintain performance. Performance for one week had dropped to just under 91.7% but additional reporting to the Scottish Government had not been required.
- MW advised last week NHS Fife had been the top performing

Board.

- AM advised we had a good performance for outpatients at the end of April 2019 of 98% against a target of 95% and we continue to outperform most boards. Our TTG performance is currently at 87.6% with staffing challenges noted within Urology, Neurology and ENT.
- AM advised there would be an increased focus on cancer waiting times and in particular the 62-day target. Kathy Nicoll and Gemma Couser are leading on a piece of work around this.
- AM advised at the end of Month 2 there was a £2.7m overspent within Acute. Directorates have commenced work on their savings plans and were identifying savings at ward level. Staff side colleagues have been included in these discussions.
- AM advised there would be a focus from HoNs on SAER response rates. There has been an improvement in the number of incidents with harm.
- AM confirmed there had been an improvement in Stage 1 complaints and against the 20-day standard for Stage 2 complaints. We are currently sitting at 62% compliance against the target of 75%.
- AM advised patient care and staff responses had been good following a review of the national cardiac arrest report.
- AM confirmed waiting times would be monitored through the summer months. MW advised winter planning arrangements for this year have already commenced together with recruitment of additional ITU nurses. Discussions are also ongoing with AHP colleagues and support from junior doctors.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- MS-F advised the sickness absence rate for Acute Services had remained the same at 5.97% for the periods of March and April 2019. This was higher than the same period last year. Corporate Services sickness absence for the period March 2019 was 5.10% with an increase to 5.37% for the month of April 2019.
- MS-F advised Acute Services has the highest sickness absence within NHS Fife with Corporate Services sitting in the middle. Work is ongoing to reduce sickness absence in all areas.
- MS-F advised within Acute Services administrative services continues to be the highest staff group. Within Corporate Services the highest staff group is support services.
- MS-F advised anxiety, stress, depression, other psychiatric illness continues to be the highest reason for sickness

absence within Acute Services followed by other musculoskeletal problems then gastro-intestinal problems.

- AM noted there were 13.17% unknown cases/not specified. MS-F advised there has been a lot of work undertaken at Review and Improvement and Promoting Attendance at Work Panels. Staff are reminded of the importance to select the correct sickness code on SSTS at the start of a sickness absence period. AM asked if Code 99 could be removed from the list of options and MS-F agreed to discuss this further with SY.

**MS-F/
SY**

5.3 Feedback from NHS Fife Board & Executive Directors

- AF advised a meeting of the NHS Fife Board and a Board Development Session had taken place yesterday. External Audit have signed off NHS Fife's finances for the last fiscal year.
- AF advised colleagues from NHS Fife had attended the Health & Sport Committee Meeting at the Scottish Parliament on 25 June 2019 and answered questions on a range of topics. A video of the meeting is available on the Scottish Parliament website.
- AF advised following the Sturrock Report the Cabinet Secretary has requested each board identifies a Non-Executive Directorate to be appointed as a Whistle Blowing Champion reporting directly to the Cabinet Secretary.
- AM advised training on our Major Incident Plan had taken place on 25 June 2019 facilitated by the Scottish Government. Good conversations had taken place and a number of actions would be followed up. There will be further opportunities for training. Our local plan has been simplified and split into three parts: PREPARE, RESPOND and RECOVER.
- AF confirmed Estates and Facilities undertake an annual major incident exercise.

6 B Appropriately Trained

6.1 Training Update

- AM advised training was discussed and monitored as part of the monthly Acute Performance Reviews. Performance against in-house training is currently 82% and work continues in relation to manual handling and skin surveillance training. Directorates continue to work with staff in their individual areas.
- CW confirmed there was sufficient course capacity for manual handling training and the sessions continue to be well attended.

6.2 Turas Update

- AM confirmed updates on Turas were noted at the Performance Reviews and BA Nelson had provided an update at the recent Acute Performance & Accountability Review.
- AF confirmed Estates and Facilities current performance was 49%.
- AM advised Acute was under 62% with NHS Fife sitting at 60% against the local target of 80% by end of October.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

- AM advised staff briefings within the Lecture Hall and pop-up briefing sessions would continue on a regular basis. Next week's staff briefing session would take place at QMH with a VC link to VHK.
- AM advised last month he had attended a pop-up briefing session to Ward 34 with KE.
- AM advised arrangements were also being made to build in a half day senior manager walkround in partnership with staff side colleagues. This would provide staff with an additional route to raise any concerns.

7.2 Staff Governance Action Plan 2018/19

- AM advised issues from staff briefing sessions and iMatter would link into the rolling Staff Governance Action Plan.
- AM reminded staff side colleagues to encourage attendance at the staff briefing sessions as this was an opportunity for staff to raise any issues of concern.

7.3 iMatter

- AM advised there had been 65% response rate for iMatter within Acute Services. This was a 9% improvement on the previous year.
- AF advised there had been a 66% response rate for Estates and Facilities with a 100% response rate for HR.
- AF advised the main areas highlighted relate to the visibility of senior management; and a chance to influence decisions. It was noted 89% of staff were clear about their duties and responsibilities.
- AM advised there had been a good response rate to iMatter and was generally positive. Managers would now arrange discussions within their individual teams to create an action plan.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes

- AM advised the Acute Services Division Transformation Programme has commenced and 4 workstreams established: 1. Acute Access and Flow (chaired by MW); 2. Outpatient/Patient Administration (chaired by GC); 3. Clinical Space Redesign (chaired by MC); and 4. Service Redesign across 7 days (chaired by AM).
- AM advised the 4 workstreams were all in the early stages with 1-2 meetings taken place but were starting to generate ideas.
- AM advised arrangements are being made for the next Transformation Workshop.

