






Staff Governance Committee

04 September 2020, 10:00 to 12:00
MS Teams

Agenda


1. **Apologies for Absence** M Wells
2. **Declaration of Members' Interest and Chair's Opening Remarks** M Wells
3. **Minutes of Previous Meeting held on 3 July 2020** (enclosed)
M Wells
 -  Item 3 Board Committee Minute - Staff Governance 3 July 2020 v2.pdf (8 pages)
4. **Action List** (enclosed)
M Wells
 -  Item 4 Table of Actions from mtg on 3rd July 2020.pdf (1 pages)
5. **Matters Arising** M Wells
6. **COVID-19 UPDATE**
- 6.1. **Workforce Update** (verbal)
L Douglas
7. **QUALITY, PLANNING & PERFORMANCE - COVID-19**
- 7.1. **Integrated Performance & Quality Report** (enclosed)
S Fraser
 -  Item 7.1 IPQR Aug 2020 (1).pdf (45 pages)
- 7.2. **Staff Wellbeing Update** (enclosed)
R Waugh
 -  Item 7.2 Staff Governance - Staff Health and Wellbeing, incl Promoting Attendance - 4.9.20.pdf (14 pages)
- 7.3. **Core Training, Appraisal and Personal Development Plan and Review Update**
- 7.3.1. **Core Training Update** (enclosed)
K Berchtenbreiter
 -  Item 7.3a 040920 SGC SBAR Core Training.pdf (5 pages)
- 7.3.2. **Appraisal and Personal Development Plan and Review Update** (enclosed)
K Berchtenbreiter


 Item 7.3b 040920 SGC SBAR Appraisal Update.pdf (3 pages)


7.4. Staff Experience - Everyone Matters Pulse Survey

(enclosed)

B Anderson

 Item 7.4 Staff Governance Committee Everyone Matters Pulse Survey Update.pdf (2 pages)

 Item 7.4 Appendix 1 Everyone Matters Pulse Survey - 2020.pdf (9 pages)


 Item 7.4 Appendix 2 Everyone Matters Pulse Survey Demo Report.pdf (18 pages)


8. GOVERNANCE


8.1. Board Assurance Framework Workforce Sustainability

(enclosed)

L Douglas

 Item 8.1 Staff Governance Committee - Board Assurance Framework - 4.9.20.pdf (3 pages)


 Item 8.1 Appendix 1 - NHS Fife Board Assurance Framework (BAF) - Workforce Sustainability - 26.8.20.pdf (2 pages)

 Item 8.1 Appendix 2 - BAF Risks - Workforce Sustainability Linked Operational Risks as at 26.08.20.pdf (1 pages)

8.2. Staff Governance Committee Revised Annual Workplan

(enclosed)


B Anderson

 Item 8.2 Staff Governance Committee Revised Annual Workplan.pdf (4 pages)

8.3. Schedule of Dates for Future Meetings

(enclosed)


G MacIntosh

 Item 8.3 SGC Schedule of Future Meeting Dates to 2022 (2).pdf (1 pages)

8.4. Corporate Objectives 2020/21

(enclosed)

C Potter


 Item 8.4 SBAR SGC Corporate Objectives 040920.pdf (5 pages)

 Item 8.4 Strategic Objectives 20-21 Draft 2.0.pdf (2 pages)

9. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS - FOR INFORMATION

9.1. Minute of the Area Partnership Forum dated 22 July 2020 (unconfirmed)


(enclosed)

 Item 9.1 APF Minutes220720 V0 1.pdf (7 pages)

9.2. Minute of the Health & Social Care Partnership LPF dated 9 June 2020 (confirmed) and 21 July 2020 (unconfirmed)

(enclosed)

 Item 9.2 Confirmed LPF Minute 090620.pdf (4 pages)

 Item 9.2 Unconfirmed LPF Minute 210720.pdf (4 pages)

10. ISSUES / ITEMS TO BE ESCALATED

M Wells

11. ANY OTHER BUSINESS

11.1. 'Our Turn to Care' Vouchers for Staff

(enclosed)

C Potter



Item 11.1 AOB - SG Our Turn to Care vouchers.pdf

(3 pages)

12. DATE OF NEXT MEETING: 30 OCTOBER 2020, via MS Teams (TBC)

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 3 JULY 2020 AT 10AM VIA MS TEAMS.

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)

Wilma Brown, Employee Director

Helen Buchanan, Director of Nursing

Christina Cooper, Non-Executive Director

Simon Fevre, Co-Chair, Health & Social Care
Local Partnership Forum

Katy Miller, Non-Executive Director
Whistleblowing Champion

Alistair Morris, Non-Executive Director

Carol Potter, Chief Executive

Andy Verrecchia, Co-Chair, Acute Local
Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance

Kirsty Berchtenbreiter, Head of Workforce Development (joined at item 6)

Jim Crichton, Interim Project Management Director

Linda Douglas, Director of Workforce

Susan Fraser, Associate Director of Planning & Performance (for Item 8.1 only)

Andy Mackay, Deputy Chief Operating Officer

Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Rhona Waugh, Head of Human Resources

Laura Stewart, PA to the Director of Finance (Minutes)

1. Apologies for Absence

Apologies were received from attendee Nicky Connor, Director of H&SCP. Jim Crichton attended the meeting on her behalf.

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

There were no declarations of interest made by members related to any of the agenda items.

The Chair welcomed everyone to the meeting and noted that this is the first formal meeting of the Staff Governance Committee since March 2020, following the Committee's special briefing session held earlier in June. The Committee were guided to review the content of the framework for Decision Making, Remobilise, Recover and Redesign, which was released by the Cabinet Secretary for Health & Sport on 1 June. This detailed that NHSScotland is presently under Emergency Measures and this

framework outlines how NHS Boards in Scotland should safely and incrementally prioritise the resumption of services, whilst ensuring there is continuing capacity to mitigate the effects of Covid-19. The range of clinical priorities set out in the framework are to be kept under review by all partners and key stakeholders to NHS Boards. A national group chaired by the Cabinet Secretary of Health & Sport will lead the way forward on remobilisation and, at a local level, this will be clinically lead. It was recognised that the focus of Staff Governance Committee under this framework would remain Covid-19 specific, hence the shape and content of the meeting's agenda.

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

The minutes of the previous meetings were both **agreed** as an accurate record.

4. Action List

The Chair reviewed the rolling action list and advised that all actions (with the exception of 3.2) have currently been paused due to Covid-19.

Linda Douglas, referring to Action 22/20.1, requested the Committee's approval to reframe the action description, as it should refer to the work planned in relation to the IPQR specifically to explore extending the number of workforce of indicators, described in the BAF, rather than being limited to only the absence data.

The Committee **noted** the current status of the action list and **agreed** to the reframing of Action 22/20.1 as above.

Action: LD

5. Matters Arising

It was noted that there are some matters outstanding from the March Committee meeting. It was advised that some of this work can now begin to restart and will be brought back to the November Committee as an update. The Staff Governance Action Plan will also be revised to account for the Covid-19 focus. This will allow for further timescales to be detailed and additional work undertaken before the papers are brought back.

6. COVID-19 UPDATE

6.1. Workplace and Workforce

Linda Douglas presented the briefing paper to the Committee, which focused on the impact and changes to the workplace and workforce due to Covid-19. It was highlighted that some of the information in the report was provided to the Committee at their June briefing session, but this had been expanded for consideration at a formal committee meeting.

Members were directed to Section 2.2.1. The report recognised that recruitment activity which was paused (other than in reference to critical roles) has now restarted

and activity is picking up. The team have taken onboard the learning gained during the pandemic and will continue working with those changes moving forward, to create a more efficient recruitment service. For example, Disclosure Scotland has amended their process significantly, to enable quicker processing of applications.

The Board have seen a greater volume in national directives, communications and guidance issued during the pandemic, much of which has been very significant. It is anticipated that some of the Covid-19 related changes will cease over time and the Committee will be made aware of what is stepped back, as normal procedures resume.

The Committee were guided to section 2.3.2 of the paper. It was recognised that there was significant work done in the workforce in response to Covid-19. The Board are continuing to respond to updates in national policy and processes, to be as flexible as possible, to allow the workforce to work effectively. The Board are also working closely with Partnership colleagues to enable changes to policies to be made in light of national guidance and direction.

The work being done to support Health and Wellbeing for staff was highlighted. All staff involved in supporting the Wellbeing work, including within the Hubs, were thanked for their ongoing efforts. Additionally, those who are utilising the support had been appreciative of the services offered. It was noted that the work has been successful and helpful feedback has been received.

Wilma Brown queried what is being done to ensure that those candidates who came forward to provide potential support during the peak of the pandemic remain engaged and committed, should their services be required in the future. Linda Douglas advised that the team are very thoughtful about “candidate management” and managing expectations. To that end, all candidates who applied to join the ‘COVID effort’ but have not yet been onboarded have been contacted to thank them for their application and advised that, at present, they are not needed. They have been asked if they would be content that their application remains active. The Recruitment and HR department have continued access to the pool of applicants, if required, and the team will continue to retain interest and engagement with this group of applicants.

Wilma Brown raised a concern that there have been a few communications sent directly from Scottish Government that have had a delay in being cascaded to staff. It was highlighted, for instance, that there is still some communication and guidance, including that related to Annual Leave and Bank Staff, which staff have not been fully informed of.

Linda Douglas highlighted that guidance relating to Annual Leave and co-signed by Ms Brown and herself was issued some weeks ago. With work on a local process for the arrangements that allow for untaken annual leave from 2019/20 to be paid for been taken forward with partnership colleagues. The most recent of these discussions having taken place earlier in the week.

Christina Cooper queried whether the supplementary workforce are engaged in the recruitment plans moving forward, particularly if there was a second peak, and whether those who were brought onboard previously are getting recognition for their

support, including those volunteers who have stepped up. Linda Douglas advised that the paper later in the agenda highlights how the Workforce Strategy and its plan takes those issues into account. Regarding recognition, staff who have joined and/or stepped up to support the Board during Covid-19 are receiving recognition; locally in small groups or on an individual basis.

Helen Buchanan added that, from a nursing perspective, those who came forward to provide support during the peak, if no longer required, every effort is being made to ensure they do feel valued and remain interested, as their support may be required in future. The recruitment team are also forward-planning and have successfully shortlisted for a number of vacancies to help provide extra capacity for winter. Andrew Mackay advised that, where a department do have a vacancy, the workforce group are continuing to recruit short-term bank contracts to provide cover to this gap, where recruitment is a challenge, and this has been very effective.

Andrew Verrecchia raised a concern that several Unison members who are Bank staff have reported a drop in available work since March 2020 and are no longer receiving offers of work as previously. Further guidance was requested on how the Board plan to respond to these queries. Linda Douglas advised that work is underway to ensure consistency of operations across bank working. Regarding individual cases Ms Douglas asked that these be raised if not already to allow solutions to be found as necessary. Ms Douglas offer to take this up with Mr Verrecchia outwith the meeting.

Simon Fevre highlighted that the Return to Work guidance for staff is very helpful and supportive to staff, though presently difficult to access. There was concern that not all staff have access to the Blink StaffLink app, and this should not be the only means of communication to staff. Linda Douglas responded, advising that further work will be done to ensure the Return to Work guidance is available offline and can be easily accessed.

A further concern was raised that the Executive Team has had to move quickly to make decisions, particularly in the early stages of the pandemic. It was highlighted that the Area Partnership Forum needs to be utilised effectively and meet regularly, to the usual decision-making routes and staff-side input.

Carol Potter provided assurance to the Committee that the pandemic period has provided extra opportunities for Senior Staff to work alongside Partnership, in order to make decisions effectively, and the Executive Team are fully committed to this. Meetings of the APF are now resuming their normal schedule.

Katy Miller noted that there are a couple of key milestones coming up in relation to guidance on those staff members shielding and on the BAME workforce. Assurance was sought around what processes the Board has in place during the next four to six weeks to provide support and information to these staff members. Linda Douglas advised that, in terms of staff members who are shielding, the Board continue to review that guidance and the support available for that group of colleagues. At present, some staff members are at work (working from home) whilst shielding, either continuing in their substantive role or working in alternative duties. There is a good understanding of the individuals within this cohort. There is continued contact between those staff members and their managers. There are different considerations for our

BAME. Noting that staff are not required to provide ethnicity and other protected characteristic data is not fully comprehensive. There has been advice provided to managers to support staff, and to conduct appropriate risk assessments. There are a number of clinical and associated advisory groups that continue to review and provide advice.

The Chair emphasised that the discussion points made above were each very important and that concerns raised needed to be addressed. It was concerning to hear, for instance, that regular employees on our Bank rota have not had work, and it is important for the Committee to receive assurance that this is rectified. Further work also needs done in relation to the detail of remobilisation plans, accessibility of documents, effectiveness of communication and engagement in relation to partnership working.

The Committee **noted** the report.

Action: LD

7. MOBILISING OUR WORKFORCE

7.1. Workforce Strategy Update

Linda Douglas introduced the paper to the Committee, which provided an update on the Workforce Strategy. The Committee were advised that the paper describes that 'normal' working arrangements for Workforce Planning have been paused and the Strategy will require significant edits to take account of changes in service delivery. The Workforce Planning Group has however been stood back up and will significantly review all actions.

The Committee **noted** the report for assurance.

8. QUALITY, PLANNING & PERFORMANCE – COVID-19

8.1. Integrated Performance & Quality Report

Susan Fraser joined the meeting for the Committee's discussion of this item. She introduced the IPQR to the Committee, noting that the information and data used to compile the report presented was collated in April, thus would reflect the peak of Covid-related activity. It was highlighted that performance in a number of key target areas has slipped, particularly in terms of waiting times performance. Sickness Absence rates (of 4.54%) in April did improve against the target, however this figure needed to be treated with some caution.

The Committee **noted** the IPQR report.

8.2. Recruitment Update

Rhona Waugh introduced the report to the Committee. It was highlighted that there has been significant activity within the recruitment team over recent months, due to the number of applications received in answer to Covid-19 support campaigns.

'Business as Usual' activities, which were paused, have now recommenced and the team are working closely to support services with their staffing needs.

It was noted that, due to a significant increase in applicants, NHS Fife has been successful in recruiting three Emergency Medicine consultants. This was a challenging area to recruit to in the past, and therefore the decision has been made to over-recruit to provide ongoing resilience.

The Committee **noted** the report.

8.3. Staff Wellbeing Update

Rhona Waugh outlined the report to the Committee, noting that this provided further information and more detail on the paper previously shared at the briefing session earlier in June. Work is progressing to secure permanent locations for the Staff Hubs, with staff uptake and their use being really positive. Since opening originally in the Maggie's Centre, around 5,000 staff members have accessed a hub across Fife. Mindfulness sessions have been taking place on Zoom regularly, and there has been a lot of positive feedback received from this. It was highlighted that further consideration is required as to how staff at work within the community can be reached and supported, as it is important to ensure they too feel engaged, even if distant from an actual hub location.

The Committee **noted** the report.

9. Governance

9.1. Board Assurance Framework - Workforce Sustainability

Linda Douglas presented the report, which provided an update to the Committee on Workforce Sustainability. It was highlighted that there is a present focus on Test & Protect and Mental Health; the linked risks and mitigation are included as appendices.

The Committee reviewed and **approved** the risk ratings.

9.2. Staff Governance Committee Annual Statement of Assurance 2019/20

Margaret Wells introduced the paper to the Committee. It was highlighted that this report is submitted annually to the Committee for approval, as it outlines the work achieved throughout the year.

The Committee **approved** the report for onwards submission to the Audit & Risk Committee.

9.3. Staff Governance Committee Revised Annual Workplan

Bruce Anderson advised that, due to Covid-19, the Annual Workplan of the Committee, which was previously agreed in March 2020, will require to be suspended and revised, until such times as the current emergency footing is lifted.

The Committee **agreed** to suspend the present workplan and noted the intention to prepare a revised version for consideration at the next meeting.

9.4. Internal Audit Governance Checklist

Dr Gillian MacIntosh presented the report. It was highlighted that the Audit & Risk Committee had requested at their June briefing session that this checklist should be reviewed by all Board committees. It was anticipated that the checklist would be a useful tool to identify additional or prioritised agenda items the Committee may wish to consider due to Covid-19. The checklist will therefore aid in the development of agendas moving forward, to ensure no area of risk is missed.

Margaret Wells advised that the report was very helpful.

The Committee **agreed** the checklist would be utilised in the preparation of future agendas.

10. INTERNAL AUDIT REPORTS – FOR NOTING

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

Rhona Waugh summarised the main findings of this recent review. The full audit report has been provided for members' information and there are two recommendations that NHS Fife is required to follow up on. This includes the action

planning on workforce strategy, as previously discussed, and secondly, how to provide the assurance of workforce planning actions reported to the group. Work is progressing on that front.

The Committee **noted** the report's contents.

11. INTERNAL AUDIT REPORTS – FOR NOTING

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

The Committee **noted** the minute.

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

The Committee **noted** the minute.

12. ISSUES / ITEMS TO BE ESCALATED

The Chair highlighted that there are a number of points that require to be escalated to the Board, which will be captured in the minute in members' discussion under agenda item 6.1. This includes recognition of all that has been achieved by staff during the pandemic period; the extent of staff engagement in staff wellbeing activities; and achievements in recruitment and the flexibility of workforce. The continuing work to show the Board does value the commitment from staff and also to provide emphasis to ensure those less employed do not lose engagement were also important issues.

In reference to the IPQR, it would be noted that there is improved absence figures reported within.

The Chair and Director of Workforce would agree the text for submission to the Board.

Action: MW/LD

Date of Next Meeting: 4 September 2020 via MS Teams (TBC)

TABLE OF ACTIONS from
STAFF GOVERNANCE COMMITTEE MEETING
Held on 3rd July 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
6.03.20				
22/20.1	Amend SBAR accompanying BAF to explore extending the number of workforce indicators, described in the BAF, not limited to only absence data.	LD		Paused due to Covid19
24/20.1	Look at adjustments to be made to draft Staff Governance Action Plan	LD/BA/SF		Paused due to Covid19
03.07.20				
Item 4	Reframe 22/20.1 above	LD	4 th Sept 2020	Completed
Item 6.1	Assurance that cases of bank staff who have had a significant reduction in earnings due to Covid pandemic is progressed	LD	4 th Sept 2020	Cases are being identified and solutions offered to individuals
Item 12	Items to be highlighted to the Board	MW	4 th Sept 2020	Completed presented to the Board 29 July 2020



Fife Integrated Performance & Quality Report

Produced in August 2020



Introduction

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

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

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

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

I. Executive Summary

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

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

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

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 9 (32%) classified as **GREEN**, 3 (11%) **AMBER** and 16 (57%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- C Diff and SAB infection rates
- Closure rate for Stage 1 complaints
- Smoking Cessation – achieving just under 93% of annual target, around 4% better than for FY 2018/19

b. National Benchmarking
































National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 16 (55%) in mid-range and 4 (14%) in lower quartile.

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







Indicator Summary

Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
N/A	Complaints (Stage 2 Closure Rate)	65%	
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	
	100%	Patient TTG (Ongoing Waits)	
	95%	New Outpatients Waiting Times	
	100%	Diagnostics Waiting Times	
	95%	Cancer 31-Day DTT	
	95%	Cancer 62-Day RTT	
	90%	18 Weeks RTT	
	29%	Detect Cancer Early	27%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	
	90%	Psychological Therapies Waiting Times	
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
N/A	Dementia Post-Diagnostic Support		
N/A	Dementia Referrals		
N/A	Freedom of Information Requests	85%	
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£7.394m
Staff Governance	4.00%	Sickness Absence	4.39%

Performance							
meets / exceeds the required Standard / on schedule to meet its annual Target							
behind (but within 5% of) the Standard / Delivery Trajectory							
more than 5% behind the Standard / Delivery Trajectory							
Reporting Period	Year Previous		Previous		Current		
Month	Jun-19	58	May-20	25	Jun-20	26	↓
Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑
Month	Jun-19	6.85	May-20	7.56	Jun-20	8.57	↓
Month	Jun-19	1.19	May-20	1.62	Jun-20	1.84	↓
Month	Jun-19	0.76	May-20	0.83	Jun-20	0.83	↔
Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	↑
Quarter Ending	Jun-19	13.7	May-20	9.0	Jun-20	6.3	↑
Quarter Ending	Jun-19	9.7	May-20	15.9	Jun-20	14.0	↑
Quarter Ending	Jun-19	8.0	May-20	10.5	Jun-20	7.9	↑
Quarter Ending	Jun-19	3.2	May-20	1.1	Jun-20	2.1	↓
Quarter Ending	Jun-19	42.1	May-20	34.4	Jun-20	36.4	↓
Quarter Ending	Jun-19	35.5	May-20	30.8	Jun-20	34.4	↓
Quarter Ending	Jun-19	70.8%	May-20	71.8%	Jun-20	74.6%	↑
Quarter Ending	Jun-19	52.3%	May-20	18.1%	Jun-20	18.9%	↑
Month	Jun-19	100.0%	May-20	N/A	Jun-20	N/A	↔
Month	Jun-19	94.9%	May-20	96.5%	Jun-20	96.8%	↑
Month	Jun-19	90.1%	May-20	26.8%	Jun-20	15.4%	↓
Month	Jun-19	95.4%	May-20	40.9%	Jun-20	32.0%	↓
Month	Jun-19	99.5%	May-20	31.1%	Jun-20	37.4%	↑
Month	Jun-19	95.0%	May-20	97.8%	Jun-20	97.1%	↓
Month	Jun-19	82.9%	May-20	90.2%	Jun-20	79.0%	↓
Month	Jun-19	83.4%	May-20	86.5%	Jun-20	80.1%	↓
Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓
Month	Jun-19	6.8%	May-20	4.1%	Jun-20	4.3%	↓
Month	Jun-19	56	May-20	24	Jun-20	34	↓
Month	Oct-18	87.8%	Sep-19	80.0%	Oct-19	88.9%	↑
YTD	Mar-19	88.6%	Feb-20	95.4%	Mar-20	92.4%	↓
Month	Jun-19	76.7%	May-20	74.2%	Jun-20	62.2%	↓
Month	Jun-19	66.3%	May-20	79.2%	Jun-20	73.6%	↓
YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Apr-19	95.5%	Mar-20	92.6%	Apr-20	80.1%	↓
Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	↑
Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	↑
Quarter Ending	Jun-19	61.1%	May-20	87.1%	Jun-20	82.1%	↓
Month	Jul-19	N/A	Jun-20	+£5.064m	Jul-20	+£6.922m	↓
Month	Jul-19	N/A	Jun-20	£1.713m	Jul-20	£2.014m	↑
Month	Jun-19	5.55%	May-20	4.64%	Jun-20	4.96%	↓

Benchmarking			
	Upper Quartile		
	Mid Range		
	Lower Quartile		
Reporting Period	Fife	Scotland	
N/A			
YE Mar-20	1.01		1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%		0.9%
QE Mar-20	12.5		16.3
QE Mar-20	6.5		11.0
QE Mar-20	8.0		13.5
QE Mar-20	1.1		3.5
QE Mar-20	47.9		36.4
QE Mar-20	33.4		37.8
2018/19	70.7%		81.5%
2018/19	49.1%		53.7%
N/A			
Jun-20	96.8%		95.6%
Mar-20	83.2%		64.4%
Mar-20	95.2%		74.9%
Mar-20	97.9%		75.8%
QE Mar-20	95.7%		96.1%
QE Mar-20	83.5%		84.7%
Dec-19	82.0%		78.9%
2017, 2018	25.1%		25.5%
QE Dec-19	7.2%		7.1%
Jun-20	9.10		10.45
2018/19	91.3%		87.6%
YT Dec-19	87.9%		89.4%
QE Mar-20	76.0%		65.1%
QE Mar-20	70.1%		77.6%
2019/20	79.2%		83.2%
QE Mar-20	92.1%		94.7%
2017/18	86.8%		72.5%
2017/18	55.3%		42.3%
N/A			
N/A			
N/A			
YE Mar-20	5.49%		5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
HSMR	1.00	N/A	N/A	YE Mar-20	1.01	YE Mar-20	
The HSMR for NHS Fife for the year ending March 2020 improved slightly in comparison to the year ending December 2019, but remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Jun-20	2.16	Jun-20	1.84	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The previous report highlighted the impact of environmental changes and changes in patient pathways in response to COVID-19. These have without doubt had an effect on how staff manage the reduction in risk of falling. This remains under review and as clinical areas embed the ways of working some adaptation of our approaches may be required. The remobilisation of services is underway and increasing capacity within inpatient settings within the context described and the refreshed work plan will capture this.							
Pressure Ulcers	0.42	Never Met	0.42	Jun-20	0.83	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance has been difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. Work is being undertaken to complete a brief deep dive exercise of data to date to learn the reasons behind them. Wards have been identified to take part in the Pressure Ulcer Collaborative, both within Acute and HSCP.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	
We will reduce the % of post-operation surgical site infections to 2.5%							
Due to the COVID-19 pandemic, there remains a temporary pause on all Surgical Site Infection surveillance, until further notice from Scottish Government.							
SAB (MRSA/MSSA)	18.8	QE Jun-20	19.5	QE Jun-20	6.3	YE Mar-20	
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020 NHS Fife was below the national comparator for healthcare-associated infections. This success is continuing to be demonstrated with NHS Fife achieving the improvement trajectory for SAB.							
C Diff	6.5	QE Jun-19	6.7	QE Jun-20	7.9	YE Mar-20	
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. For Q1 2020, NHS Fife was below the national comparator for healthcare associated infections, although slightly above the improvement trajectory, and we are continuing to focus on patients with recurrent infections.							
ECB	33.0	QE Jun-20	36.6	QE Jun-20	36.4	YE Mar-20	
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Following an exception report in Q4 2019, Q1 2020 saw a marked improvement in healthcare associated ECB infection rates. Continued improvements are noted with initial Q2 2020 figures.							
Complaints - Stage 2	N/A	Never Met	65%	QE Jun-20	18.9%	FY 2018/19	
At least 75% of Stage 2 complaints are completed within 20 working days							
Patient Relations were advised in March that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. Although the clinical services aimed to respond, performance has suffered, a common pattern across all Health Boards. We are currently working through the backlog of complaints in order to be ready to deal with an anticipated increase in complaints relating to delayed treatments and those that may arise now the Clinical Services are starting to remobilise.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
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%	Jun-20	TBC	Jun-20	96.8%	Jun-20	●
There has been sustained performance above the target in June despite the 14% increase in attendances from May. The urgent care centre continues to support COVID presentations and the breach reasons are distributed between bed waits and clinical or specialist reasons. Flow into the hospital continues to be managed via red and green pathways with occupancy remaining below normal seasonal figures.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Jun-20	15.4%	QE Mar-20	●
Weekly additions to the waiting list decreased from about 400 to under 100 by early April, as routine surgery (apart from cancer and urgent) was cancelled. Additions are now increasing (though still well below average), and this trend is expected to continue as routine outpatient clinics are restarted in July and August. The number of patients waiting greater than 12 weeks has increased hugely since lockdown, from around 600 to over 3,000 (around 80% of the waiting list), with similar increases in the % of patients now waiting more than 18 and 26 weeks. Activity delivered has increased as theatres have gradually been reopened., and additional activity in the Independent Sector, funded by the SG, has been extended to the end September. We estimate that we will be able to deliver around 76% of the previous average level of activity by December. Reduction in the backlog of referrals will require additional in house or in-sourced and additional funding to deliver this, and this has been requested from SG.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Jun-20	32.0%	Mar-20	●
Referrals have gradually increased but are still 50% below average. The number of patients waiting greater than 12 weeks has increased from just over 500 just before lockdown to over 8,000 by June, equating to 67% of the total waiting list. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % that they were before lockdown. Using a clinic capacity modelling tool, new ways of working in outpatient clinics have been introduced to make the most efficient use of clinic space. This along with repurposing other clinical areas and extending days is maximising the number of patients who can be seen face to face. This capacity is being prioritised for new, cancer and urgent review patients who need a face to face appointment. The appointment of routine new patients began in mid July in line with our initial plan. It is anticipated we will be able to achieve 90% of previous levels of new outpatient capacity in December to March 2021 which along with a return to previous levels of referrals by September 2020 will likely lead to an increase in waiting list size and waiting times for routine referrals. Reduction in the backlog of referrals will require additional in house or in-sourced activity in the evenings and at weekends.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Jun-20	37.4%	Mar-20	●
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from 31% in May to 37% in June following the gradual restart and/or increase in services in line our proposed remobilisation plan. Endoscopy services restarted in June, allowing the backlog of Urgent Suspicion of Cancer and Bowel Cancer Screening Patients to be cleared. Referrals are increasing and priority is being given to urgent and cancer referrals which have resulted in a backlog of routine referrals. Discussions around recovery plans have taken place with the SG, and funding has been agreed for additional capacity, including in sourcing activity. Radiology diagnostic services returned to all sites at the end of July, with capacity at month end in relation to previous capacity being 70% for CT, 75% for MRI and 55% for Ultrasound. It is a similar (though slightly better) situation for GP and Outpatient key diagnostic tests. Breaches fell by around 35% from the end of June to the end of July as a result of the reinstatement of extended days for MRI, CT and MRI Mobile Van capacity funded by SG, which will continue until December. Additional capacity is planned for Ultrasound which will lead to further improvements in September. Priority is being given to all urgent referrals which are being seen within 2 weeks							
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	TBC	Jun-20	79.0%	QE Mar-20	●
Whilst cancer services were prioritised and maintained, the pause of endoscopy services resulted in a backlog of patients requiring investigations. The backlog has been cleared with more breaches than usual in these areas. As services remobilise across all areas, performance will continue to be variable. Many of the breaches (ranging from 1 to 176 days with an average of 40 days)were due to the impact of COVID-19.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE May-20	85%	QE Jun-20	82.1%	N/A	N/A
The number of FOI requests closed increased significantly in June, as pressures from the pandemic eased. Performance against the 20-day closure timescale (reinstated from 60 days in late May) fell slightly, and is likely to be variable over the next few months as work returns to normal.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Jun-20	4.3%	QE Dec-19	●
Bed days lost due to patients in delay has continued to be less than the local target, although there was an increase in both patients in delay and bed days lost in June. The challenge will be to avoid further increases in the coming months, as all the planned remobilisation activities are implemented.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	FY 2019/20	92.4%	YT Dec-19	●
A number of developments have led to an increase in reach and referral to the service. These include introducing a temporary abstinence model in the VHK with rapid access to NRT for patients and on sight staff training, developing service delivery in alternative venues such as leisure centres and nurseries, direct access to support within respiratory outpatient clinic and midwife-led Saturday provision. The loss of the mobile unit for 4 months (limiting outreach work into our more vulnerable communities) and staff recruitment (limiting capacity to support community pharmacy and data collection) have been key challenges. Overall, we have recorded a 4.2% increase in performance against target compared to FY 2018/19.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	TBC	Jun-20	62.2%	QE Mar-20	●
Referrals to CAMHS are gradually returning to normal levels, with an anticipated increase as schools resume in mid August. RTT performance has fluctuated during the pandemic as more of the longest waits have been seen whilst 'new' referrals have been low. As referrals increase, performance is projected to return to Fife CAMHS average of approx 72% from September, dependent on staff availability.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Jun-20	73.6%	QE Mar-20	●
Performance figures have not been hugely impacted so far by the COVID-19 pandemic. There has been a drop off in referrals which is very likely to be reversed during the next few months, at the same time as work resumes with longest waiting patients. This will take services above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact both treatment and performance recovery plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-20	+ £6.922m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency, our financial reporting was expanded to encompass: our core position; and Covid-19 additional costs, net of offsetting cost reductions (health costs that have reduced as a result of Covid-19 response). In tandem, an assessment was made of potential savings to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Covid-19 and Quarter 1 financial template returns.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-20	£2.014m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £7.394m. This excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	Jun-20	4.96%	YE Mar-20	●
Sickness absence levels have fallen in the first three months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will continue to be monitored as we return to "normal" and restart various Promoting Attendance activities.							

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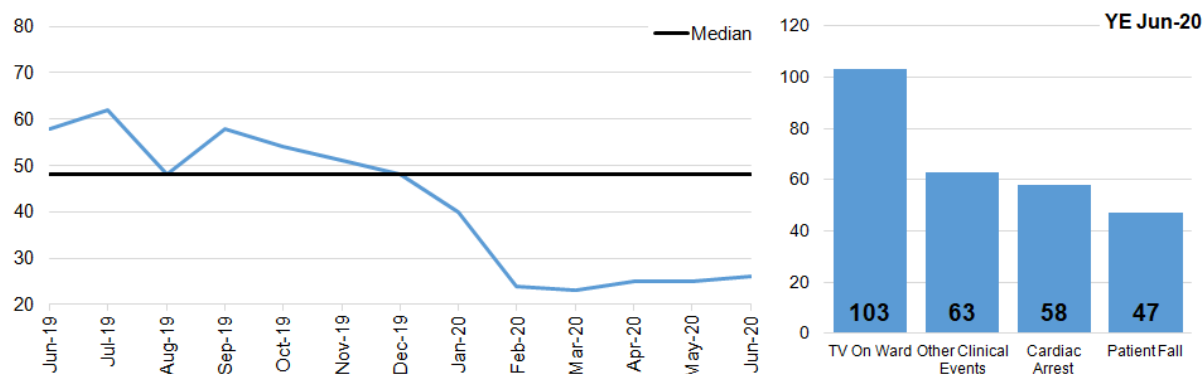
Staff Governance

Sickness Absence	43
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20										20/21			
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
ALL	NHS Fife	1241	1406	1295	1247	1354	1356	1388	1395	1305	1109	886	1047	1111	
	Acute Services	564	563	571	531	658	575	585	616	635	467	372	469	461	
	HSCP	630	800	668	670	647	733	766	744	620	619	483	551	618	
	Corporate	47	43	56	46	50	49	37	36	51	24	33	33	32	
CLINICAL	NHS Fife	832	915	831	813	938	888	929	909	921	788	605	710	732	
	Acute Services	514	520	515	485	592	534	527	556	573	435	343	426	420	
	HSCP	298	380	284	310	321	337	391	336	330	338	246	273	293	
	Corporate	20	15	32	18	26	18	11	18	19	15	18	15	19	

Commentary

In March, the configuration of services, including how services were offered and the numbers of people admitted, changed significantly in response to the COVID-19 pandemic.

Whilst staff were advised that all adverse events must continue to be reported during this time, the number reported across NHS Fife since February is less than in previous months. The number of major or extreme events reported has also dropped sharply.

The review processes for the major and extreme events was suspended during the peak months (March until the end of May), but are now re-established. There are working processes in place across the organisation to provide good oversight and monitoring of all adverse events.