9 E Provided with an Improved & Safe Working Environment

9.1 Well at Work Update

- The Well at Work Update was noted, for information.
- LN advised work is ongoing in relation to the Going Beyond Gold Year 2.
- LN noted the Promoting Attendance Workshop had been well received.
- LN advised the Hydration Event had been a success and had been well received by staff.
- LN advised a series of Manager's Occupation Health drop in sessions have been arranged.

9.2 ASD & CD Well at Work Minutes

- The ASD & CD Well at Work Minutes of 20 May 2019 were noted, for information.
- LN advised the People's piano is being used.
- LN advised the Healthy Harmonies Choir will undertake a number of performances during August and September 2019 and staff are encouraged to join the choir.
- LN advised guided walks have been arranged during the Summer/Autumn 2019. There is a suggestion of a one mile indoor walk for staff to use during the winter months.
- LN advised discussions are ongoing regarding the provision of a Menopause Cafe.

9.3 Capital Projects Report

- The Capital Projects Report was noted, for information.
- AF advised capital works projects were ongoing and progressing.

- AF confirmed the one-off window cleaning of the Tower Block had been completed.

9.4 **Adverse Events Report: June 2018 to May 2019**

- The Adverse Events Report for the period June 2018 to May 2019 was noted, for information.
- AM confirmed adverse events continue to be reported through the Clinical Governance Committee. The number of incidents has fallen and there remains continued scrutiny on falls with harm and pressure related incidents.

10 ISSUES FROM STAFF-SIDE:

10.1 Ward 9

- LN asked for an update on the relocation of Ward 9.
- AF advised an update paper had been submitted to EDG and the NHS Fife Capital Investment Group to consider the creation of a separate Gynaecology ward within the current footprint of the maternity ward. This would now move to the design phase.

11 MINUTES FOR NOTING

11.1 **Capital Equipment Management Group Minutes: 7 February & 7 March 2019**

- The Capital Equipment Management Group Minutes of 7 February and 7 March 2019 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 **Issues for Next Meeting**

- There were no new issues for the next meeting.

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

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

13 ANY OTHER COMPETENT BUSINESS:

13.1 **Rollout of eESS**

- MS-F advised following the roll-out of eESS there has been a high volume of queries directed to HR staff. Managers are reminded to follow the correct process, refer to the SOP and

to contact the eESS Service Desk Portal with any queries.

13.2 **JobTrain**

- MS-F advised positive feedback has been received on JobTrain, the national recruitment system currently being piloted within three Boards. Work is now ongoing to oversee the implementation plan for the roll out of JobTrain within NHS Fife and part of the ongoing East Region work towards regionalisation.

14 **DATE OF NEXT MEETING**

Thursday 29 August 2019 at 2.00 pm in Training Room 1, Dining Room, Victoria Hospital, Kirkcaldy.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2019/270619

TABLE OF ACTIONS
ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
27/06/19 Item 4.2	<u>ASD/CD H&S Committee Update</u> CW advised a number of representatives have been identified but as yet no representative had been put forward for WCCS or PCD. AM to ask these Directorates to nominate a representative to CW as soon as possible.	AM/ CW	Update at next meeting	Donna Galloway has been put forward as interim representative of WCCS. Nicola Robertson has been put forward as representative of PCD.
27/06/19 Item 5.2	<u>Attendance Management Update</u> MS-F to check with SY if Code 99 could be removed from the list of options.	MS-F/ SY	Update at next meeting	This is a national system code and it cannot be removed.



Health & Social Care Local Partnership Forum (H&SC LPF)

Wednesday 26th June 2019

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

UNCONFIRMED

Present: Michael Kellet, Director of Fife Health & Social Care (Chair)
 Simon Fevre, Staffside (Co-Chair)
 Debbie Thompson, Joint Trades Union Secretary
 Kenny McCallum, Unison Fife
 Karen Gibb, Change & Improvement Manager H&SCP (East)
 Linsey Gilmartin, HR Lead Officer, Fife Council
 Claire Dobson, Divisional General Manager (West)
 Mary Whyte, RCN
 Bruce Anderson, HR Head of Staff Governance, NHS Fife
 Lynne Parsons, Society of Chiropractors and Podiatrists
 Louise Noble, Unison Health
 Sharon Adamson, OT Child Health
 Alison Nichol, RCN
 Eleanor Haggett, Staffside (Co-Chair)
 Julie Paterson, Divisional General Manager (Fife Wide)
 Dr Lim, Consultant Obstetrics & Gynaecology
 Audrey Valente, Chief Finance Officer, H&SCP
 Fiona McKay, Head of Strategic Planning Performance
 & Commissioning, H&SCP

Apologies: Nicky Connor – Associate Director of Nursing, H&SCP
 Karen Rennie – HR Business Partner, Fife Council
 Gillian Tait – RCN
 David Heaney – Divisional General Manager (East)
 Susan Robertson – Unite
 Wilma Brown, Employee Director, NHS Fife
 Wendy McConville - RCN
 Sharon McKenzie, Head of Human Resources, Fife Council

Minute prepared by: Sally Howley, MSO to Michael Kellet

		ACTION
1.	<p><u>Apologies</u> Apologies noted.</p> <p>MK welcomed everyone and acknowledged that this was his last LPF meeting prior to leaving the position of Director H&SCP. He thanked the group for all their support over the last three years and recognised that significant in-roads to the integration agenda on staff-side, partnership, Council & NHS has been made.</p> <p>He updated:</p> <ul style="list-style-type: none"> IJB has agreed the plans for recruiting the initial internal position, and the external permanent position. 	