Clinical Governance

HSMR

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

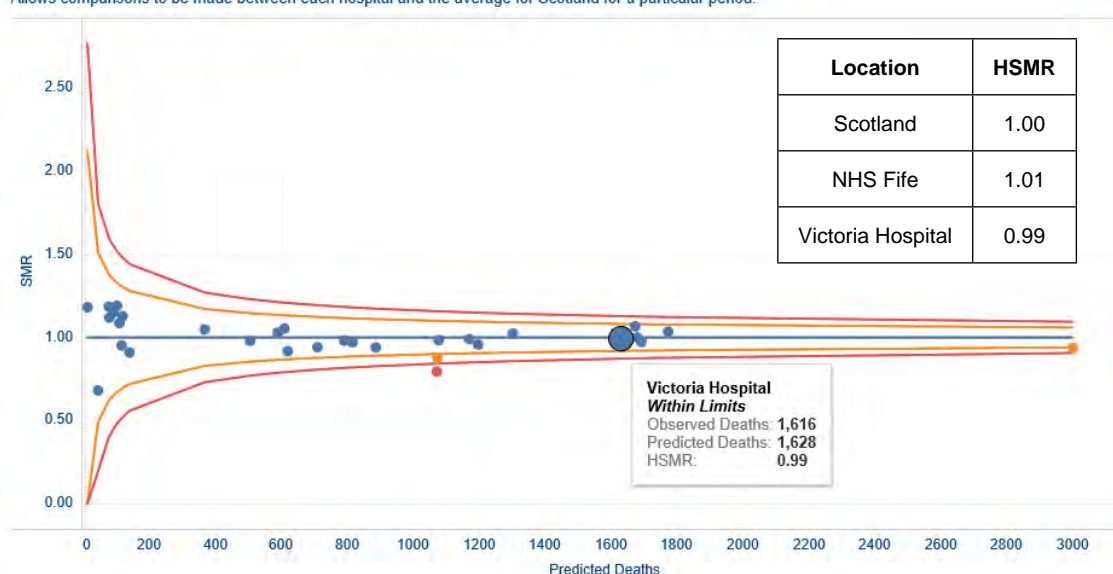
Reporting Period; April 2019 to March 2020^P

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

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

Funnel Plot by Hospital: April 2019 to March 2020

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



Commentary

The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

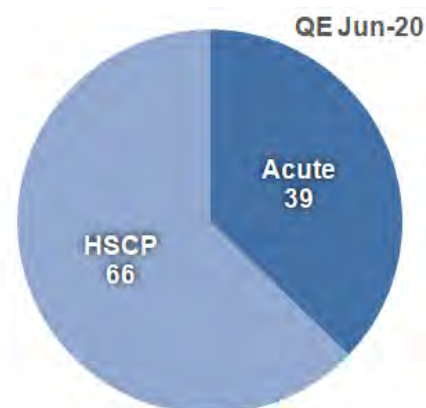
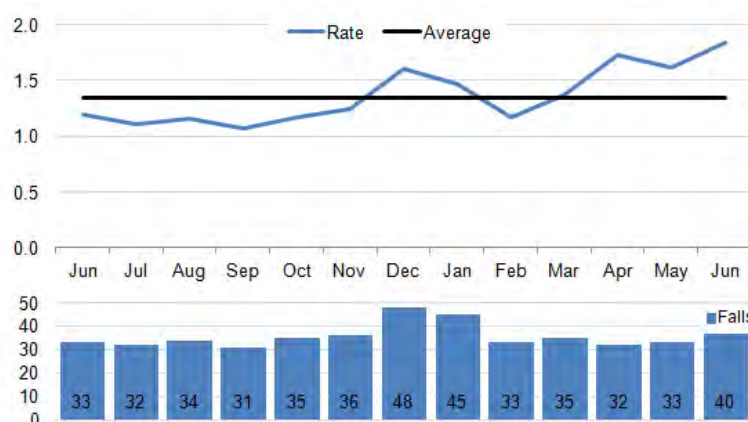
Clinical Governance

Inpatient Falls with Harm

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

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

Local Performance



Service Performance

	Month	2019/20											20/21		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
WITH HARM	NHS Fife	1.19	1.10	1.16	1.08	1.17	1.24	1.61	1.47	1.16	1.37	1.73	1.62	1.84	
	Acute Services	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.47	
	HSCP	1.07	1.51	1.38	1.16	1.48	1.37	2.10	1.89	1.44	1.44	1.61	1.95	2.17	

Key Challenges in 2020/21

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

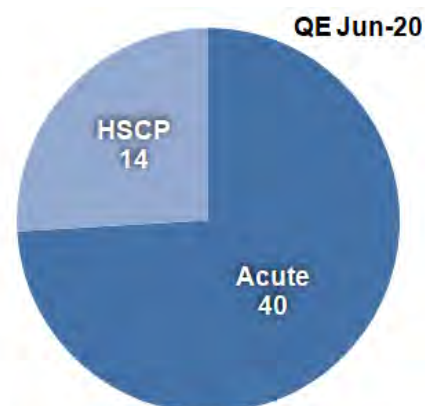
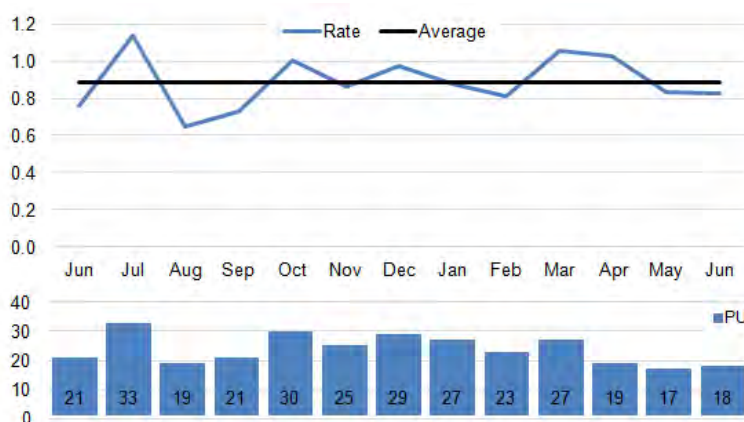
Improvement Actions	Update
20.3 Falls Audit <i>By Nov-20</i>	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network <i>By Oct-20 (Implementation Plan)</i>	Work still to be progressed to refresh the Falls Champions Network. As noted before future network plans are being explored with some discussion regarding a Fife wide, more virtual approach, using technology. This will be included in the revised work plan including a focus on developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans <i>By Oct-20</i>	Next meeting planned for 12 th August with a view to refreshing the group work plan at that time for the coming year. This meeting is coming up and some discussion in preparation is underway.

Clinical Governance

Pressure Ulcers

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

Local Performance



Service Performance

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.76	1.14	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.83
Acute Services	1.25	2.15	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.47
HSCP	0.33	0.31	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	TV work has been reignited and we are annotating the TV Report Charts to reflect the COVID-19 pandemic and better understand the reasons behind the data, and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.

Clinical Governance

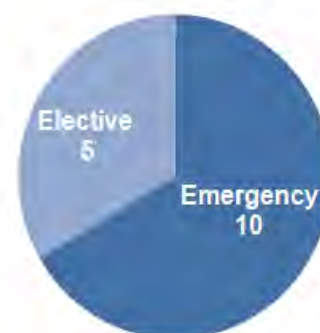
Caesarean Section SSI

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

Local Performance



QE Dec-19



Service Performance

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

Key Challenges in 2020/21

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

Improvement Actions

Update

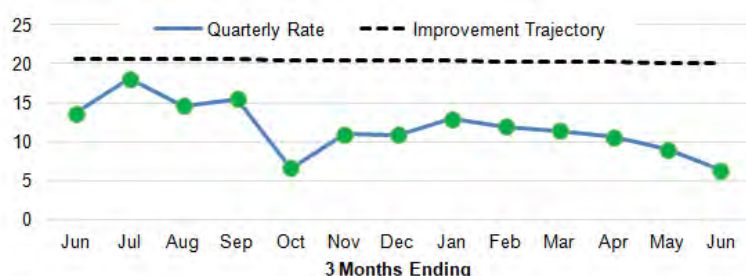
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan <i>By Oct-20</i>	Regular SSI Implementation Group Meetings have resumed following the temporary pause due to the COVID-19 pandemic. The group met on 2 nd July, via Microsoft Teams, to discuss the Action Plan. The next meeting is due to take place on 20 th August. The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	13.1
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	16.4

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

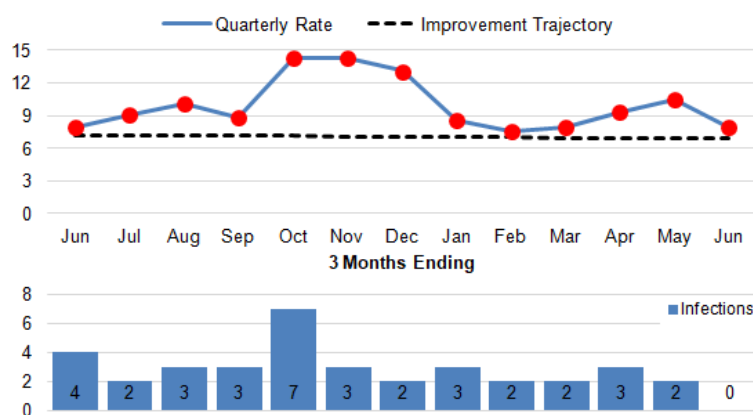
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	<p>The Infection Prevention Control Team continue to support Addiction Services with the SAB improvement project, last meeting in July. To date there has been only 2 confirmed cases of SAB in PWID in 2020 a marked improvement compared to the same time period in 2019.</p> <p>A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs. There are also ongoing discussions on how to access treatment for outpatient PWID.</p>
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.</p>
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions. The group last met in June, and will meet again on 21st August.</p> <p>We are continuing to develop E-documentation bundles for catheter insertion and maintenance, to be added onto Patientrak for Acute services (follows successful introduction into MORSE for District nurses in 2019).</p>
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	<p>Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk is continuing. This allows local resources to be focused on high risk groups/areas and improve patient outcomes.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance.</p> <p>Certificates for wards infection free period for SAB are to be distributed.</p>

Clinical Governance

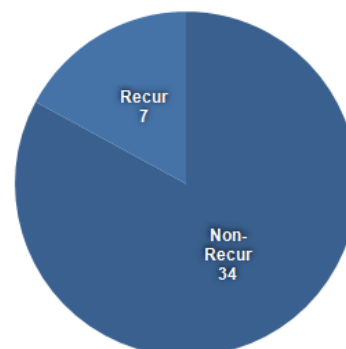
C Diff (HAI/HCAI)

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

Local Performance



All CDI Recurrence: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	9.2
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	13.6

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

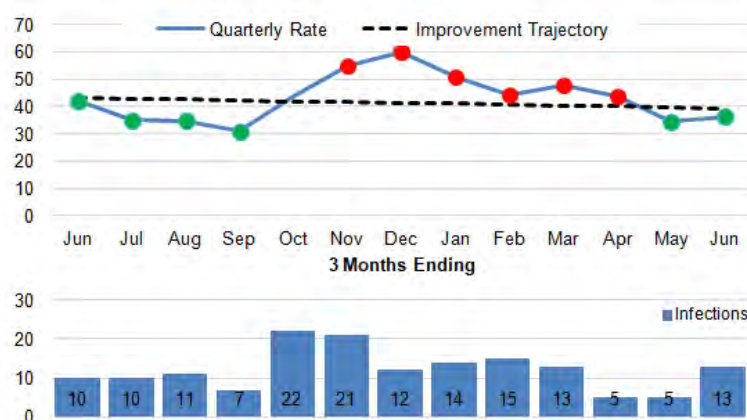
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Oct-20</i>	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (due to the COVID-19 pandemic). Approval has been passed for the use of Bezlotoxumab, which is a human monoclonal antitoxin antibody; it binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020). It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. Fidaxomylin is another treatment used in NHS Fife for patients at high risk of recurrent CDI.
20.2 Reduce overall prescribing of antibiotics <i>By Oct-20</i>	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP <i>By Oct-20</i>	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance. Certificates for wards infection free period for CDI are to be distributed

Clinical Governance

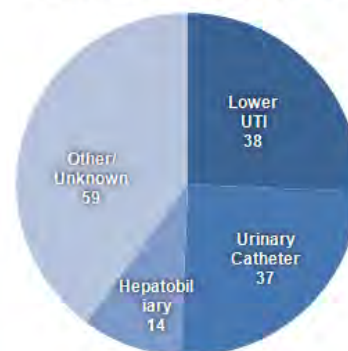
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Jun-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.7	44.5	44.0	42.3	40.4	43.1	45.3
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	39.1

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

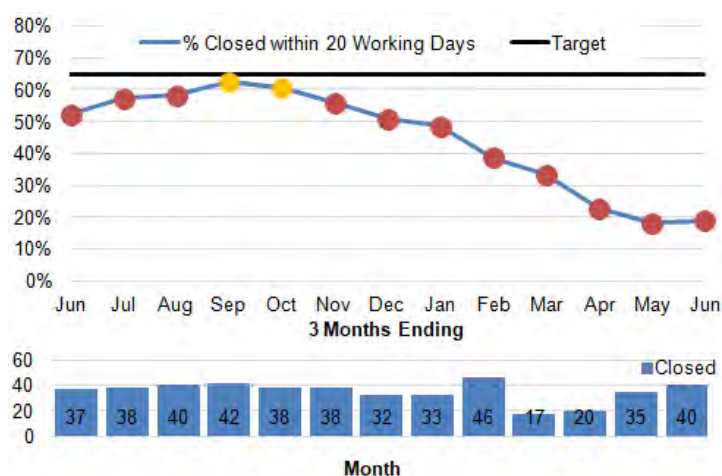
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic. ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The first meeting of the ECB Strategy Group took place in January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed, and the date of next meeting is to be confirmed.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG last met in June, the key points being as follows: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration Continence/hydration folders have been distributed to all care and residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information and tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder and incontinence. The next UCIG meeting is scheduled for August.

Clinical Governance

Complaints | Stage 2

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

Local Performance



Closure Breaches: QE Jun-20



Local Performance by Directorate/Division

3-Month Ending	2019/20										20/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	38.7%	33.3%	22.9%	18.1%	18.9%
Ack <= 3 Days (Monthly)	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%
ASD	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	49.4%	56.2%	55.3%	54.4%	53.5%
HSCP	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%

Key Challenges in 2020/21

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

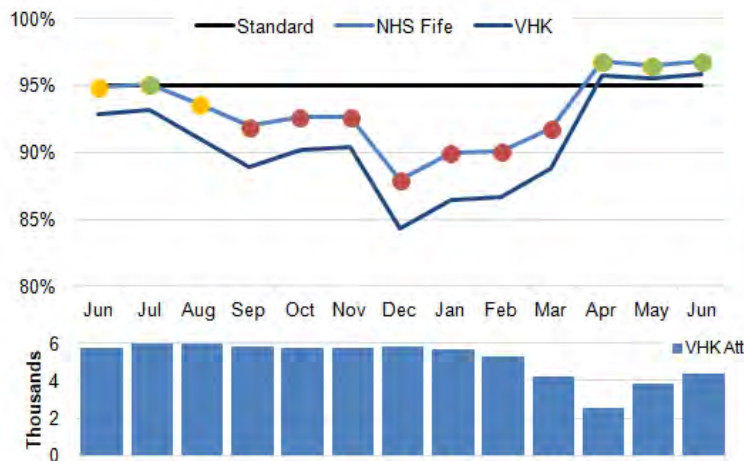
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses By Mar-21	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.
21.2 Deliver virtual training on complaints handling By Dec-20	This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. Sessions are currently being arranged.

Finance, Performance & Resources – Operational Performance

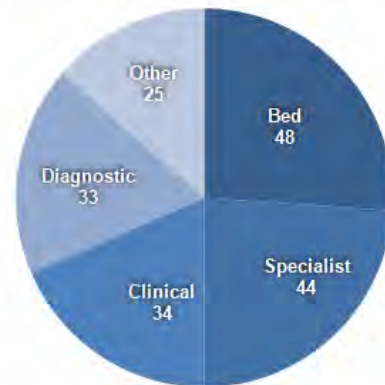
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
*Improvement Target for 2020/21 = **TBC%***

Local Performance



Breach Reason Jun-20



National Benchmarking

Month	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%
Scotland	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%

Key Challenges in 2020/21

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

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends <i>By Jul-20</i>	ED performance has continued to remain above average indicating that processes and improvement pathways are delivering and achievable when there is flow within the hospital. These will be monitored as remobilisation moves forward and attendances potentially increase.
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group <i>By Aug-20</i>	Focus of this group will move to long term management of red and green admission pathways and continual review of combined assessment (medical and surgical) effectiveness
21.1 Remodelling of Outpatient services <i>By Dec-20</i>	Ongoing assessment of the effectiveness of electronic outpatient models for different specialities and focus on return appointment frequency and effectiveness

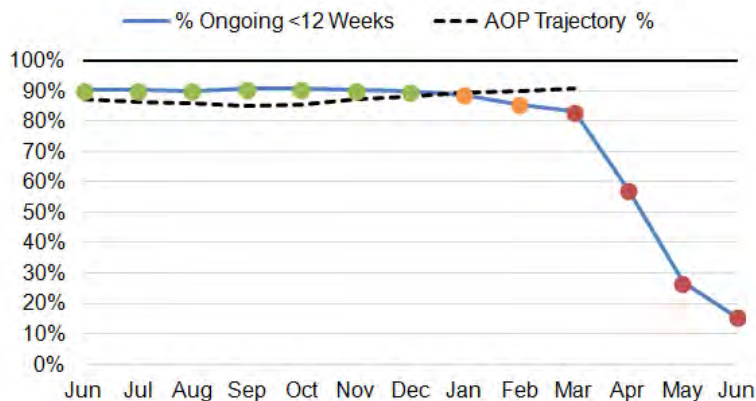
Finance, Performance & Resources – Operational Performance

Patient TTG

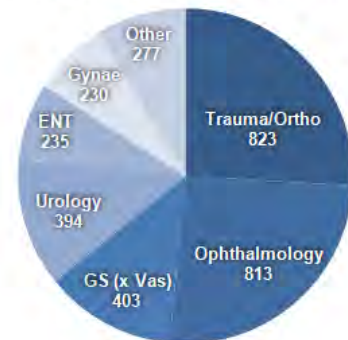
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

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

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20											2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	
Scotland	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%				

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

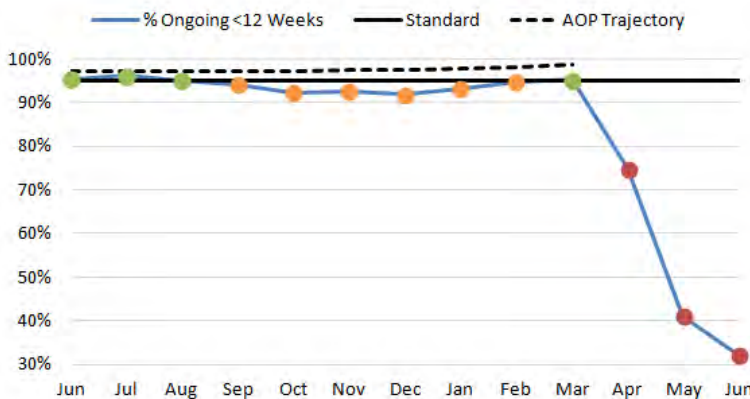
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan By Aug-20	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21 Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.3 Undertake waiting list validation against agreed criteria By Sep-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