	<ul style="list-style-type: none"> An Internal advert has been issued. <p>He confirmed that there was a short time scale for the recruitment of the interim position.</p> <p>Action</p> <ul style="list-style-type: none"> MK to share the interim advert with SF, EH, WB & DT 	MK
2.	<p>Previous Minutes</p> <p>Minute Accepted.</p>	
3.	<p>Matters Arising (not already on agenda)</p> <p>DT raised Four Seasons.</p> <p>FM updated that the Scottish Government had set up a working group which Alan Adamson was attending. There is no news of the group closing. The business is re-configuring their financial position.</p> <p>It was agreed that staff side would be kept up to date with this issue</p>	FM
3.1	<p>eESS</p> <p>BA spoke to paper.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> Interface open to managers since April 2019. Some teething issues around impact on managers –additional workload. Challenging for HR as they update the system manually – no electronic solution as of yet. Roll out of Job Train (recruitment module) which is an electronic application which links to Talentlink (launches Sept 2019). Training will be given on Job Train. Recognised that ‘User Friendly’ guidance is required. Change in culture around this (from paper recruitment to electronic recruitment). Long term significant benefits. <p>Action</p> <ul style="list-style-type: none"> BA get feedback from managers on impact on time taken to do Managers Surveys 	BA
4.	<p>Finance</p>	
4.1	<p>Update</p> <p>AV talked to the paper. The provisional outturn for last financial year is £9.2m overspend and confirmed that this had been reported to IJB last week.</p>	

	<p>The group were updated of the main over and underspends detailed in the paper.</p> <p>AV confirmed that Risk Share Agreement is 72% (NHS) & 28% (Council). The NHS had been billed for £6.9m.</p> <p>A discussion took place, highlighting:</p> <ul style="list-style-type: none"> • The impact on Community Health Care (Health Visitors) - vacancies & the delay in recruitment (processing of posts). • Increase pressure on staff owing to this vacancy process delay. • Recognition that delays in recruiting should be minimised. • Delays with key Mental Health recruitment too. <p>BA highlighted that NHS Fife process 15,000 paper applications/year and on average take one week longer to turnaround against other Boards, who are electronic. The new recruitment system will speed up each part of the recruitment process.</p> <p>Action</p> <ul style="list-style-type: none"> • BA/Barbra Anne to feedback to SF • MK/SF take concerns to imminent Staff Governance Committee 	<p>BA/BAN MK/SF</p>
4.2	<p>Consultant, Locum and Agency Spend</p> <p>AV spoke to paper.</p> <p>Highlighting quarter 4 Revenue and Capital costs, especially Clyde Design Partnership (£26K) and Methil/Leven Care Village.</p> <p>Action</p> <ul style="list-style-type: none"> • AV to bring Locum/Agency spend to future meetings 	<p>AV</p>
4.3	<p>Management Review</p> <p>MA gave background and update.</p> <p>It had been an ambition during last Financial Year to conduct a Management Review across the Partnership. This had not progressed. Management structures would be looked at when appropriate by division. A draft comms for staff/managers had been circulated to SF/EH for input and MK was keen to discuss in depth at today's meeting.</p> <p>A discussion took place, highlighting:</p> <ul style="list-style-type: none"> • Recognition of the urgency to get comms out to staff/managers. • Confirmation that staff-side & partnership will be involved in any review of structures. • Interim Director needs to be involved from the beginning with staff-side (Health & Council) – ensure legislation requirements are 	

	<p>considered.</p> <ul style="list-style-type: none"> Broad Brush comms required initially, recognising involvement with unions will take place, with further comms once more detail is agreed. <p>Action</p> <ul style="list-style-type: none"> MK circulate revised comms to SF/EH/DT/WB Discuss with Interim Director Agreed comms to be issued 	<p>MK MK MK</p>
5.	<p>Transformation</p> <p>MK gave an update of key redesigns and confirmed that Community Hospital Redesign, Mental Health Strategy and the partnership Strategic Plan are going to the next IJB in August 19.</p> <p>MK highlighted that Clinical & Care Governance Committee was struggling for a date prior to this IJB – if unable to organise then the August IJB may need to be pushed back.</p> <p>OOHs and Community HuB have been approved by IJB and now getting implemented. In relation to OOHs, this had been an important development of the Partnership. Tough decisions had had to be taken to ensure the best service. MK acknowledged the extraordinary commitment and work done by CD, the team and PCES workforce during this process.</p>	
5.1.1	<p>Out of Hours</p> <p>CD gave update on OOHs and that the critical part, delivery was underway. Staff engagement is happening, with a newsletter out to staff on outcomes on Friday.</p> <p>A discussion took place about hours to fill currently/new model, how to adapt to a multi-disciplinary model, the range of professionals involved. It was recognised that a commitment was required by Clinicians.</p> <p>Action</p> <ul style="list-style-type: none"> OOHs Action Plan to become an agenda item on LPF agenda <p>CD updated on accommodation at VHK. Still in discussion with Ante Natal. Staff are very positive with the arrangement. Dr McKenna is committed in the bases that accommodation meets need.</p> <p>LPF congratulated CD and all involved in the work done.</p>	<p>SH</p>
5.1.2	<p>Community Health & Wellbeing HuBs</p>	

	<p>CD updated.</p> <p>There has been a pause in the progress, to allow Dunfermline HuB to get up and running. Attention now being turned to rolling HuBs out across Fife and recognising that they need to meet the local need. CD noted that there had been significant staffing issues (June – Dec) with Geriatric Colleagues</p> <p>EH asked what the attendance was in the HuB. CD stated that at the Whytefield Day Hospital 20/30 patients attended within 1 week of referral for a day. One stop shop model.</p> <p>SF raised the Wells in Dunfermline, in relation to location. FM confirmed that it, along with the Advice Team, are moving to new premises at Dunfermline Bus Station. This will allow accessibility for local people. Comms will be issued.</p>	
5.1.3	<p>Community Hospitals</p> <p>KG updated on behalf of DH.</p> <p>Intermediate beds – proposal still to go to IJB.</p> <p>Two stakeholder events held March/April, with two Project Implementation groups established for East and West respectively to take forward and develop the outcomes from these events. Emergency Clinical profile has been deferred.</p> <p>EQIA will be revisited at the end of July, beginning of August with planned focus groups with Patient Relations network.</p> <p>Comms is being looked at with work being taken to IJB (September or October).</p> <p>A discussion took place which highlighted:</p> <ul style="list-style-type: none"> • Staff meeting at Ward 1 Glenrothes and Wellesly Unit went well. • Concerns on medical cover was subsequently raised (consultants pulling out with GP cover replacing it) and change of type of patient. • Identified it needs to be co-ordinated. • Staff need to be aware of what the future will look like (overflow from VHK or complex care?). • Staff need to be aware of paper prior to submission to IJB • Honest and upfront comms. <p>It was agreed that staff would see paper prior to IJB submission.</p> <p>Action</p> <ul style="list-style-type: none"> • KG take back to Action Groups to plan • MK/KG feedback comments from LPF today to DH 	
5.2	<p>Workforce Group Update</p>	<p>KG MK/KG</p>