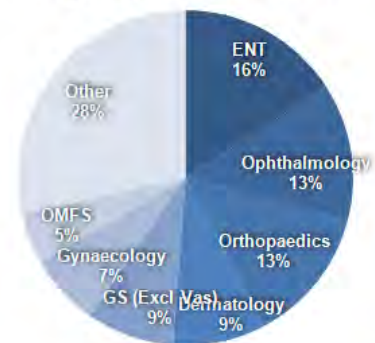
New Outpatients

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

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%
Scotland	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%			

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

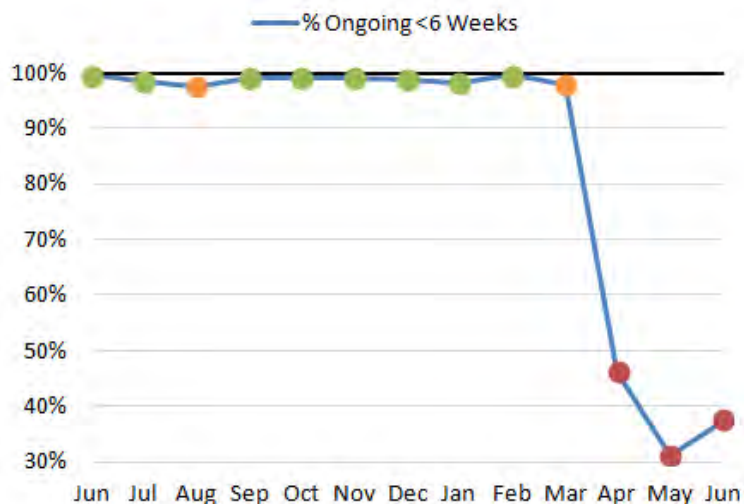
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacancies By Mar-21	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan By Aug-20	Work has informed the remobilisation plan in order to reinstate the level of capacity as close as possible to that funded in the waiting times improvement plan for 20/21. Additional funding has been requested to assist with clearing backlog. *** ACTION COMPLETE ***
21.2 Refresh OP Transformation programme actions By Mar-21	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool By Jul -20	Tool is in use. *** ACTION COMPLETE ***
21.4 Validate new and review waiting list against agreed criteria By Sep-20	When the action is complete, this will be an ongoing activity

Finance, Performance & Resources – Operational Performance

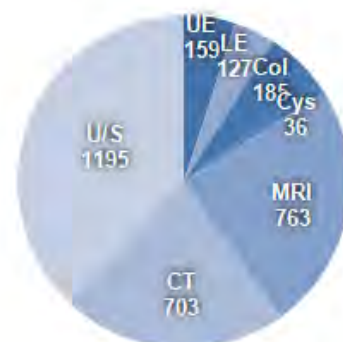
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Jun-20



National Benchmarking

	2019/20										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%
Scotland	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%			

Key Challenges in 2020/21

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

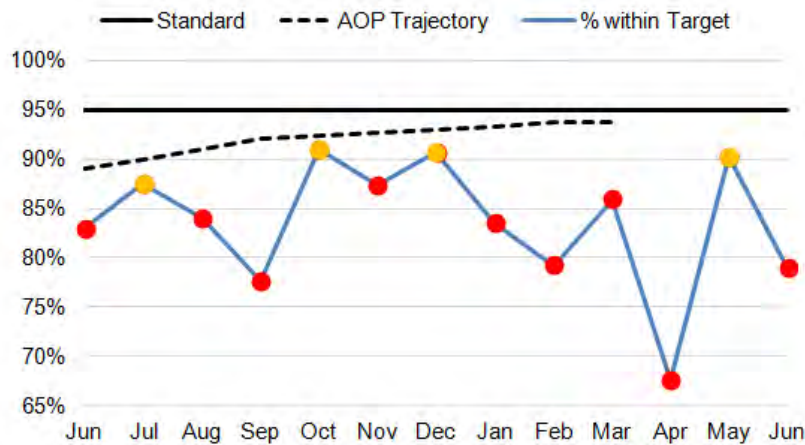
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy By Aug-20	Phase 3 expansion plan for Endoscopy has been agreed and implemented in July; full capacity is dependent on SG guidance regarding social distancing being amended. Work has informed the remobilisation plan submitted to SG in order to restart services as close as possible to the level of capacity funded in the waiting times improvement plan for 20/21; additional funding requested to assist in clearing backlogs. *** ACTION COMPLETE ***
21.2 Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

Finance, Performance & Resources – Operational Performance

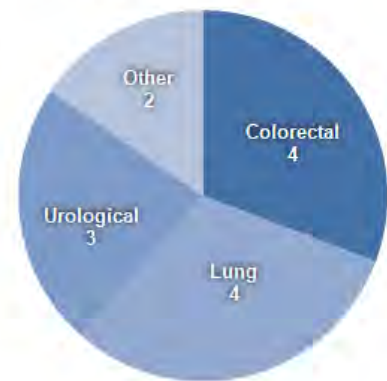
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches Jun-20



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%
Scotland	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%

Key Challenges in 2020/21

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

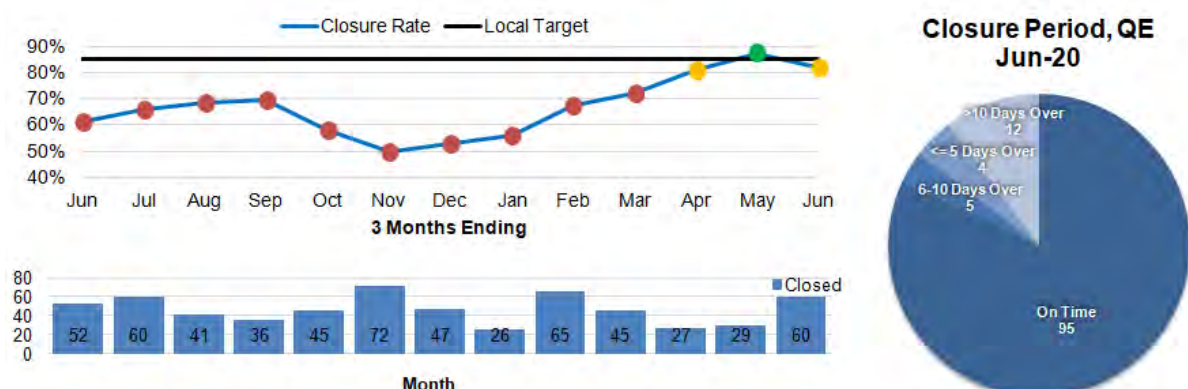
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part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

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

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

Local Performance



Service Performance

Monthly	2019/20							2020/21					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	73.2%
IJB	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

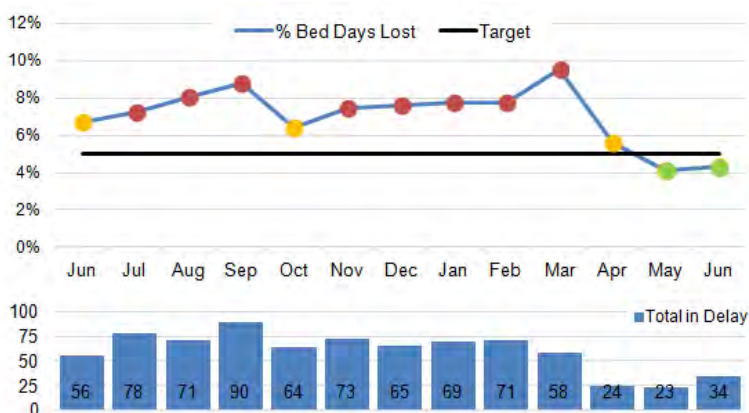
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i>	An FOI Officer has been appointed within the IG Team on a 6-month contract to help implement the Axlr8 system and processes. Initial feedback from the supplier is very positive. Training, legislative requirements and operational requirements have been pulled into the IG Office to manage.

Finance, Performance & Resources – Operational Performance

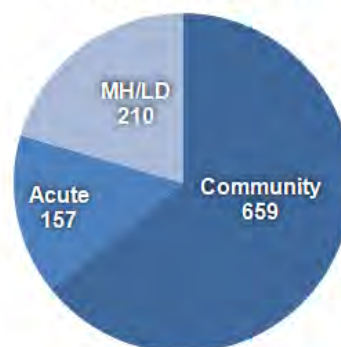
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Jun-20



National Benchmarking

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

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

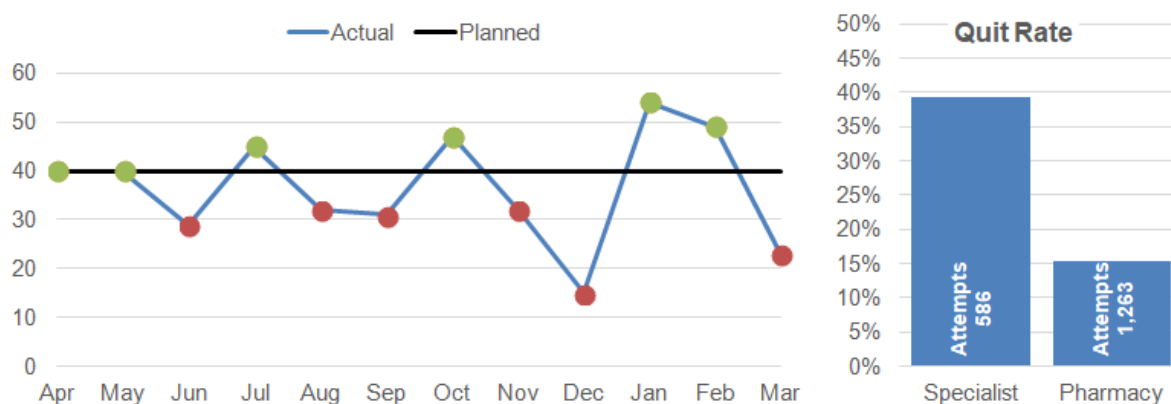
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds By Aug-20	Framework completed during the COVID-19 pandemic. Implementation being finalised. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.3 Moving On Policy to be implemented By Aug-20	The moving on policy will be approved by the HSCP Senior Leadership Team in August. This will further support new processes implemented as a result of the COVID-19 pandemic. *** COMPLETION DATE MOVED TO AUGUST 2020 ***
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Implementation of Daily Care Home Huddle By Jul-20	Daily care home huddles are in place and running well. Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents are able to transfer back to their home more quickly. *** ACTION COMPLETE ***

Finance, Performance & Resources – Operational Performance

Smoking Cessation

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

Local Performance



National Benchmarking

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	54	49	23
	Actual Cumul	40	80	109	154	186	217	264	296	311	365	414	437
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.6%	95.4%	92.4%
Scotland	Achieved			92.4%			91.1%			89.4%			

Key Challenges in 2020/21

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

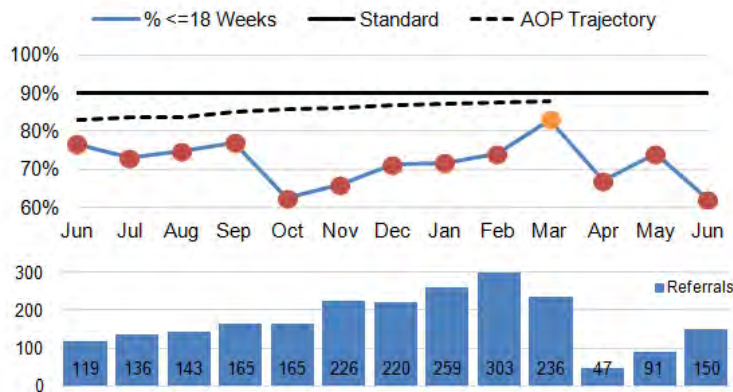
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	This initiative had commenced and was in the early stages of delivery. The aim was to test a model of delivery that allowed a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.3 'Better Beginnings' class for pregnant women on Saturday mornings	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19. *** TO BE REVIEWED WHEN 2020/21 TARGET IS ADVISED ***

Finance, Performance & Resources – Operational Performance

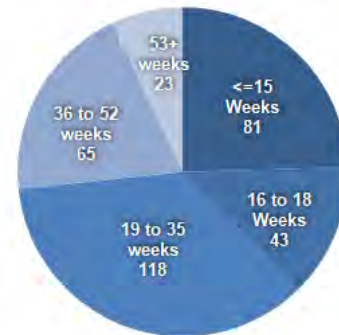
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (330) Jun-20



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%
Scotland	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%			

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

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

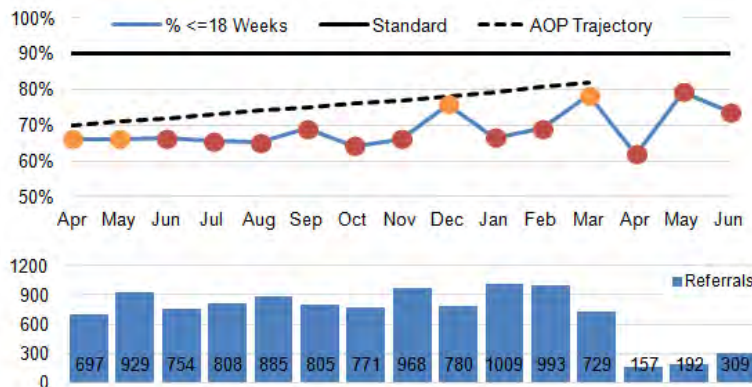
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

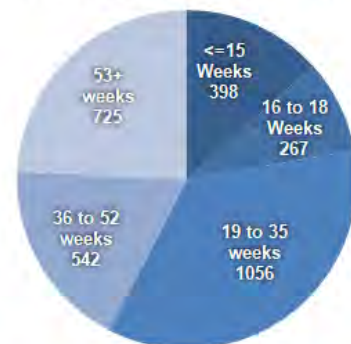
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

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

Local Performance



Waiting List (2988) Jun-20



National Benchmarking

Month	2019/20												2020/21		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%	79.2%	73.6%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%			

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

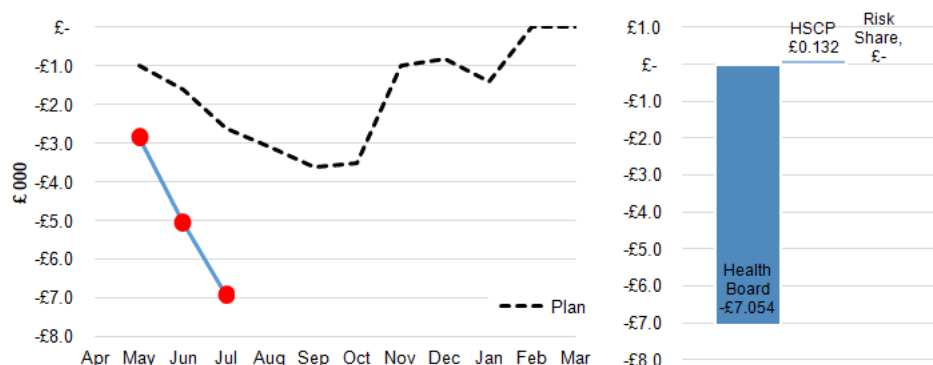
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision <i>By Sep-20 (review)</i>	Implementation of full re-design subject to further delay. Further progress required to see extent of impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Sep-20 (review)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options <i>By Sep-20</i>	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website. These will now be delivered digitally following e-health sign off on use of a specific digital platform. Suite of Silvercloud online therapy options now available via Access Therapies Fife website.
21.2 Development of alternative training and PT delivery methods <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Key Challenges in 2020/21

- Availability of Covid-19 funding to: match our net additional costs; and costs associated with remobilisation plans
- Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey
- Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect position.
- Ongoing discussions on potential risk share options with SG and respective partners. At this point there has been no IJB risk share factored into the position. This is a matter which will require close attention over the coming months to determine the level and quantum of potential risk arising.

Improvement Actions	Update
21.1 Local Mobilisation Plan <i>Ongoing throughout FY</i>	Partnership with the services to: <ul style="list-style-type: none"> • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings <i>By Jul-20</i>	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re Covid-19 on the delivery of planned Health Board savings. As an early planning assumption it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The Q1 return makes a reassessment of savings and SG decision on funding of unachieved savings remains a live issue.

Finance, Performance & Resources – Finance

Commentary

The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. At this point any potential implications of the IJB risk share have not been factored in to the position.

The total Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 4 months to July shows investment of £2.014m.

1. Annual Operational Plan

- 1.1 As previously reported, the AOP process for the 2020/21 financial year was paused due to the timing of the Covid-19 pandemic. The revised AOP financial plan which reflects both the mobilisation and the remobilisation plan high level impact on the financial position was submitted at the end of July; and as part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August. Scottish Government funding allocations will be based on Boards' quarter one returns. Funding is expected to be confirmed by the end of September.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the July core revenue amount on 10 August. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £708.723m; and anticipated allocations total £73.681m. The anticipated allocations include a sum of £1.303m for Covid-19 which relates to payments to GPs. In recognition of the financial cost of Covid-19, a budget reprioritisation exercise is ongoing across SG to reprofile budgets for 2020/21. This may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

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

Total RRL

- 2.3 The total current year budget at 31 July is therefore £792.137m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.054m is attributable to Health Board retained budgets; and an underspend of £0.132m is attributable to the health budgets delegated to the IJB.