	<p>Last meeting did not take place owing to number of apologies received, rescheduled at the end of July 2019.</p> <p>Action plans are in place for each transformation area and are robust and agreed.</p>	
5.3	<p>Mental Health Redesign Update</p> <p>JP updated.</p> <p>1,200 input to the draft strategy and overarching priorities. It was sent out again for further input and is now finalised for submission to Clinical Care and Clinical Governance Committees prior to IJB. It was raised that CPN role was not recognised in Strategy. JP informed that the Strategy does not have every team in it – if service is doing really well then not for transformation. Strategy highlights areas where improvement is required. Services not named are doing really well and are valued.</p> <p>The review of Voluntary Sector cannot happen until the Strategy is signed off. All parties are being kept updated on this.</p>	
5.4	<p>Strategic Plan Update</p> <p>MK stated that the plan is going to IJB in August (meeting now 6 September 2019).</p> <p>Consultation started in December 2018 with an event attended by staff groups/LPF/APF/Divisional groups/3rd Sector/Private Sector/Carers. Outcomes from this shaped what went into the plan and resulted in the original 4 priorities being extended to 5.</p> <p>The electronic consultation/paper has been completed with 300 comments received. The plan has been reviewed by the Strategic Planning Group last week and updates are currently being done.</p> <p>The Plan now needs to go through Committee structure to IJB for final sign off.</p> <p>Action</p> <ul style="list-style-type: none"> • FM to email paper to LPF members 	FM
6.	<p>LPF Action Plan</p> <p>BA circulated paper focussing on Training and spoke to it.</p> <p>The following was highlighted:</p>	

	<ul style="list-style-type: none"> • 73% compliance with 9 statutory/mandatory areas. • Activity driven – data reflects activity figure (until eEss fully functioning, won't reflect a compliance figure) • Doesn't cover Personal Development (PDP within YPD/TURAS review process) • Managers must record on system (almost 80% staff are registered – time must be found to meet with staff to conduct PDP) • October Target for PDP/TURAS 80% <p>Action</p> <ul style="list-style-type: none"> • Fife Council Training – to be brought to next LPF <p>A discussion took place.</p> <p>BA stated in relation to SW and Homecare, need input (specifically in relation to legal requirements) from FC. JP confirmed data held and asked to be involved. There is a need for data from both organisations to be pulled together.</p> <p>Action</p> <ul style="list-style-type: none"> • KG/JP/DH liaise with KR/LG identify data and send onto BA • BA to collate data received in from Fife Council • LPF Plan update to next LPF meeting 	<p>KR</p> <p>KG/JP/DH/KR/LG</p> <p>BA BA</p>
7.	Workforce Strategy	
7.1	<p>Workforce & Organisational Development Board Minutes (10.05.19)</p> <p>Focus on 1st quarter reporting of Workforce Action Plans (updates/next steps). This collated report will come to LPF & IJB soon.</p>	
8.	Absence/Attendance Management	
8.1	<p>H&SCP Absence Figures</p> <p>Noted that Health figures reported (April) are under NHS Board figures.</p> <p>Within Divisions:</p> <ul style="list-style-type: none"> • Fife-wide – under 5% • East - 5.48% • West – 6.8%* <p><i>*specific long-term condition absence</i></p>	

	<p>Council figures show a decrease in most areas.</p> <p>It was emphasised that it is important that managers have early conversations with staff. That a person-centred approach is taken, with creative solutions to get people back to work.</p> <p>Each organisation is doing their own approach and it would be beneficial if these can be pulled together to get an overarching view.</p> <p>DT highlighted that staff are starting to take control and are actively seeking ways to return to work (works hours/annual leave).</p> <p>MK recognises whole partnership heading in the right direction and welcomes this.</p>	
<p>9.</p> <p>9.1</p> <p>9.2</p>	<p>Health & Safety</p> <p>Unconfirmed Health and Safety Forum Minutes 08.05.19</p> <p>Noted.</p> <p>SBAR Violence and aggression</p> <p>MK introduced the paper and stated that the deep dive review had been commissioned by the H&S Forum. A list of actions had been agreed.</p> <p>The review had been constructive and had helped make progress in this area. In addition, it had broadened the membership of the group and MK was grateful to all concerned.</p> <p>The Mental Health & Wellbeing deep dive is being brought to the H&S Forum next week.</p> <p>SF confirmed:</p> <ul style="list-style-type: none"> • H&S commission a specific piece of work • staff/staff-side/expert involved in deep dives • Raises profile of the areas <p>Action</p> <ul style="list-style-type: none"> • Updates to be provided to LPF capturing who are involved in the deep dive reviews 	<p>Director/SF</p>