Finance, Performance & Resources – Finance

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

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,120	428,903	135,413	142,467	-7,054	-5.21%	-3,277	-3,777
Integration Joint Board (Health)	356,518	363,234	123,414	123,282	132	0.11%	316	-184
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	208,019	67,922	73,164	-5,242	-7.72%	-1,820	-3,422
IJB Non-Delegated	8,563	8,492	2,778	2,747	31	1.12%	42	-11
Estates & Facilities	74,888	75,176	24,267	24,872	-605	-2.49%	-412	-193
Board Admin & Other Services	54,107	61,481	22,278	24,214	-1,936	-8.69%	-1,785	-151
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	460,735	148,338	155,030	-6,692	-4.51%	-2,915	-3,777
Integration Joint Board - Core	381,266	409,830	140,327	140,133	194	0.14%	378	-184
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	412,562	140,327	140,133	194	0.14%	378	-184
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,186	412,562	140,327	140,133	194	0.14%	378	-184
Total Expenditure	840,940	873,297	288,665	295,163	-6,498	-2.25%	-2,537	-3,961
IJB - Health	-38,668	-49,328	-16,913	-16,851	-62	0.37%	-62	0
Health Board	-25,634	-31,832	-12,925	-12,563	-362	2.80%	-362	0
Miscellaneous Income	-64,302	-81,160	-29,838	-29,414	-424	1.42%	-424	0
Net Position Including Income	776,638	792,137	258,827	265,749	-6,922	-2.67%	-2,961	-3,961

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

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

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354
IJB Non-Delegated	8,563	8,492	2,778	2,737	41	1.48%	42	-1
Estates & Facilities	74,888	75,062	24,153	23,808	345	1.43%	365	-20
Board Admin & Other Services	54,107	61,430	22,227	21,903	324	1.46%	340	-16
Non-Fife & Other Healthcare Providers	90,973	90,973	30,303	30,033	270	0.89%	270	0
Financial Flexibility & Allocations	14,733	16,594	790	0	790	100.00%	790	0
Health Board	445,754	458,162	145,765	145,486	279	0.19%	670	-391
Integration Joint Board - Core	381,266	406,591	137,088	135,854	1,234	0.90%	1,234	0
Integration Fund & Other Allocations	13,920	2,732	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,186	409,323	137,088	135,854	1,234	0.90%	1,234	0
Total Expenditure	840,940	867,485	282,853	281,340	1,513	0.53%	1,904	-391
IJB - Health	-38,668	-49,288	-16,873	-16,851	-22	0.13%	-22	0
Health Board	-25,634	-31,415	-12,508	-12,563	55	-0.44%	55	0
Miscellaneous Income	-64,302	-80,703	-29,381	-29,414	33	-0.11%	33	0
Net Position Including Income	776,638	786,782	253,472	251,926	1,546	0.61%	1,937	-391

Table 3: Summary Covid-19 Financial Position for the period ended July 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	2,408	2,408	6,159	-3,751		-683	-3,068
IJB Non-Delegated	0	0	0	10	-10		0	-10
Estates & Facilities	0	114	114	1,064	-950		-777	-173
Board Admin & Other Services	0	51	51	2,310	-2,259		-2,124	-135
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	2,573	2,573	9,543	-6,970		-3,584	-3,386
Integration Joint Board - Core	0	3,239	3,239	4,280	-1,041		-857	-184
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	3,239	3,239	4,280	-1,041		-857	-184
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	3,239	3,239	4,280	-1,041		-857	-184
IJB - Health	0	-40	-40	0	-40		0	0
Health Board	0	-417	-417	0	-417		-457	0
Miscellaneous Income	0	-457	-457	0	-457		-457	0
Total Expenditure	0	5,355	5,355	13,823	-8,468		-4,898	-3,570

3.4 The core position at month 4 is a net underspend of £1.546m; and takes in to account offsetting cost reductions. The principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported within the combined position is identified and utilised to support the Covid-19 costs incurred. For the 4 months to July, a total of £4.508m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.573m from Health Board retained; and £1.935m from Health delegated functions. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity.

3.5 The net Covid-19 additional costs after taking in to account offsets (and assuming funding for additional GP and Pharmacy costs of £1.303m) is £8.468m.

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

Acute Services

4.1 The Acute Services Division reports a **net overspend of £1.491m for the year to date**. This reflects an overspend in operational run rate performance of £1.137m, and unmet savings of £0.354m per Table 4 below. The overall position is mainly driven by pay overspend in Emergency Care on junior and senior medical staffing of £0.837m. Additional non pay cost pressures of £0.731m are emerging within Emergency Care medicines and surgical sundries. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. The position shows the residual impact after transferring budget for Covid-19 offset year to date. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services.

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

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	70,448	71,850	21,094	21,223	-129	-0.61%	-30	-99
Emergency Care & Medicine	74,612	75,895	25,980	27,629	-1,649	-6.35%	-1,523	-126
Women, Children & Clinical Services	54,833	55,246	17,653	17,798	-145	-0.82%	-18	-127
Acute Nursing	607	627	183	181	2	1.09%	2	0
Other	1,990	1,993	604	174	430	71.19%	432	-2
Total	202,490	205,611	65,514	67,005	-1,491	-2.28%	-1,137	-354

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.345m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.324m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **underspent by £0.270m** per Appendix 3. Notwithstanding the in-year underspend, this area remains one of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels and drug costs.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets continues. The financial flexibility of £0.790m released to the M4 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.234m for the year to date**. The majority of 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. Additional underspends are reflected in East against vacancies in community services and admin.

Income

- 4.7 A small over recovery in income of £0.033m 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 5 below (combined position).

Table 5: Subjective Analysis for the Period ended July 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	389,109	128,773	131,775	-3,002
GP Prescribing	72,330	23,490	23,490	0
Drugs	29,702	10,533	10,449	84
Other Non Pay	376,657	129,040	129,449	-409
Efficiency Savings	-13,827	-3,961	0	-3,961
Commitments	19,326	790	0	790
Income	-81,160	-29,838	-29,414	-424
Net overspend	792,137	258,827	265,749	-6,922

Pay

- 5.2 The overall pay budget reflects an overspend of £3.002m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

- 5.3 Against a total funded establishment of 7,930 wte across all staff groups, there was an average 8.030 wte core staff in post in July. The additional staff in post represent staff cohort groups organised nationally to help support the Covid-19 activity.

Drugs & Prescribing

- 5.4 Across the system there is a net underspend of £0.084m on medicines. The GP prescribing position is based on 2019/20 trend analysis and April/May 2020 actual information (2 months in arrears). Across Scotland we are currently working through the Covid-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.410m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We had indicated an expected underachievement of savings of £14.2 via the Local Mobilisation Financial Template process; and a £5.8m efficiency savings target for NHS Fife. Whilst the feedback from the quarter one review submission will provide clarity on any SG funding of savings and allow a further refinement of savings targets; Table 6 summarises the position for the 4 months to July.

Table 6: Savings 20/21

Total Savings	Total Savings Target £'000	Anticipated unmet savings (Covid-19) £'000	Expected Achievement (Core) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Outstanding £'000
Health Board	14,868	10,668	4,200	125	1,118	2,957
Integration Joint Board	5,147	3,500	1,647	1,647	0	0
Total Savings	20,015	14,168	5,847	1,772	1,118	2,957

7 Key Messages / Risks

- 7.1 The revenue position for the 4 months to 31 July reflects an overspend of £6.922m; which comprises a core underspend of £1.546m; and a net additional spend on Covid-19 of £8.468m. This included an assessment of remobilisation costs for which we have requested specific approval. Given there is a commitment to fund additional GP costs, £1.303m Covid-19 funding has been assumed in the M4 position. Funding allocations will be based on the Q1 returns made across NHS Scotland, and there is a risk that the remaining £8.468m additional Covid-19 costs may not be fully funded.
- 7.2 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

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

Finance, Performance & Resources – Finance

- **Note** the reported core underspend of £1.546m for the 4 months to date
- **Note** the reported Covid-19 additional spend of £8.468m for the 4 months to date; of which we have assumed funding of £1.303m will be forthcoming to meet additional GP costs.
- **Note** the combined position of the core and Covid-19 positions inform an overall overspend of £6.922m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
May-20	Confirmed Allocations	-1,307		3,413	2,106	
Jun-20	Confirmed Allocations			-534	-534	
Jul-21	Forensic Medical Services			55	55	Annual Allocation
	Vitamins for pregnant breastfeeding women and infants			45	45	Based on submission
	Family Nurse Partnership			1,357	1,357	Annual Allocation 1st Tranche
	Cancer access funding			682	682	NRAC share of £10m
	HNC Students			40	40	Based on student numbers
	eHealth Strategic Allocation			1,179	1,179	Annual Allocation
	Integrated Primary & Community Fund			550	550	Annual Allocation
	Social Care Sustainability			1,706	1,706	Tranche 2 to transfer to Council
	Total Core RRL Allocations	700,230	0	8,493	708,723	
Anticipated	Primary Medical Services		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,495		3,495	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,159		1,159	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,303		1,303	
Anticipated					0	
Anticipated	Top Slice NSS		-5,025		-5,025	
	Total Anticipated Core RRL Allocations	0	73,681	0	73,681	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	73,681	18,226	792,137	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,528	4,021	4,103	-82
Nhs Fife Chief Executive	206	69	84	-15
Nhs Fife Finance Director	6,395	2,116	1,956	160
Nhs Fife Medical Director	7,229	2,125	2,064	62
Nhs Fife Nurse Director	3,675	1,181	1,131	50
Legal Liabilities	7,265	4,531	4,636	-104
Early Retirements & Injury Benefits	814	271	261	10
Regional Funding	251	87	71	16
Depreciation	17,766	6,079	6,079	0
Nhs Fife Public Health	2,116	678	639	39
Nhs Fife Workforce Directorate	3,185	1,068	1,015	53
COVID undelivered savings adjustment	0	0	-135	135
Total	61,430	22,227	21,903	324

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	32	20	12
Borders	45	14	16	-2
Dumfries & Galloway	25	8	22	-14
Forth Valley	3,179	1,059	1,184	-125
Grampian	359	120	102	18
Greater Glasgow & Clyde	1,655	552	542	10
Highland	135	47	65	-18
Lanarkshire	114	38	82	-44
Lothian	31,518	10,508	10,464	44
Scottish Ambulance Service	101	34	34	0
Tayside	41,096	13,698	13,574	124
	78,325	26,110	26,105	5
UNPACS				
Health Boards	10,627	3,542	3,389	153
Private Sector	1,245	415	514	-99
	11,872	3,957	3,903	54
OATS				
	711	236	25	211
Grants				
	65	0	0	0
Total	90,973	30,303	30,033	270

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to July-20 £'000
Financial Plan		
Drugs	4,179	0
CHAS	408	0
Unitary Charge	100	0
Junior Doctor Travel	41	3
Consultant Increments	201	0
Discretionary Points	205	0
Cost Pressures	3,125	658
Developments	4,277	129
Pay Awards	39	0
Sub Total Financial Plan	12,575	790
Allocations		
Waiting List	2,222	0
AME: Impairment	500	0
AME: Provisions	593	0
Neonatal Transport	22	0
Cancer Access	682	
Sub Total Allocations	4,019	0
Total	16,594	790

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £7.394m this excludes both the new Elective Orthopaedic Centre which has incurred £0.5m expenditure to date and Covid capital equipment of £0.179k – NHS Fife are anticipating allocations for both projects. The capital position for the 4 months to July shows investment of £2.014m.

Key Challenges in 2020/21

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

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

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has received a capital allocation of £7.394m in the June allocation letter. NHS Fife is also anticipating allocations of £0.179m for Covid-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

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

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

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £2.014m or 24.92% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£1.078m
Equipment	£0.222m
E-health	£0.161m
Elective Orthopaedic Centre	£0.512m

4. Capital Expenditure Outturn

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

5. Recommendation

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

note the capital expenditure position to 31 July 2020 of £2.014m and the forecast year end spend of the capital resource allocation of £7.394m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	214	41	214
Statutory Compliance	150	77	150
Capital Equipment	31	7	31
Condemned Equipment	0	0	0
Total Community & Primary Care	394	125	394
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	0	511	511
Statutory Compliance	3,130	961	3,130
Capital Equipment	949	29	949
Covid Acute Equipment	0	179	179
Minor Works	159	1	159
Condemned Equipment	57	7	57
Total Acute Services Division	4,295	1,688	4,985
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,056	0	1,056
Information Technology	1,041	161	1,041
Minor Works	31	0	31
Statutory Compliance	84	0	84
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	60	0	60
Scheme Development	60	0	60
Vehicles	60	0	60
Condemned Equipment	33	0	33
Screen & Speech Units	95	39	95
Total NHS Fife Wide Schemes	2,705	201	2,705
TOTAL ALLOCATION FOR 2020/21	7,394	2,014	8,084

Appendix 2: Capital Plan - Changes to Planned Expenditure

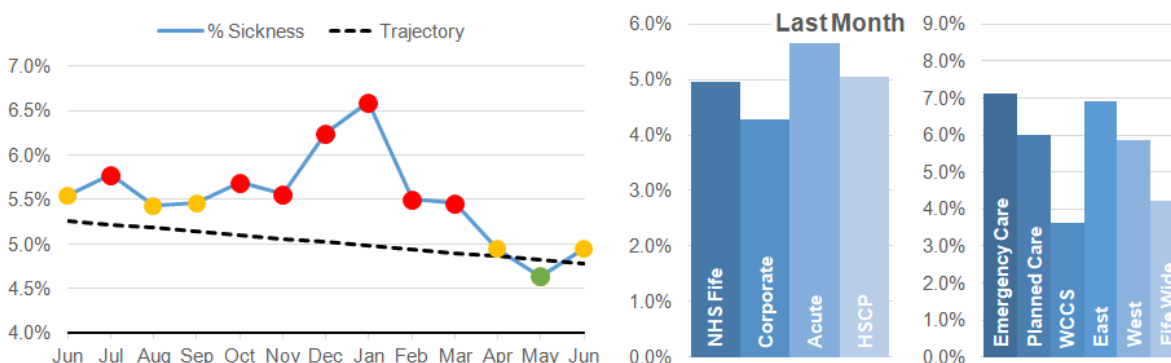
Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to June £'000	July Adjustment £'000	Total July £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment	0	30	1	31
Condemned Equipment	0	0	0	0
Minor Capital	0	214	0	214
Statutory Compliance	0	150	0	150
Total Community & Primary Care	0	394	1	394
Acute Services Division				
Elective Orthopaedic Centre	0	461	51	511
Capital Equipment	0	949	0	949
Condemned Equipment	0	57	0	57
Covid 19 Acute Equip	0	179	0	179
Minor Capital	0	159	0	159
Statutory Compliance	0	2,669	461	3,130
	0	4,474	511	4,985
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	0	84
Fife Wide Equipment	2,036	-1,159	179	1,056
Information Technology	1,041	0	0	1,041
Minor Work	498	-468	0	31
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-57	0	33
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	60	0	60
Fife Wide Screen & Speech Units	0	95	0	95
Fife Wide Vehicles	0	60	0	60
Total Fife Wide	7,394	-4,868	179	2,705
Total	7,394	0	691	8,084

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **4.39%**

Local Performance (Source: Tableau, from December 2019)



National Benchmarking

Month	2019/20										2020/21		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%
Scotland	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence By Sep-20	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By March-21	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
21.1 Once for Scotland Promoting Attendance Policy	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure, in partnership, that staff are</p>

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

CAROL POTTER

Chief Executive
19th August 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending													
		03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected					28	31	31	51	45	54	54	104	104	104
	Actual	34	34	35	44	49	54	55	60	60	88	106	142	171	186
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected					18	18	18	18	18	0	0	0	0	0
	Actual	12	17	17	18	14	16	11	14	12	10	8	8	8	8
Elective Scope Activity	Projected					86	86	91	91	91	91	96	96	96	96
	Actual	2	26	42	40	43	61	47	56	73	59	57	52	67	68
OP Referrals Received	Projected					830	950	1,050	1,100	1,150	1,215	1,280	1,345	1,410	1,475
	Actual	564	689	891	734	879	919	950	1,001	1,078	1,227	1,309	1,216	1,334	1,452
OP Activity (N&R F2F, NearMe, Telephone, Virtual)	Projected					2,020	2,120	2,220	2,320	2,420	2,460	2,500	2,550	2,600	2,650
	Actual	2,170	1,867	2,231	2,242	2,125	2,411	2,446	2,676	2,714	2,854	2,870	2,912	2,908	3,091
A&E Attendance	Projected					1,022	941	997	1,057	1,121	1,188	1,262	1,280	1,300	1,300
	Actual	723	763	805	910	1022	941	981	1055	1102	991	1050	1166	1123	1089
Emergency Admissions	Projected					547	563	551	544	540	572	564	560	566	565
	Actual	502	480	537	572	550	569	579	608	608	600	587	627	643	622
Urgent Suspicion of Cancer - Referrals Received	Projected					196	270	372	250	208	208	208	208	208	208
	Actual	130	132	143	133	137	145	135	156	133	149	150	160	127	144
31 Day Cancer - First Treatment	Projected					30	30	30	30	30	30	30	30	30	30
	Actual	25	23	26	27	31	27	15	26	24	20	26	28	26	27
CAMHS - First Treatment	Projected					22	22	22	22	22	18	18	18	18	18
	Actual	33	26	37	30	24	26	20	18	14	17	23	16	19	16
PC OOH - Home Visits	Projected					240	221	206	232	213	217	200	222	216	203
	Actual	169	120	167	155	160	156	152	164	156	167	156	137	144	131
PC OOH - Centre attendances / telephone advice calls	Projected					1,058	1,066	1,099	1,099	1,073	1,060	1,099	1,057	1,078	1,076
	Actual	1,031	909	915	948	827	867	802	802	897	868	840	835	802	824

Meeting:	Staff Governance Committee
Meeting date:	Friday 4 September 2020
Title:	Staff Health & Wellbeing Update, including Promoting Attendance
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Human Resources

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred
- HEAT Standard for Sickness Absence

2. Report Summary

2.1 Situation

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

Part 1: Health and Wellbeing

2.2 Background

As previously reported, a number of new initiatives were introduced to support the health and wellbeing of NHS Fife staff during the current pandemic. These provisions are in addition to the existing Occupational Health services, which are also still available to staff.

The following report provides an overview on activity and the use of Staff Hubs, attached at **Appendix 1**, and the Good Conversation / Personal Outcomes approach, attached at **Appendix 2**, which has been previously reported to the Committee.

The new initiatives include:

2.2.1 Resilience Support for Line Managers

A Management Support Short Life Working Group has been established to consider the provision of on-going support to Line Managers to assist them with physical and physiological well being during the re-mobilisation phase of the COVID-19 pandemic.

2.2.2 Support Materials

Additional supporting documentation for staff is currently being developed, including a Staff Benefits and Wellbeing booklet, purse / wallet sized card with Mental Health support contact information and related posters.

2.2.3 Outside Spaces

The Fife Employment Access Trust have offered assistance with gardening, landscaping work within NHS Fife premises, which fits in with the community engagement model for Well@Work.