	<p>A discussion took place around safety in the work place and training:</p> <ul style="list-style-type: none"> • Confirmed that CAMHS training (Council/Children's Services) is available within the NHS • Learning Development/CAMHS colleagues reviewing training. Developing a suite of training resource that works across the partnership • Front line staff reminded to record incidents • Health/Dementia incidents need to be recorded to give a true picture • Induction should cover this area of reporting incidents • Homecare staff do not have access to a computer to log incidents, still paper based • The group are exploring different technologies in relation to being to alert front-line staff to safety issues (phone/text apps etc) <p>Action</p> <ul style="list-style-type: none"> • Update on alert technologies available back to next LPF 	Director/SF
10.	<p>iMatter Update</p> <p>BA updated.</p> <ul style="list-style-type: none"> • there had been incredible efforts made by managers considering some of the challenges (Home care staff paper-based). Ian Wilson especially. • A pilot in North Dunbartonshire, using a phone system that enables the questionnaire to be uploaded and sent through SMS Messenger, resulted in a 70% response rate as opposed to 30% on paper. Looking at this for input next year • Last year 3% response paper – this year 15% - positive • Deadline of 16th September for managers to meet with staff for action plan • 40% of action plan met. Target of 60% set. <p>MK asked how the partnership compares to NHS/Fife. BA is unsure, but the annual report produced will feed into the National report at the end of July 19. Data will be available then NHS Fife– 62% board overall with Acute - 65%.</p> <p>SF commended the people involved for their great effort to get to 60%.</p> <p>Managers should be planning conversations in January with</p>	

	<p>teams – setting aside a dedicated team meeting to facilitate this to meet the deadlines.</p> <p>Need to look at other ways to generate/highlight/capture key issues.</p> <p>Generate and capture- highlight burning issues (face to face, electronically, dialogue...).</p> <p>MK – grateful to all those involved in this work and thanked BA, Ian Wilson and others for their efforts.</p>	
11.	<p>Divisional Updates Fife Wide</p> <p>Fife-wide JP updated on staffing – Dr Marie Boilson starts in post as Clinical Director, Fife-wide in July.</p> <p>Dr Frances Baty taking over Dr Cheshire. Margaret Pirie’s replacement 12 weeks minimum (MP covers 2 day) additional support being put in place.</p> <p>New team – Alcohol/Drug 12-month pilot – multi disciplinary team Older People Currently recruiting – Senior Manager Integrated Health</p> <p>West CD updated that F McKenzie retires this week, replaced by Michelle Williams. Lisa Cooper is the Clinical Service Manager PCES & Community Nursing. George Cameron – Interim lead Nurse.</p> <p>Won an award for the Dunfermline Hospice garden and the VHK Hospice garden has been refurbished and was officially opened last week.</p> <p>East No update as DH not in attendance.</p>	
12.	AOCB	
13.	<p>Date of Next Meeting <i>Future schedule of meetings.</i> Wednesday 4th September - 10.00am Wednesday 16th October - 10.00am Wednesday 11th December - 10.00am</p>	

DATE OF REPORT:	30/08/2019
TITLE OF REPORT:	Winter Plan 2019/20
EXECUTIVE LEAD:	Ellen Rybov, Chief Operating Officer, Acute Nicky Connor, Chief Officer, H&SC
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance Claire Dobson, Divisional General Manager Andy MacKay, Deputy Chief Operating Officer

Purpose of the Report (delete as appropriate)

For Information

SBAR REPORT

Situation

This paper provides the Committee with an update to the draft Winter Plan for 2019/20.

Background

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period.
- Describe a shared responsibility to undertake joint effective planning of capacity.
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand.
- Support a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

The focus will primarily be on the winter period covering October 2019 to March 2020.

Assessment

This draft of the Winter Plan 2019/20 has been agreed following a winter planning event on 22 August 2019 with H&SCP and Resilience colleagues and a follow up meeting with Acute colleagues on 23 August. A small working group has been taking forward the actions from the Winter Review 2018/19 over the summer months including actions included in the Winter Plan 2019/20.

The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:

1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care

2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration
3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges
4. Establish appropriate point of care testing at the front door
5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

These priority areas were the key actions for the Winter Plan 2019/20.

Boards are required to submit draft Winter Plans to Scottish Government by end September 2019. We, therefore, have opportunity to present draft plans to the committees before going to the NHS Fife Board and IJB in September 2019, prior to submission to Scottish Government

The self assessment guidance from the Scottish Government and the Escalation Plan are still being refined and will be circulated when completed. It continues being developed as an integrated plan between with NHS Fife and Health and Social Care.

Weekly winter monitoring reports will commence at the beginning of October 2019 when general managers from NHS Fife and Health and Social Care Partnership will meet to review the report and take action when necessary.

Recommendation

The Committee is invited to:

- **Note** the Winter Plan 2019/20

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.

Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Fife Winter Plan 2019/20



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1 Introduction

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand on services or a mismatch between demand and supply of services. This can happen at any time of the year but commonly in winter activity rises, there is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year.

NHS Fife, Fife Council and the Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. The organisations are collectively responsible for managing the local health and social care system. This includes managing information and intelligence; assessing needs and working with community partners to ensure that services are fit for purpose; they meet the needs of patients; and are cost effective despite the pressures described above. The purpose of this document is to describe the arrangements put in place by NHS Fife, Fife Council, the Health and Social Care Partnership and partner organisations throughout the year, but particularly over the winter (including the Christmas and New Year holiday).

This plan is supported by:

- NHS Fife Pandemic Flu Plan
- NHS Fife Major Incident Plan
- NHS Fife Business Continuity Plan
- H&SCP Response and Recovery Plan

NHS Fife, Fife Council and the Health and Social Care Partnership have completed the self assessment checklist which helps to measure our readiness for winter across several domains. The checklist will be utilised as a local guide to assess the quality of winter preparations.

A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

NHS Fife, Fife Council and the HSCP are confident that systems and processes will be in place to support demand.

2 Key Deliverables

The Fife Integrated Winter Plan takes on a whole system approach, to offer seamless transition between the Acute Hospital, Outpatient Services, Community Hospital and Community Social Care Services throughout Fife.

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period.
- Describe a shared responsibility to undertake joint effective planning of capacity.

- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand.
- Support a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

Key principles to the winter plan are:

- Our workforce are key to the successful delivery of the winter plan.
- Engagement with staff across key stakeholders through winter plan workshops
- Completion of the self assessment checklist indicates that arrangements are in progress to support the delivery of the winter plan.
- Resilience, severe weather, Norovirus and Flu plans are re-visited and are in place.

We will focus primarily on the winter period covering October 2019 to March 2020, but pressure due to capacity is present all year round.

There are a number of key pressures that are prevalent over the winter period which affect our ability to optimally manage flow and capacity. History and current intelligence tells us that these include:

- Increased clinical acuity/complexity/dependency and increased conversion rate from Emergency Department (ED) attendance to admission
- Increased attendances to the ED
- Increase in (medically-fit-for-discharge) patients in delay.
- Decreased resilience within the workforce (school holidays, bank holidays and sickness/absence).
- An inability to scale-down scheduled care activity due to waiting time obligations.
- Having appropriate levels of community capacity to accommodate demand from across the health and social care system.
- Increasing activity and demand in primary care against a background of issues with General Practice sustainability.

3 Planning Priorities Winter 2019/20

The review of winter 2018/19 considered performance, what went well, what went less well and helped to identify the 2019/20 planning priorities for the Acute Services Division and the HSCP.

The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:

1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care
2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration
3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges
4. Establish appropriate point of care testing at the front door
5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

Additionally, the following actions were also identified:

- Community Hospital re-design should provide community beds at the right level and in the right place
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP
- Estimated Discharge Date process to be further developed and clear instructions in place
- Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place
- Enhance weekend discharge planning with further development of the weekend discharge team and enhanced clinical support
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests
- Explore a sustainable model for discharge lounge
- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data
- Full review of how and when surge capacity is used
- Consideration of impact of individual decisions made which will affect the whole system
- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients
- Consider an enhanced ambulatory model for surgical and medical patients
- Proactive infection control and learning for Fife Care homes
- Continue the success of the staff flu campaign into its 3rd year
- Urgent Care model will be up and running by winter 2019 and implemented in a staged approach

The planning priorities identified for 2019/20 align with a range of transformation programmes across the Acute Services Division and the HSCP. These key programmes are the Joining Up Care programme (HSCP) and Acute Services Transformation Programme although it should be noted that the Redesign of Community Hospitals will not take place this winter.

During the review stage, it was agreed to proactively plan for winter by establishing a short life working group (SLWG) to take forward the development of the Winter Plan and Escalation Plan.

4 Winter Planning Process

4.1 Clear alignment between hospital, primary and social care

a) *Winter Review 18/19 – What happened last year*

- An EDD process was developed and is was in the early stages of being introduced with Acute directorate. This is currently reviewed within our daily safety huddle.
- To provide intermediate care capacity in West Fife, GP cover was secured. The care home capacity to provide a single intermediate care unit is a challenge with interim placements being commissioned as required.
- Over 300 High Health Gain Individuals have been assessed across HSCP and these have a care plan and care coordination in place. The rollout of this model continues.
- Testing and development of pathways into a trusted assessor model for assessment beds within VHK is ongoing.
- Urgent Care service delivery was agreed in line with the contingency arrangements in place for the Primary Care Emergency Service. Festive rotas and staffing were in place before during and after the festive period.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			NHS Fife	HSCP	
1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	
2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	
3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	

4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	
5	Test of Change for use of the community hub during Winter.	November 2019		DGM West	
6	Test of change to reconfigure STAR bed pathway.	November 2019		DGM West	
7	Urgent Care ED enhanced direction model	November 2019		DGM West	
8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		
9	Explore third sector transport over winter months	October 2019	GMs, DCOO		
10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	

4.2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

a) *Winter Review 18/19 – What happened last year*

- There are currently informal arrangements in place to provide 7 day pharmacy service in acute with recruitment to substantive posts continuing.
- Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	
2	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		
3	Agree Urgent Care workforce levels and secure staffing as early as possible.	October 2019		DGM West	
4	Enhance Clinical Co-ordinator role	November		DGM West	

	within the Urgent Care service.	2019			
5	Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		
6	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		
7	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		
8	Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	

4.3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

a) *Winter Review 18/19 – What happened last year*

- A communication plan was put in place for the public and staff.
- Advanced Nurse Practitioners are in place to focus on nurse led/criteria led discharges within GI and Respiratory.
- A flexible bed base was utilised within community hospitals with an additional 20 beds in use and locum cover secured for QMH hospital.
- A winter placement and activity tracker for HSCP was created and monitored throughout winter.
- A review of discharge transport options has taken place.
- An assessment of delayed discharges due to medicines has been completed. A focus on discharge medicines being available within 2 hours to aid discharges has been implemented.
- A winter ready section of the website and intranet was developed and completed.
- Weekly meetings between Corporate, Acute and HSCP management teams.
- A reconfiguration of beds was complete by December 2018.
- A revised weekly winter planning report was devised, as well as winter plan rag status reporting.
- An escalation plan for surge capacity was agreed.
- An acute site management structure was agreed and put in place.
- Daily community service huddles took place to flexibly manage demand and capacity across community services.
- “Black Box” testing has been invested in for front door staff.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24	October 2019	GMs DCOO	DGM West	
2	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	
3	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	
4	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non patient wards.	September 2019	MD COO		
5	Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice	Observation exercise Aug 2019 December 2019	DCOO AMD		
6	Identify location for surge capacity (likely ward 4 & 13, but awaiting confirmation of roof repair for ward 4)	Oct 2019	DCOO GMs		
7	Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place	November 2019	GMs HoN		
8	Bed modelling exercise supported by SG to optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to Phase 3, beside Ward 24	November 2019	GM PC		
9	Intention to increase N:R ratio in AHP caseload to reduce de-conditioning in acute medical wards to reduce LoS and reduce level of support required by patients at point of discharge.	October 2019	GM WCCS		

4.4 Maximise elective activity over winter – including protecting same day surgery capacity

a) Winter Review 18/19 – What happened last year

- A review of known peaks took place and a reduction in capacity took place for the festive period and January.
- The surgical programme was reviewed weekly with a surgical short stay unit open from January.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients	October 2010	GM PC		
2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		
3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		
4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		

4.5 Escalation plans tested with partners

a) Winter Review 19/20 – What happened last year

- Business continuity plans are under constant review however additional work has been carried out in respect of winter planning.
- Tabletop exercises are regularly carried out with departments to ensure the efficacy of contingency plans.
- A corporate Business Continuity Plan has been formed.
- An East of Scotland Winter Preparedness review has been held and attended by Public Health, Acute and HSCP representatives.
- An escalation plan was agreed and triggers created. Staffing issues were also incorporated into this plan.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds	August 2019	GMs DCOO Ass Dir PP	DGM West	
2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	
3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		
4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		
5	Update Corporate Business Continuity	November 2019	Ass Dir PP		

	Plan and Response and Recovery Plan				
6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	
7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	

The draft Integrated Escalation Plan can be found in Appendix 1.