2.2.4 Hub Refurbishment

A proposal has made to convert the Squash Court, Victoria Hospital, as a permanent Staff Support Hub to replace the Maggie's Centre. Plans have been received from the architect for creating new indoor and outdoor spaces and soft furnishings. A bid will be made to the Endowments Committee for funding.

2.2.5 Gym Survey

In order to obtain staff's thoughts on exercise and staff gyms on Hospital and Healthcare sites, staff were asked to participate in a short survey via StaffLink. The results of the survey will be available in due course.

2.2.6 Wellbeing Champions Network

Discussions are currently taking place with the Wellbeing Champions Network to consider appropriate support for staff in terms of lessons learned, early intervention is suggested as being key and is being factored into our approach.

2.2.7 Seasonal Influenza Campaign

NHS Fife's Seasonal Influenza programme has been extended this year as it is anticipated that more staff will take advantage of this service.

2.2.8 Pause Pod: A Space to Pause and Feel Mindful, At Ease and Refreshed

The new Pause Pod for staff well-being at Whyteman's Brae Hospital was launched in August 2020. The Pause Pod has been developed with the support of Endowments funding, as part of the Going Beyond Gold project, supported by Well at Work, which focuses on staff well-being through mindfulness and good conversations. The Kingdom Lottery has also kindly donated funds to support this development.

2.2.9 Additional Support for Staff

Bespoke peer support for staff is being piloted with Support Services and AHP staff and additional Mental Health nursing support is now in place.

An additional Mental Health Nursing resource has been secured within Occupational Health to provide support to staff who may be struggling with their mental health during the COVID-19 pandemic. This new service was available from 17 August 2020 and will provide Occupational Health clinicians the option of referring employees for interventions which will help support them in the workplace.

In addition, the new NHS Scotland helpline for staff launched in July 2020, with staff support available locally, in accordance with an agreed pathway. A paper is currently being prepared to be considered by the Endowments Committee for a bid for funding for an additional Counseling Service support.

Part 2: COVID-19 Sickness Absence

2.2 Background

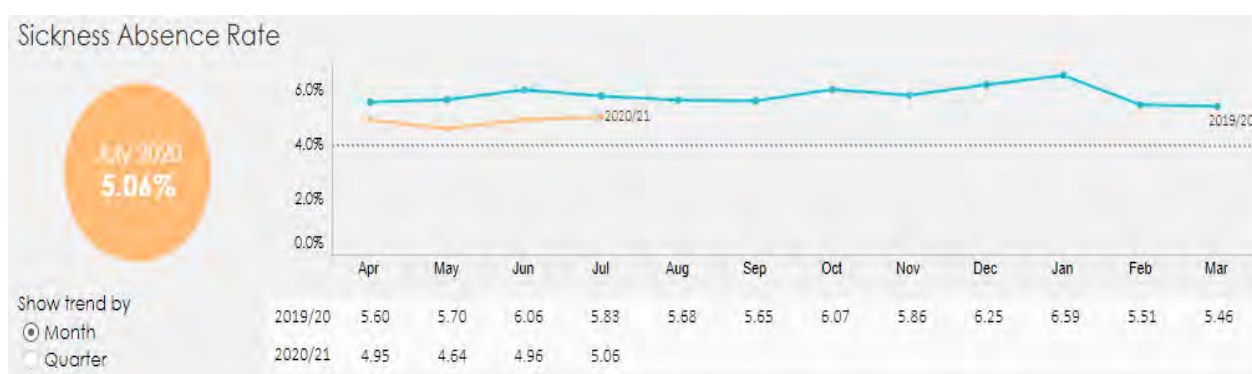
2.2.1 Staff Absence During the COVID-19 Pandemic

The staff absence position in relation COVID-19 related issues are detailed below:

	Week 7 - 9/03	Week 8 - 16/03	Week 9 - 23/03	Week 10 - 30/03	Week 11 - 06/04	Week 12 - 13/04	Week 13 - 20/04	Week 14 - 27/05	Week 15 - 04/05	Week 16 - 11/05	Week 17 - 18/05	Week 18 - 25/05	Week 19 - 01/06	Week 20 - 08/06	Week 21 - 15/06	Week 22 - 22/06	Week 23 - 29/06
COVID19 Positive	0.0%	0.0%	0.1%	0.2%	0.4%	0.8%	0.9%	0.9%	0.5%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
COVID19 Self Isolating	0.5%	4.5%	6.8%	4.9%	3.1%	1.9%	1.6%	1.4%	1.0%	0.8%	0.7%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%
COVID19 Underlying Medical Condition	0.0%	0.4%	1.4%	2.1%	2.5%	2.6%	2.6%	2.5%	2.5%	2.5%	2.6%	2.6%	2.4%	2.3%	2.1%	2.0%	1.9%
COVID19 Other	0.1%	0.3%	0.5%	0.4%	0.3%	0.3%	0.4%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.1%
Sickness & Other Unscheduled Absence	5.8%	5.7%	5.6%	5.1%	4.6%	5.0%	5.1%	4.6%	4.6%	4.7%	5.2%	5.5%	4.5%	4.6%	4.8%	5.2%	4.6%
Total Absences	6.4%	10.8%	14.4%	12.8%	10.9%	10.6%	10.6%	9.8%	9.1%	8.7%	9.0%	9.1%	7.7%	7.8%	7.7%	7.9%	7.1%

2.2.2 NHS Fife Sickness Absence Rates

NHS Fife's absence rate was below 5% for the first three months of the 2020/21 financial year, however, this has increased to 5.06% in July 2020, as detailed in the graph below:

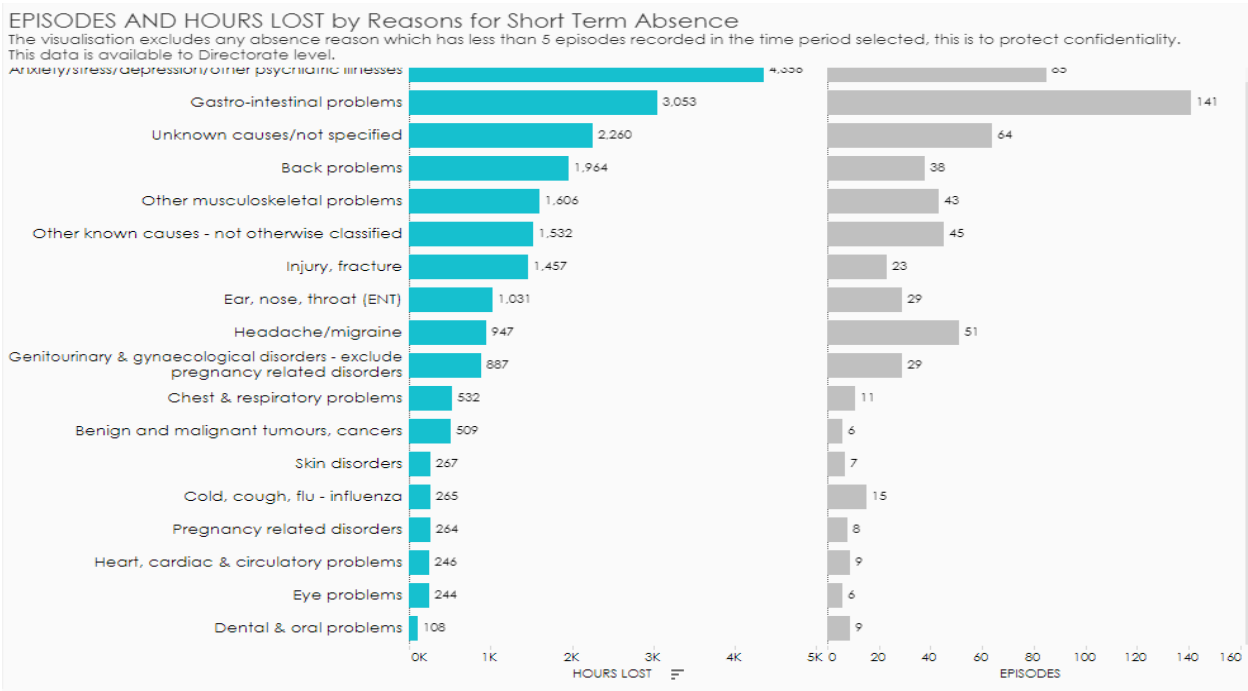


2.2.3 Reasons for Absence

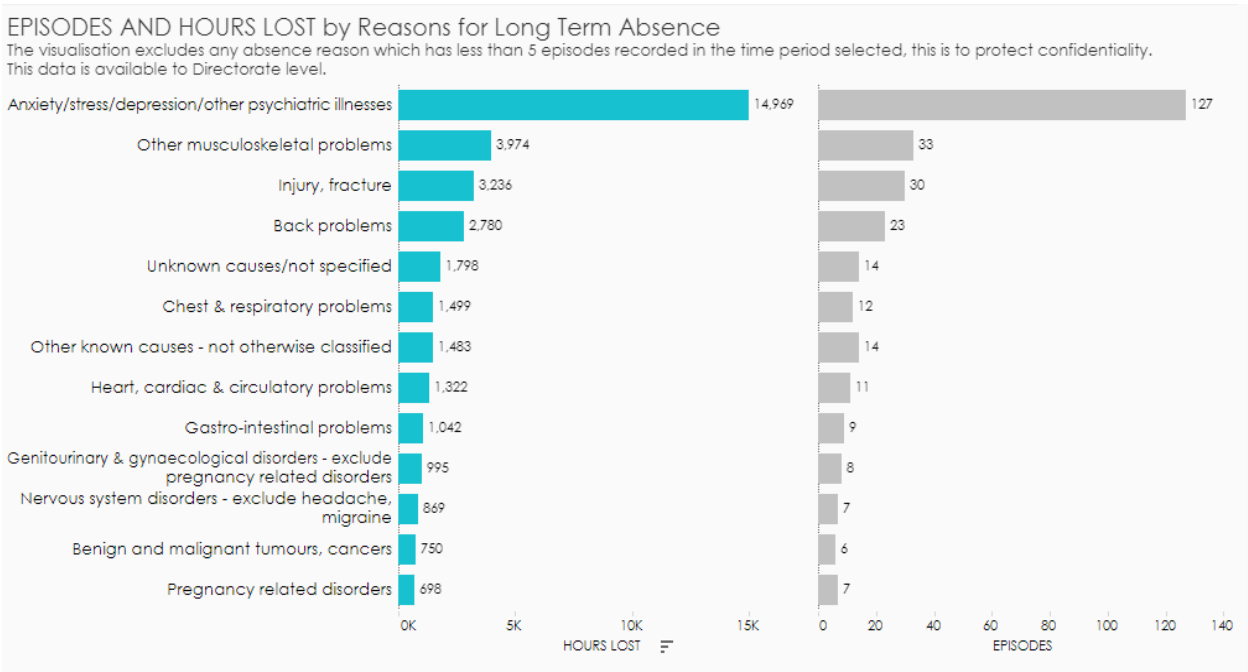
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with the absence rate decreasing by 0.22% from 31.18% in June 2020 to 30.96% in July 2020; followed by Other Musculoskeletal Problems reducing from 10.99% in June 2020 to 8.94% in July 2020; and Back Problems increasing from, 7.60% in June 2020 to 8.29% in July 2020.

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

Short term Absence by Reason



Long term Absence by Reason



2.2.4 Management Actions

NHS Fife's Promoting Attendance Group met via MSTeams on 23 July 2020 and Review and Improvement panels have recommenced, along with local Attendance Management Groups

Progress is being made in relation to any health related ER cases that were paused during the COVID-19 Pandemic.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term, will be an essential component of our approach to staff health and wellbeing is currently being considered in line with the Health and Wellbeing Strategy. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most.

2.3.2 Workforce

The approach taken during the pandemic will contribute to maintenance of the Gold Healthy Working Lives Award, which was due for review in May 2020, and while the opportunity to renew the award was available in August 2020, the decision was taken to wait May 2021. A number of follow up ideas will be progressed as part of the sub group including, more permanent sites for the various staff Hubs, cycle and gym membership and provision.

2.3.3 Financial

Any bids for on-going support will be progressed in line with Board requirements for Endowment funding or as formal business cases.

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

3. List of Appendices

- **Appendix 1 – Report on Provision and Use of Staff Support Hub Based at Maggie’s Centre (and latterly the Staff Club, Victoria Hospital, Kirkcaldy)**
- **Appendix 2 – Report on Good Conversations / Personal Outcomes**

Report Contact: Rhona Waugh, Head of Human Resources
Email: rhona.waugh2@nhs.scot

Appendix 1 – Report on Provision and Use of Staff Support Hub Based at Maggie's Centre (and latterly the Staff Club, Victoria Hospital, Kirkcaldy)

Department of Psychology Clinical Health Psychology Service

Report on Provision and Use of Staff Support Hub Based at Maggie's Centre (and latterly the Staff Club, Victoria Hospital, Kirkcaldy)

In March 2020, as part of emergency measures implemented by NHS Fife to manage the potential increase in admissions to hospital for patients with COVID-19, the Clinical Health Psychology Service with help from a small number of others, stepped forward to deliver a face to face front-line staff support service on the main acute hospital site in Fife, at Victoria Hospital, Kirkcaldy.

Firstly, a location for the development of a Staff Support Hub was identified at the Maggie's Centre which is located on the Victoria Hospital site. The Maggie's Charity kindly offered NHS Fife the opportunity to make use of their building for staff support whilst usual patient centre activities were put on hold during lockdown. The Staff Support Hub was quickly established, advertised and opened on 7 April 2020. Initially the service ran 5 days per week between 9-5pm, but due to increasing demand this was increased to 7 days per week between 9-5pm. Following the development of the VHK hub, hubs and quiet zones were established on other hospital sites in Fife.

The Victoria Hospital Staff Support Hub has been featured in the Media (Fife Today, The Nine and BBC Scotland) as it was one of the first to be set up in Scotland and was an example of good practice in Staff support during Covid-19.

What does the Staff Support Hub provide?

The Hubs firstly provide a safe, calm, relaxing environment for staff to come to away from busy, stressful clinical spaces. Free refreshments are provided and staff who have been unable to find time/get access to food are provided with options for this. The Maggie's Centre environment was a particularly good space for creating a sense of calm. The Hub at The Staff Club has been set up to replicate the feeling of the Maggie's centre as much as possible, as staff valued this. The Victoria Hospital hub has facilities for staff to be able to sit outside when weather permits.

Staff can simply use the space to relax, eat and recharge. A wide range of written resources which provide information on wellbeing and self care are also available for staff to take away. Posters have also been developed and placed around the hub to alert staff to small changes they could make either at home, or in their work environment to cope with stress. Psychology staff are in the Hub to provide 1:1 psychological first Aid, signposting to other self help resources and referral on for further support if required.

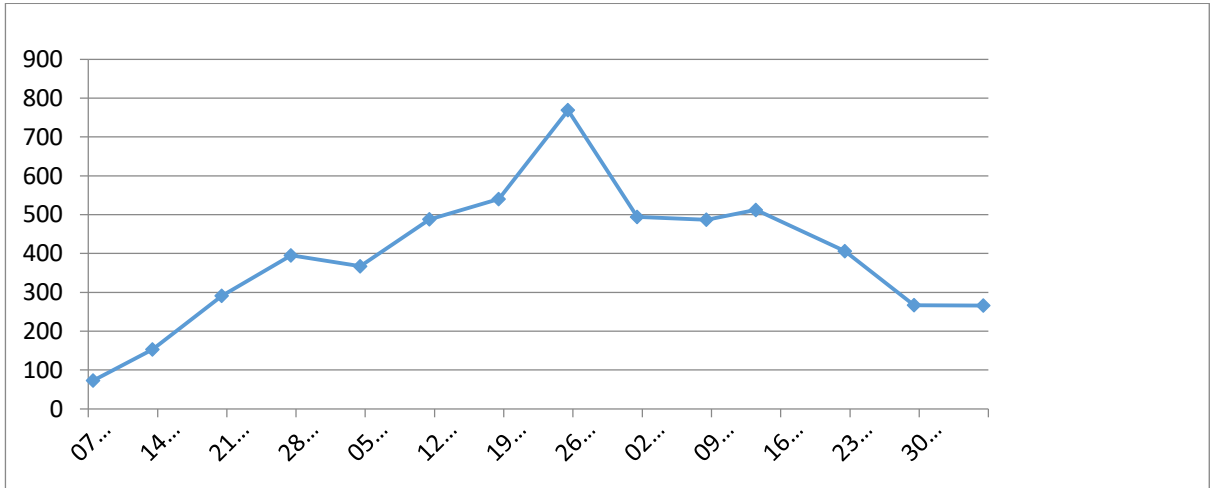
What professions have made use of the Staff support Hub at Victoria Hospital?

Doctors – all grades, ICU nurses and Consultants, Domestic staff, Student nurses, Anaesthetists, theatre staff, Nursing staff including nurse managers, community midwives, AHP's (physiotherapy, occupational therapy) , Chaplaincy, radiography, orthopaedic technicians, Admin staff e.g. Cashiers, Secretarial, Facilities / Estates, Fire Safety staff, Blood transport bikers.

Numbers of staff using the Staff Support Hub

Data collected on numbers of staff visits to Maggie’s Centre/Staff Club Staff Support Hub

Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
07/04/20-12/04/20	Not open	11	20	23	19	Not open	Not Open	73
13/04/20-19/04/20	20	39	28	38	28	Not open	Not open	153
20/04/20-26/04/20	36	35	49	65	68	15	23	291
27/04/20-03/05/20	65	74	67	80	67	25	17	395
04/05/20-10/05/20	45	49	67	48	62	45	51	367
11/05/20-17/05/20	73	68	75	76	90	53	53	488
18/05/20-24/05/20	85	86	99	96	84	45	45	540
25/05/20-31/05/20	96	75	86	111	99	71	60	769
01/06/20-07/06/20	96	69	116	61	80	36	36	494
08/06/20-14/06/20	96	91	117	106	96	31	40	487
15/06/20-21/06/20	80	98	113	102	78	23	18	512
22/06/20-28/06/20	74	69	89	80	68	22 Moved to Staff Club	4	406
29/06/20/-05/07/20	40	64	51	54	45	5	8	267
06/07/20-12/07/20	39	52	47	39	54	14	21	266
Grand Total								5888



No of Staff Using VHK Hub per week 1

Week 1 the hub opened on Tuesday so only 4 days of data.

Weeks 1 and 2 the hub only opened 5 out of 7 days per week

From week 3 the hub was open 7 days per week

Week 5 (04/05/20) was a public holiday week, so might explain the slightly lower number than previous week.

Overall there was a steady increase in number of staff using the staff support hub across the first 7 week period. Numbers peaked at 769 in last week in May 2020.

Numbers for June 2020 are lower, steady at round the 500 mark per week. In talking to staff using the hub, the drop in numbers is explained we think by changes to staff rota's meaning Victoria Hospital is now quieter at weekends, hence lower numbers on Sat and Sun in June.

On 27 June 2020, the Staff Support Hub moved to its new premises in the Staff Club, Victoria Hospital. Foot fall since the move has been lower, particularly at weekends. We believe this is partly because the new Hub location is further away from the Main entrance of the Victoria Hospital. Staff have also required directions to find the new hub. Further staff rota changes were also made meaning weekends are very quiet at Victoria hospital.

Moving the Victoria Hospital staff support hub provided an opportunity to set up the new staff support hub in a slightly different way. Staff have access to the new space via ID card swipe system, meaning the space can be accessed at anytime night or day by staff only. This means there will be times when the hub is used but not staffed. The new location has allowed for better social distancing, as it is a series of rooms rather than one open plan space. Maximum numbers of staff allowed in each room for social distancing purposes can therefore more easily be adhered to. The new hub has also been set up with new signage encouraging staff to take responsibility for the space. Signs indicate that staff should wipe down/clean the space they have used, meaning there is less need for psychology staff to ensure this is done regularly.

Number of 1:1 consultations carried out between 07/04/20 and 12/07/20 = 43

What kinds of difficulties have staff sought support for in the Hub and how do we see the hubs developing in the future?

Uncertainty: Most of us have never experienced anything like this before in our own lives, our communities or our workplaces. We as human beings hate uncertainty and look for security and answers. Because of the large volume of changes staff have faced and the fast pace of change we have experienced, staff have often not been able to get this security and anxiety and stress levels have been high as a result.

Anxiety and stress can also produce physical changes. In some cases this has led to worries that these physical symptoms are COVID-19. Many staff have spoken about the worry and guilt that they might take the virus home to loved ones and that in turn increases their anxiety further, creating a vicious cycle of anxiety, stress and physical symptoms.

Many staff have had to work in roles and locations of the hospital which are different from usual. Many have been new staff joining the hospital for the first time and many junior doctors were fast tracked to complete training early so they could come and work at the hospital sooner.

Many staff have had to wear PPE, or work in red zone (COVID-19 only) areas of the hospital. These staff have described feeling isolated from colleagues, avoided by others, unable to recognise who colleagues are because of face masks and visors and hot and fatigued when it is necessary to wear full PPE for a whole shift.

Staff utilising the hub have spoken about difficult events in their work place, or necessary changes in working practices which make work more difficult such as, uncertainties about how to treat and manage patients affected by COVID-19 when there is no cure, working from home, working with dying patients and communicating and managing anxieties of family members and relatives who are unable to visit their loved ones. Many staff have spoken about not wanting to be the member of staff that is 'not coping', or have expressed concern about burnout and worry about letting colleagues down if off work. Others have expressed their difficulty in having space away from discussions / information about the pandemic and feeling overwhelmed (information overload).

Some staff have expressed feelings of being undeserving of support if they were not considered "frontline" and Support hub staff have worked hard to assist all staff to feel able to make use of the staff support on offer.

All staff making use of the hubs have spoken about the difficulties of managing the balance between work and home life, with uncertainties and changes in both. With the event of supermarket shortages of some foods and other essential items, partners being made redundant or furloughed, postponements of weddings and holidays and the school closures, this became more problematic. Staff also expressed concerns about elderly family members who may be shielding and in the high risk category.

Some staff using the support hub have spoken about the recurrence of pre-existing mental health problems such as depression and anxiety, which are unrelated to COVID-19, but have recurred because of the increased pressure and uncertainty the COVID-19 situation brings.

Lastly, Managers have also made use of the hubs to seek out support and advice to assist staff they line manage. They have reported the challenges of responding to and managing staff anxieties and limitations in ability to work due to other pressures e.g. childcare issues.

What Impact Has Having Psychology Staff in the Staff Support Hub Made?

As the Maggie's Centre / Staff Club Hub has been manned by Psychology staff 7 days per week, between 9-5pm, staff have had the ability to walk in and just speak to a member of Psychology team without having to book in and arrange to see someone at a later date.

Psychology Staff are also seeing and anticipate an increase in need for 1:1's in hubs as the pandemic moves on. Having hubs manned for all the time they are open has helped build the relationships with staff coming in regularly, meaning that staff who would not ordinarily have sought help and support have got to know Psychology staff and have eventually spoken about difficulties they might be facing.

The hubs have attracted most staff over other sources of support on offer because of the informal way in which it is offered. Often it is the staff member's first contact requesting support, having informal arrangements in place makes this easier for them to access. Often this first request for support needs to be handled carefully or they don't come back.

Psychology staff have often been the filter for signposting on to higher levels of support which firstly requires a good understanding of what options there are and when it is appropriate to escalate.

Psychology staff have been required to think on their feet, responding to immediate requests for help and dropping whatever they are doing to respond to whatever comes in the door. On some occasions there have been staff who are off sick with stress and have come into the hub speak to one of us, or may need to go off sick and are seeking the advice about whether they should do that.

On some occasions Managers have walked in the hub asking for advice about distressed staff in their service and what starts as an informal chat over a cuppa often develops into talking about the managers own stress.

Teams have also made requests to use the hub space for reflection time away from the clinical area when an incident occurs. Whilst they don't ask for our input into these I can see a place for that in the future.

Over the time the hub has been available we believe psychology staff have been able to build resilience amongst staff using the hubs and prevented the development of longer term, more severe mental health difficulties in some cases.

Going forward, the Psychology Service, I think we can utilise staff in the hubs as the filter for the other levels of staff support that might be put in place, (as most staff seem to accessing help that way) perhaps having involvement in building links with medical teams who don't use the hubs (as we will be on site) and perhaps offering some short team interventions (such as 20 minute care space or Mindfulness sessions) in the hubs themselves.

Project Title: Going Beyond Gold Year 2: Sustaining a Kind, Mindful and Healthy Organisation

Good Conversations/Personal Outcomes

Since the last report in January 2020 we have:

- Delivered the final planned 3 day course in February 2020
- Developed and delivered a bespoke course for employability and community mental health staff in March 2020. This was co-facilitated by 2 of the newly trained Fife facilitators
- Delivered a half day awareness workshop in February 2020
- Delivered a bespoke session for staff on Tarvit ward January 2020
- Supported the Champions network. We had a quarterly session in January 2020. During the pandemic we have continued to successfully host this network via MS TEAMS and are currently having a monthly meeting which the champions and facilitators have found very supportive as they adapt to new ways of working and deal with issues raised by the current situation.
- During the pandemic, we attended and supported the work of the NHS Fife staff wellbeing group

Further work planned

This programme was due to be completed at the end of June 2020. Due to the pandemic, some of our work had to be put on hold. In particular there were plans to deliver some sessions for managers focusing on using the approach in HR contexts. We have been invited to be part of a short life working group looking at support for managers in light of the pandemic. Our hope is that this work will take place through this route. The pandemic has highlighted even more the need for good staff support. We will continue to support the Champions and teams where we have done bespoke work to promote the approach in their teams, particularly between staff.

Comments from staff:

A draft report has been developed following a survey that was sent out after the employability/mental health course. This will be available later in August. Some interim comments are:

- *I have been using the skills and techniques learned in daily practice and feel confident in their use. It has been extremely helpful recently during covid 19 restrictions while supporting people by phone*
- *It was good to have a good mix of people from different backgrounds-good to share different experiences and viewpoints and enhance own learning from this.*
- *A greater understanding of what the employability services do and how this links in with Mental Health. Referral process made clearer and who would be appropriate for referral.*
- *Using the strength based assessment has been very useful to allow patients to identify themselves what works for them. I have previously tended to suggest things without having this type of conversation.*
- *Sadly due to the pandemic my interaction with the people I support has changed to purely email for a few people but many are still willing to engage and by phone. Some of my clients are so isolated and struggling with their mental health even more. It is even more important to implement the training we were given*
- *Yes, implementing my learning into practice, achieving momentum from being "stuck", helping people identify their own solutions and being able to make changes*

- *Using strengths based assessment is working well with some patients and some of them have commented that it has helped them think differently when considering their problems and what they can do to help themselves and feel more empowered.*
- *Having more meaningful conversations with people I support*

Mindfulness

Since January 2020 we have delivered the following work as part of this programme:

- One day introductory mindfulness course (February)
- 4X2 hour bespoke course for Pathology Laboratory Staff (Jan/Feb)
- Bespoke session (online) for Combined Medical/Midwifery Team (June)
- Furnishing and equipping Pause Pod room in Whyteman's Brae to allow staff to take mindful breaks from work
- Video created on Self-Care with Kindness to be distributed widely to staff on NHS Fife StaffLink
- Our last monthly mindfulness teachers' support group session took place in February. During the pandemic, we have converted these sessions into a Mindfulness Practitioners' Online Forum to share our work and support each other.

Further work planned

- This programme was due to end at the end of June 2020. However, due to the pandemic, some of our work had to be put on hold - our planned 8 week training programme and 4-day training programme were cancelled, so we are continuing this work into the Autumn using the remaining budget which was unspent during lockdown.
- We have now re-arranged the 8-week programme to a fully online course which starts 10th August in the evenings and will run until 28th September
- We are preparing to convert the 4-day training course into a blended learning training package, including some face-to-face meetings in small groups; online personal learning and practice; as well as online gatherings.
- Pause Pod is due to be advertised mid August for staff usage through Communications department
- We are planning to create short half hour videos of mindfulness sessions which can be used on an ad hoc basis by staff to fit in with their daily schedules.
- We have arranged two online support sessions for the Mindfulness Teachers' group in August and September.

Some interim comments from Mindfulness trainees – (a full evaluation report will be completed when all courses are complete):

Bespoke sessions with Pathology Laboratory Staff

...the feedback from all of my staff was extremely positive. They all learned a lot and now utilise this in all aspects of their lives. [Cellular Pathology Technical Lead- Quality/Training Manager]

One day Introduction to Mindfulness Course

I will practice this daily so as to reduce my anxiety

I will try to take breath after difficult situations at work – try to be good to myself

Work life is stressful – staff need this training

Culture of Kindness Conference

Due to the Pandemic, our planned Culture of Kindness Conference, due to take place on the 19th May, with all workshops and speakers planned, unfortunately had to be cancelled. We are planning to re-create this conference as an online, uplifting programme of talks and workshops for late Autumn, highlighting the amazing work of staff during the pandemic and lots of tips and ideas on how to continue to look after ourselves, our colleagues and our patients with kindness.

Meeting: Staff Governance Committee

Meeting date: 04 September 2020

Title: NHS Fife 2019/20 Core Training Update

Responsible Executive: Linda Douglas, Director of Workforce

Report Author: Kirsty Berchtenbreiter, Head of Workforce Development,
Jackie Millen, L&D Officer (KSF)

1 Purpose

This is presented to Staff Governance Committee for:

- Information

This report relates to:

- Core Skills training compliance

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report sets out the NHS Fife Core skills compliance performance in the rolling year 1st June 2019 – 31st May 2020.

2.2 Background

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

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

2.3 Assessment

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

2.3.1 Core Training Activity Summary

As we settle back into the new cycle of EDG it is important to note that data in this report was captured up to the 31st May.

In the operational year 1st June 2019 – 31st May 2020 there were **34, 501** episodes of core compliance training undertaken across the 9 core skills areas which equates to **76%** of the annual training target required to maintain / achieve compliance. E-learning continues to be the most accessed and cost effective learning medium with **82, 679** modules completed at a unit cost of **0.12p** per module.

NHS Fife compliance across all 9 subject areas in the rolling year ending 31st May 2020 is **76%**. There is an overall increase of 4% compared to the rolling year period ending 31st May 2019. The rolling year period ending 30th June 18 shows 100% compliance in core skills however in-depth analysis has shown that in some subject areas, staff were engaging in multiple activities that individually met their Core compliance requirement or refreshing skills before the defined period of certification had passed. Previous IPRs reflected these instances as individual engagement and as such, have given a false indication of core skills compliance levels throughout the organisation.

Without the availability of a single Learning Management System hosting all L&D formats (classroom based, competency assessed and eLearning) with the ability to associate Core Training requirements to specific posts, it is proving difficult to accurately track Core Skills compliance using multiple systems giving information in variable formats.

There are some Core topics that currently show compliance levels of 100% within the AS and HSCP areas; this could be associated with the COVID19 pandemic where additional staff have been engaged through various recruitment campaigns but have not been reflected in the headcount figures used to produce this report or where current staff whose services have been stood down have taken the opportunity to refresh core training topics earlier than required or are not a standard requirement as part of their role.

Table 1 below provides a more detailed breakdown of performance by subject area. Organisationally, Manual Handling, ABLS, Information Governance, Health & Safety, Protection for All and Equality & Diversity compliance are exceeding annual activity requirements at variable levels whereas the remaining 2 subjects are below the compliance requirements for the 12 month period.

Table 1: NHS FIFE – Core Skills Compliance as at 31st May 2020

Subject area	refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age
Manual Handling	1	all clinical staff (2 years for non clinical staff)	82	91	81	56
Fire Safety	1	all staff	68	80	69	44
ABLS	1	all clinical staff	82	79	88	27
HAI	1	all clinical +key non clinical staff	76	95	58	89
Information Governance	3	all staff	91	100	97	25
Health & Safety	3	all staff	89	100	92	24
Protection for All	3	all clinical + key non clinical staff	94	100	100	12
Equality & Diversity	once	all staff	81	100	81	17
Violence & Aggression	1 year / 3yrs	all clinical staff in priority areas + key non clinical staff	73	47	97	69
Total			76	91	81	42

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

Table 2: Rolling Year Compliance Performance Improvement

Rolling year - Period ending	31 st March 2018	30 th June 2018	30 th Sept 2018	31 st Dec 2018	28 th Feb 2019	31 st May 2019	31 st Oct 2019	31 st May 2020
Compliance rate	87%	100%	61%	66%	64%	72%	78%	76%
Improvement (+/-)	+4%	+13%	-39%	+5%	-2%	+2%	+6%	-2%

2.4 Recommendation

Staff Governance Committee are asked to **note** the

- performance in Core Skills training activity
- improved Core Skills compliance position

3 Appendices

Following feedback at recent previous meetings regarding data quality and data sources, the detail included below is to help understanding of how the data is arrived at.

3.1 Data source information

The following factors should be considered when analysing the information contained within this report:

- Data for this report is sourced from 2 Learning Management Systems holding variable organisational information - eESS (electronic Employee Support System) and learnPro. Although eESS can be considered an accurate reflection of current hierarchical information, learnPro holds historical locations, hierarchies and services that are no longer managed within NHS Fife or have been relocated, restructured or renamed. learnPro is also heavily reliant upon the individual member of staff updating this information when relevant as it is not fed by any other NHS system which would help ensure consistency in relation to data matching. Individual updating of information is not a common behaviour within this system meaning that this can often lead to incorrect matching of an individual to their identified location.
- eESS and learnPro cannot be considered as 'intelligent' LMS's and neither system holds the post-based knowledge identifying exact Core Training requirements for each individual member of staff as these can vary significantly between posts in relation to the topics required and in some instances, the required refresh time (Manual Handling has a 12, 18 and 24 month refresh requirement depending on post held). As we are unable to apply core training requirements directly to each individual post within these systems, it means that it is very difficult to confirm that individuals are completing the correct training, at the appropriate refresh time, for their specific post. Until NHS Fife procure a system that provides this functionality, the data in this report should be considered as a reflection of *activity* in Core Skills training rather than a true reflection of *organisational compliance*.
- Without the availability of a single Learning Management System hosting all L&D formats on one platform (classroom based, competency assessed and eLearning) with the ability to associate Core Training requirements to specific posts, we are unable with any degree of confidence to accurately track Core Skills compliance using multiple systems which give information in variable formats.
- There are some Core topics that currently show compliance levels of 100% within the Acute Services and HSCP areas. This could be associated with the COVID19 pandemic where additional staff have been engaged through various recruitment campaigns but have not been reflected in the headcount figures used to produce this report, or where current staff whose services have been stood down have taken the opportunity to refresh core training topics earlier than required or are not a standard requirement as part of their role. This will lead to individuals being considered compliant in Core learning that has not been identified as required for their post.
- Information relating to organisational or service relocation or restructuring is not openly available to support the production of reports that are dependent upon this data. Historically, changes have been realised through coincidental communication rather than as part of a focussed communication. For example, the recent relocation of the eHealth department from AS to the Medical Directorate, Corporate Division affects both the headcount and activity in both services but this was not information that had been made known at the time of change. It would be beneficial to have access to these changes as a matter of routine.
- Clearer definitions of specific learning that should be considered as core compliance is required in order to ensure accuracy of data collection. The risk at this time is that some learning activities may be omitted or included from these reports which could have an impact on data

provided within the report. The ongoing work in relation to Core learning requirements as part of the Once for Scotland agenda should help address any concerns in this area as this will provide a central, defined set of eLearning specific to Core Training topics for all NHS Boards. This learning will be hosted on Turas Learn providing a single platform service and as part of future development within Turas to facilitate the Once for Scotland requirements, a link will be implemented between the Learn and Appraisal applications within the programme which will enable associations between specific AfC posts and required mandatory learning and will provide a more robust and accurate reporting function in future.

Report Contact

Kirsty Berchtenbreiter
Head of Workforce Development
Email: kirsty.berchtenbreiter@nhs.scot

Meeting:	Staff Governance Committee
Meeting date:	04 September 2020
Title:	NHS Fife 2019/20 PDPR Progress Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Kirsty Berchtenbreiter, Head of Workforce Development, Jackie Millen, L&D Officer (KSF)

1 Purpose

This is presented to the Staff Governance Committee for:

- Information

This report relates to:

- PDPR Completion

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

EDG have committed to improving performance with regard to appraisal (KSF/ PDP) completion. However, following a national decision taken during March 2020, the requirement to undertake appraisal was paused due to the ongoing COVID19 pandemic. This arrangement also applied Exec/Senior Manager Appraisal arrangements.