4.6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

a) *Winter Review 19/20 – What happened last year*

- A weekly winter planning meeting took place to address issues and implement improvements in a timely manner with an escalation and reporting process. This was supported by an agreed weekly winter monitoring report that allowed decisions to be
- 26 Norovirus education sessions were delivered with a study day “winter is coming” with attendees from all disciplines.
- A tabletop exercise on the management of Norovirus outbreaks took place.
- A review of Norovirus preparedness planning took place through the NHS Fife Infection Control Committee.
- A series of Winter 2017/18 debrief sessions have taken place.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	POCT for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu	October 2019	GM WCCS		
2	Proactive infection control and learning for Fife Care homes	October 2019		DGM West	
3	POCT will also be implemented in paediatrics for RSV which will support early diagnosis (supporting winter bed pressures) and reduce requirement for unnecessary molecular testing.	October 2019	GM WCCS		
4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	

4.7 Delivering seasonal flu vaccination to public and staff

a) *Winter Review 18/19 – What happened last year*

- A monthly review of the seasonal flu action plan took place all winter.
- An information pack was developed and distributed to the independent care sector in Fife.
- Redesign of the staff vaccination consent form has enabled more detailed and timely data collection against targets for monitoring.
- Promotion of under 65 at risk health groups for vaccination has taken place in community networks and workplace teams.
- Flu/Respiratory testing at the front door as in 2017/18.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Continue the success of the staff flu campaign into its 3 rd year	October 2019	GMs DCOO	DGM West ADoN	
2	Monthly review of progress against seasonal flu action plan	October 2019	GMs DCOO	DGM West	
3	Deliver staff communications campaign across Acute & HSCP, in order to achieve 60% uptake in healthcare workers (national target) and 50% uptake in social care workers (local target)	October 2019	GMs DCOO	DGM West	
4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	GMs DCOO	DGM West	
5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	GMs DCOO	DGM West	
6	Promotion of community flu vaccination for <65 at-risk groups via health promotion community networks and workplace team.	October 2019	GMs DCOO	DGM West	
7	Review and agree options for inclusion of flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	GMs DCOO	DGM West	
8	Flu/Respiratory testing at the front door as in 18/19	October 2019	GMs DCOO	DGM West	

5 Summary

The winter plan describes the arrangements in place to cope with increased demand on services over the winter period. In partnership NHS Fife, Fife Council and the HSCP have a shared responsibility to undertake effective planning of capacity.

The priority is to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan.

Resilience, severe weather, Norovirus and Flu plans have been re-visited and are in place.

The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process.

Winter communications planning is well under way. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The self assessment checklist when completed will indicate that arrangements are in progress to support the delivery of the winter plan.

Partnership working is essential in order to deliver the plan and will be tested at times of real pressure.

Appendices

Appendix 1: Fife Integrated Escalation Plan (To be added)

Appendix 2: Local Procedure for Escalation Plan Level

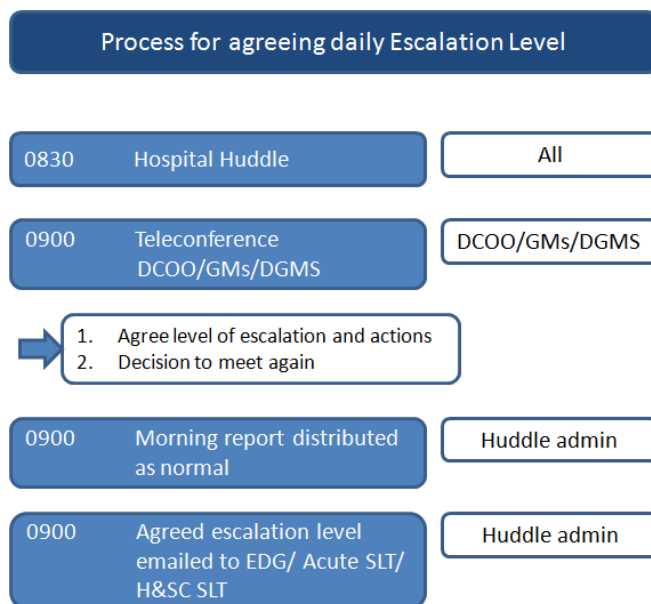
Appendix 3: HSCP Winter Discharge Model (To be added)

Appendix 4: Winter Plan Financial Table (To be added)

Appendix 5: Weekly Winter Monitoring Report

Appendix 6: Preparing for Winter 2018-19 Supplementary Checklist (To be added)

Appendix 2: Local Procedure for Escalation Plan Level



Appendix 5: Weekly Winter Monitoring Report

Weekly Winter Monitoring Scorecard																							
Area	Indicator	RAG Criteria	17-Mar	24-Mar	31-Mar	07-Apr	14-Apr	21-Apr	28-Apr	05-May	12-May	19-May	26-May	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul	28-Jul	04-Aug
OOH	Contacts		1904	1945	1774	1796	1869	2016	2218	2990	2948	2002	1944	1824	1851	1949	1978	1987	1851	1952	1860	1751	1877
	OoT Home Visits		26	21	8	0	19	25	24	46	22	37	32	25	13	18	24	11	15	15	9	7	16
Emergency Department	Attendances		1304	1347	1285	1292	1286	1381	1425	1372	1386	1410	1405	1346	1273	1286	1381	1356	1288	1335	1335	1398	1413
	Av LoA		168	181	163	177	172	172	167	156	170	165	165	173	159	154	175	165	163	191	149	164	172
	Performance		93.4%	91.1%	94.9%	91.5%	93.2%	92.3%	93.0%	94.6%	91.3%	91.7%	92.5%	91.5%	94.7%	95.3%	88.9%	94.1%	95.0%	88.3%	96.4%	94.5%	92.9%
	> 8 hours		0	10	1	0	0	5	0	1	1	0	3	3	2	0	2	0	0	0	0	0	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% Admitted		31.9%	30.0%	31.5%	32.3%	31.3%	30.9%	28.1%	27.0%	31.7%	28.5%	27.9%	29.0%	32.1%	29.5%	28.8%	29.7%	30.0%	29.6%	27.3%	29.8%	27.7%
VHK Admissions	Total		866	928	882	896	849	874	890	868	909	901	892	851	855	848	874	858	831	847	834	876	889
	Emergency		425	468	424	450	459	456	453	441	452	468	436	432	446	450	453	413	414	440	437	445	443
	Elective		441	460	458	446	390	418	437	427	457	433	456	419	409	398	421	445	417	407	397	431	446
AU1ax	Admissions		173	202	178	191	203	221	198	196	203	221	191	196	190	237	186	177	187	192	203	194	204
	%transferred		77.5%	69.8%	63.5%	71.2%	67.5%	64.7%	67.2%	74.5%	68.0%	70.6%	66.0%	63.3%	68.4%	65.8%	69.4%	70.6%	66.8%	67.7%	66.0%	68.6%	70.1%
	% to AU1		67.1%	62.4%	53.4%	61.8%	54.2%	52.0%	60.1%	62.8%	58.1%	55.7%	58.6%	56.6%	58.4%	55.7%	60.8%	62.1%	60.4%	61.5%	55.2%	58.8%	60.8%
	LoS		04:32	06:17	05:29	04:52	05:18	05:09	04:56	04:52	06:50	06:52	05:46	06:18	05:24	06:27	07:40	06:21	04:00	04:46	04:38	06:08	04:26
AU1	Admissions		318	339	287	328	318	298	324	313	323	317	302	298	323	300	306	293	288	296	286	297	301
	%transferred		65.4%	63.4%	66.2%	64.9%	63.5%	64.1%	63.6%	61.7%	68.4%	62.1%	69.2%	58.7%	63.5%	62.3%	60.1%	63.5%	69.1%	64.9%	69.2%	61.3%	65.8%
	LoS		19:20	20:08	18:55	20:10	16:08	17:39	18:51	16:48	17:31	19:46	19:05	18:35	18:27	19:13	18:49	18:43	17:27	17:25	16:11	15:44	16:54
AU2	Admissions		146	154	132	142	130	156	139	134	137	143	142	146	138	124	151	146	119	158	137	140	137
	%transferred		47.3%	37.7%	51.5%	41.5%	47.7%	42.9%	42.4%	29.1%	36.5%	42.7%	39.4%	40.4%	38.4%	37.9%	37.1%	49.3%	34.5%	53.8%	35.0%	36.4%	40.9%
	LoS		22:29	24:02	21:20	22:06	20:24	24:15	22:49	18:21	15:27	23:21	25:23	22:56	24:32	24:54	21:07	20:50	20:30	22:49	21:10	20:08	20:44
VHK Bed Utilisation	Occupancy		93.1%	93.4%	96.5%	99.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%
	Boarding Bed Days Lost		291	414	363	282	305	317	293	280	531	431	366	375	360	365	405	375	278	205	210	254	198
	Delay Bed Days Lost		49	63	42	49	28	35	28	7	7	35	35	42	28	42	35	49	56	42	42	28	28
VHK Discharges	Total		887	967	844	897	847	883	876	891	862	923	906	866	852	891	851	857	851	824	824	872	870
	to Community		55	42	51	38	42	31	47	40	51	39	42	40	44	53	36	34	46	36	37	40	37
	% 84 Noon		13.8%	16.1%	14.2%	14.2%	15.5%	16.4%	15.7%	18.6%	17.9%	16.9%	15.3%	18.2%	18.3%	15.6%	16.3%	15.7%	18.1%	18.4%	18.1%	14.0%	15.5%
	WDWE Ratio		1.7	1.7	1.8	2.1	1.7	1.6	2.0	1.7	1.5	2.1	2.2	1.7	1.6	1.8	2.1	2.1	2.0	2.3	2.1	1.6	2.0
	LoS		4.9	4.7	4.9	4.6	5.0	4.9	5.0	5.0	5.2	5.0	5.0	5.5	5.4	5.3	5.5	5.5	4.8	4.9	4.6	5.8	5.3
	Admissions		87	100	83	90	83	96	91	95	91	91	89	83	97	107	73	85	88	83	88	91	113
Community Hospital	Occupancy		94.0%	95.2%	94.2%	94.5%	93.9%	94.7%	94.4%	91.9%	94.2%	101.0%	100.9%	101.7%	102.4%	101.3%	101.4%	101.3%	102.2%	102.0%	101.1%	101.8%	100.2%
	Delay Bed Days Lost		553	591	567	477	470	615	708	611	642	671	666	687	674	638	594	599	617	637	644	617	560
	Discharges		108	83	94	78	85	78	91	86	90	86	86	84	78	92	102	68	80	83	78	83	86
	LoS		24.3	23.5	27.3	27.4	23.8	28.8	21.7	25.4	24.1	26.0	26.0	24.5	26.7	22.5	31.8	30.3	21.3	25.5	20.9	26.2	21.1