EDG are provided with an update on this issue along with recommendations on how to re-engage staff successfully.

2.2 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. Turas Appraisal has now been fully operational for 26 months and although there were some signs of improvement in annual PDPR compliance the COVID19 pandemic has had a negative impact on recent progress.

2.3 Assessment

As we settle back into the new cycle of EDG it is important to note that data in this report was captured up to the 31st May. The chart below shows the current position for each directorate.

PDP compliance had shown a slow increase in performance throughout 2019 and into early 2020 and now currently sits at 43% compliance. Some of this decline can be contributed to minimal engagement in the process over the last 3 months due to the focus on the delivery of services to meet the demands placed on the organisation in relation to COVID19 however, the lack of engagement prior to this is also a contributing factor.

Consideration should now be given as to the most appropriate actions to take to re-engage staff in the process with the aim to meet the 80% compliance target by 31st March 2021. This can be achieved by:

- Monthly reporting to EDG and quarterly to Staff Governance Committee through IPQR
- Managers and reviewers accessing the progress reports in the Appraisal system (Turas) to identify and monitor their own performance compliance
- Promoting the effectiveness of a quality appraisal conversations and the associated benefits
- Encouraging and supporting the use of Microsoft Teams to facilitate an effective appraisal conversations
- Ongoing targeted support being provided to managers on request
- The further Appraisal improvement plan showing a clear trajectory that can support the Board to return to 80% compliance be completed by Aug 2020 and shared with EGD.

Table 1: Appraisal (KSF PDP/Review) figures as at 31.05.2020 (rolling year)

CHP/Division	Number of staff	Number of completed Appraisals on Turas	%
Acute Services			
Total	3051	1529	50
Estates and Facilities			
Total	1121	363	32
Board Medical Director			
Total	371	44	12
Finance			
Total	97	48	49
Human Resources			
Total	60	26	43
Board Nursing Directorate			
Total	77	29	38
Public Health			
Total	24	14	58
Fife Wide Divison			
Total	1942	783	40
East Divison			
Total	704	334	47
West Division			
Total	711	318	45
Overall total	8158	3488	43

2.4 Recommendation

Staff Governance Committee are asked to:

- **note** the current performance information and
- **agree** to restart the appraisal (KSF PDPR) process within NHS Fife and agree the associated actions detailed at the end of section 2.3. above.

Report Contact

Kirsty Berchtenbreiter
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Email: kirsty.berchtenbreiter@nhs.scot

Meeting: Staff Governance Committee

Meeting date: 04 September 2020

Title: **Staff Experience – Everyone Matters Pulse Survey**

Responsible Executive: Linda Douglas, Director of Workforce

Report Author: Bruce Anderson, Head of Staff Governance

1 Purpose

This is presented to Staff Governance Committee for:

- Information

This report relates to:

- Staff Experience – Everyone Matters Pulse Survey 2020

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide members with information and an update on the forthcoming Everyone Matters Pulse Survey.

2.2 Background

The Scottish Government wrote to all Chief Executives, HR Directors, Employee Directors and Chief Officers – HSCPs on 3 August 2020, informing them of the decision to run the PULSE Survey as the Staff Experience Measure for 2020.

The PULSE Survey has been developed with a number of key stakeholders across Health and Social Care and the proposal has been endorsed with full consultation of the Scottish Workforce and Staff Governance Committee (SWAG).

The PULSE Survey will replace iMatter in 2020, which will be reintroduced in 2021, subject to the evolving situation with COVID-19.

The local iMatter Team will be responsible for co-ordinating the roll-out for the survey and for providing practical support and guidance to managers and staff during the survey period.

2.3 Assessment

Improving staff experience is one of the key components to help the Board achieve our strategic aims. It is important that we hear from staff about their experiences, following this difficult period.

A copy of the Survey is attached for information at appendix 1.

The following timetable has been set for delivering on this work:

Activity Delivery Period Chief Executive Meeting with Boards 7 August 2020
Organisational Preparation discussed and completed by Op Leads 27 August 2020
Pulse Survey Distribution commences 1 September 2020
Pulse Survey Closes 23 September 2020
Pulse Survey Postal Submissions received by 28 September 2020
Board and Directorate Reports Produced Fully electronic submissions – 24 September 2020
Electronic and Paper submissions – 26 October 2020
National Report Publication 20 November 2020

The distribution of surveys will be staggered due to the size of the exercise with all NHS Fife staff excluding those in the Health & Social Care Partnership receiving an email invitation to participate on 1st September 2020. The Health & Social Care Staff will receive their email invitation of 2nd September 2020. Regular communications will accompany the scheduled distribution.

An example of what the reports to Boards will look like is attached at appendix 2. The Staff Governance Committee will be presented with the NHS Fife report following publication.

2.4 Recommendation

Staff Governance Committee are asked to **note**

- NHS Fife participation in the National Everyone Matters Pulse Survey 2020

Report Contact

Bruce Anderson
Head of Staff Governance
Email: bruce.anderson@nhs.scot

Everyone Matters Pulse Survey

Introduction

NHSScotland is committed to improving patient and public experience through enhancing our staff experience.

COVID-19 has changed our lives and placed exceptional demands on everyone working in health and social care. Your health and well-being is important. This survey is designed to better understand how you are feeling now and to find out about your experiences over recent months, both in the workplace and beyond. With your results, we hope to be better able to support you now and in the future.

This is an anonymous survey and responses will be collated to produce a directorate report. All answers collected will be treated with the utmost confidentiality and cannot be linked to any respondent. It will take about 10 minutes to complete.

The first section covers your overall well-being and the second section covers your experiences at work over the last 6 months (the 'COVID period').

Thank you for your time and co-operation.

You look after us, so we'll look after you – see what's available on the National Wellbeing Hub www.promis.scot

Your well-being

The following four questions are about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

Overall, how satisfied are you with your life nowadays?

	1	2	3	4	5	6	7	8	9	10	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completely

Overall, to what extent do you feel the things you do in your life are worthwhile?

12345678910

Not at allCompletely

Overall, how happy did you feel yesterday?

12345678910

Not at allCompletely

Overall, how anxious did you feel yesterday?

12345678910

Not at allCompletely

The National Wellbeing Hub www.promis.scot and National Wellbeing Helpline For Staff 0800 111 4191 are there to support all health and social care staff.

24 hour / emergency services: [Samaritans](https://www.samaritans.org/) call free on 116 123 / <https://www.samaritans.org/>

Your experience at work over the last 6 months (the ‘COVID period’)

Please answer this question based on your experience during the COVID Period. By this we mean the time that you have been impacted by the pandemic based on your experiences at work. For many people that will be from March 2020, but for some it may be earlier or later than that.

Strongly Agree

Agree

Slightly Agree

Slightly Disagree

Disagree

Strongly Disagree

I feel my direct line manager cares about my health and well-being.

Please base your answer on the person who has line-managed you through the majority of the COVID period (this may not be your usual line manager)

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
I feel my organisation cares about my health and well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please base your answer on the Board/Directorate you have been working in for the majority of the COVID period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated with dignity and respect as an individual at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly and consistently at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work gives me a sense of achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the help and support I need from other teams and services within the organisation to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated for the work I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend my organisation as a good place to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good): Overall, working within my organisation is a

	1	2	3	4	5	6	7	8	9	10	
Very Poor Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Good Experience

You look after us, so we'll look after you – see what's available on the National Wellbeing Hub www.promis.scot

Thinking about your experiences of work over the last 6 months, what are you currently most worried about?

--

Thinking about your experiences of work over the last 6 months, what is most supporting your well-being?

In the last 6 months, have you experienced change either in your job role or the environment you work in?

- ☐ Yes
- ☐ No

Which of the following have changed for you? (Select all that apply)

- ☐ Working from home more than usual
- ☐ Working at a different location (e.g. different hospital, care home etc.)
- ☐ Reassigned to a different team
- ☐ Reassigned to a different directorate
- ☐ Reassigned to a different board
- ☐ Reassigned to a different role, but still in the same team
- ☐ Shielding at home (because I or other household members are clinically vulnerable)
- ☐ Staying away from home to protect my family
- ☐ Preschool children at home
- ☐ School age children at home
- ☐ Care responsibilities for another member of the household
- ☐ Loss of a friend or relative
- ☐ I have tested positive for COVID

- ☐ I have experienced physical or mental ill health (non-COVID)
- ☐ I have been furloughed
- ☐ Other household members furloughed
- ☐ Worsening of financial situation (e.g. household member job loss or reduced hours)
- ☐ Providing support for vulnerable relative (living elsewhere)
- ☐ Other (please specify)

Staff Grouping

Which staff group do you belong to? (Please select the group that reflects your main role)

- ☐ NHSScotland Employees
- ☐ Local Authority Employees

NHSScotland staff only:

- ☐ Administrative Services (Finance, HR, IT, call handler, office and patient services)
- ☐ Allied Health Profession
- ☐ Ambulance Services
- ☐ Doctors and Dentists in Training (DDiT)
- ☐ Health Science Services
- ☐ Medical and Dental
- ☐ Medical and Dental Support (Salaried GP, physician's assistant, theatre services, operating dept, dental technician, hygienist, dental & orthodontist therapist, oral health)
- ☐ Nursing and Midwifery
- ☐ Other Therapeutic (Optometry, pharmacy, psychology, genetic counselling)
- ☐ Personal and Social Care
- ☐ Senior Managers (Executive grades, senior manager pay band)
- ☐ Support Services (Catering, domestic, portering, estates and facilities, security, laundry, transport, sterile services)

Local Authority only:

- ☐ Adult Services
- ☐ Business Services (Business Improvement, Support Services, Information Systems, Finance and Administration)
- ☐ Children's Services
- ☐ Criminal Justice
- ☐ Older People Services
- ☐ Senior Managers
- ☐ Strategic Development

About You

As employers we are committed to ensuring all staff are treated fairly. It is important therefore for us to understand how the pandemic has impacted everyone in our organisations. This section helps your

employer to look for any trends or patterns which might be cause for concern. Your response will **not** be tracked back to you. You can choose to answer all of these questions or only some of them.

What is your Gender Identity?

- ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to answer

Do you identify as Trans?

- ☐ Yes ☐ No ☐ Prefer not to answer

What was your age at your last birthday?

- ☐ 16 -20 years ☐ 21 -30 years ☐ 31 - 40 years
☐ 41 - 50 years ☐ 51 - 65 years ☐ Over 65 years
☐ Prefer not to answer

Which of the following options best describes how you think of yourself?

- ☐ Bisexual
☐ Gay / Lesbian
☐ Heterosexual / Straight
☐ Prefer to self-describe (please specify)
☐ Prefer not to answer

How would you describe your religious identity?

- ☐ Buddhist
☐ Church of Scotland
☐ Hindu
☐ Jewish

- ☐ Muslim
- ☐ Pagan
- ☐ Other Christian (please specify)
- ☐ Roman Catholic
- ☐ Sikh
- ☐ None
- ☐ Other religion (please specify)
- ☐ Prefer not answer

Which best describes your ethnic group or background?

- ☐ African
 - ☐ African, African Scottish, African British
 - ☐ Other
- ☐ Arab, Arab Scottish, Arab British
- ☐ Asian, Asian Scottish or Asian British
 - ☐ Bangladeshi, Bangladeshi Scottish, Bangladeshi British
 - ☐ Chinese, Chinese Scottish, Chinese British
 - ☐ Indian, Indian Scottish, Indian British
 - ☐ Pakistani, Pakistani Scottish, Pakistani British
 - ☐ Other
- ☐ Caribbean or Black
 - ☐ Black, Black British, Black Scottish
 - ☐ Caribbean, Caribbean Scottish, Caribbean British
 - ☐ Other
- ☐ Mixed or Multiple Ethnic Group
 - ☐ Any mixed or multiple ethnic group
- ☐ White
 - ☐ Gypsy/ Traveller
 - ☐ Irish

- ☐ Other
- ☐ Other British
- ☐ Polish
- ☐ Scottish
- ☐ Other Ethnic Group
- ☐ Prefer not to answer

Disability: The Equality Act 2010 describes a disabled person as: '...anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities'.

Do you consider yourself to be disabled within the definition of the Equality Act 2010?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

NHSScotland would like to thank you for taking the time to complete the survey. Your responses are anonymous and none of the answers you have given can be linked to you personally.

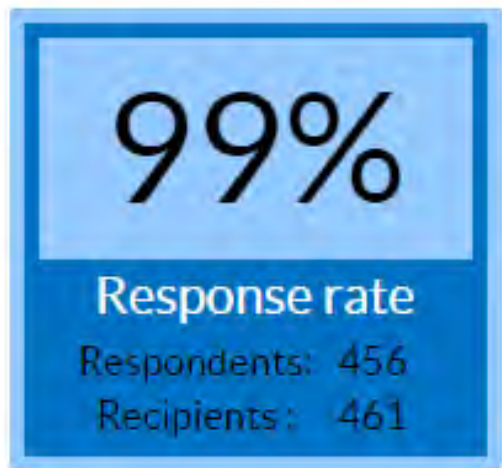
Please remember the National Wellbeing Hub www.promis.scot has a range of resources to support physical and mental health. The Hub is regularly updated to support staff well-being.

24 hour / emergency services: [Samaritans](http://www.samaritans.org/) call free on 116 123 / <https://www.samaritans.org/>

Everyone Matters Pulse Survey

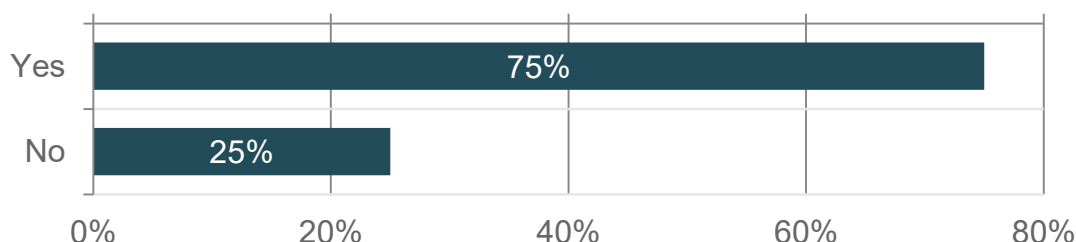
Example of Report Content

Board XYZ



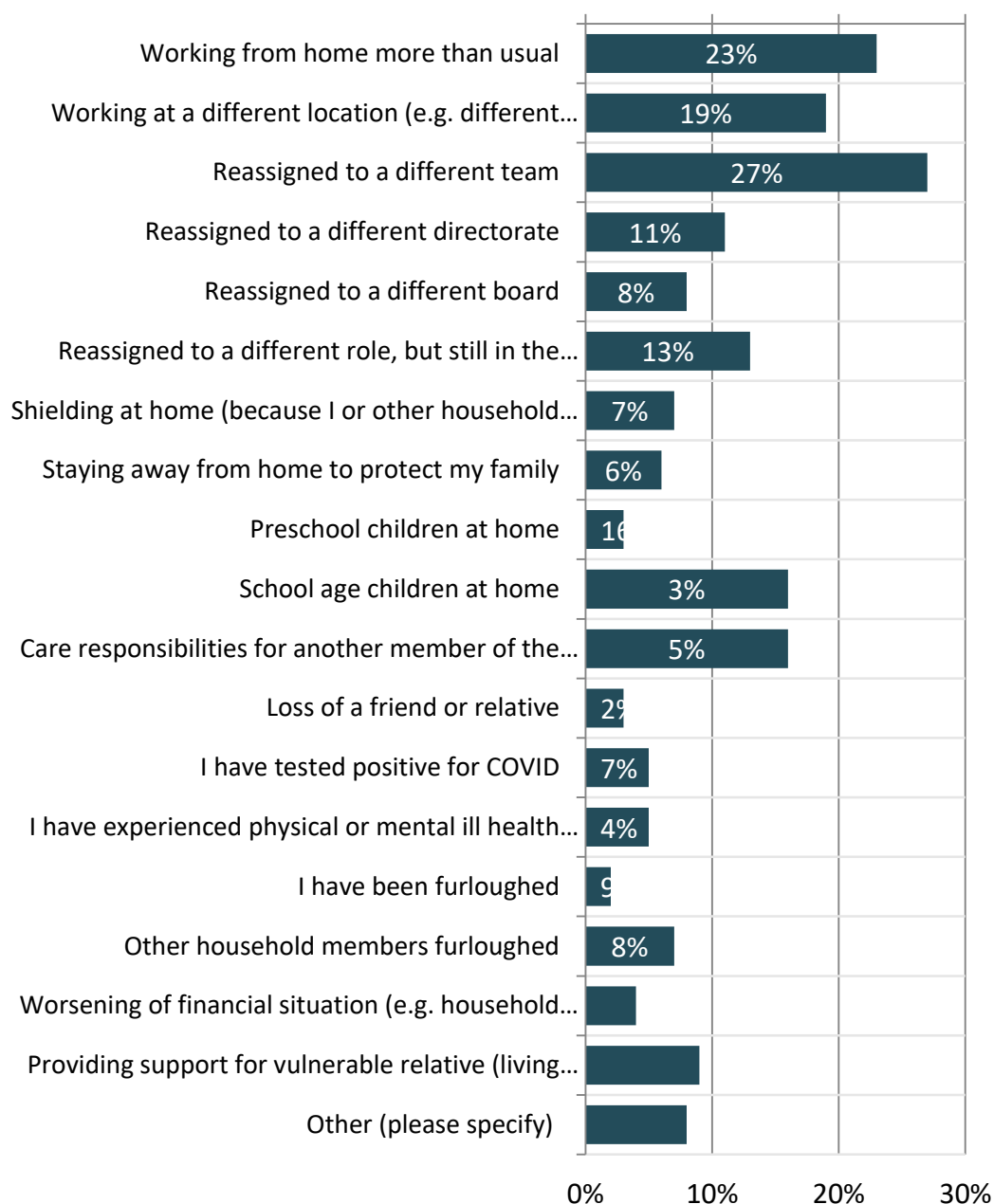
In the last 6 months, have you experienced change either in your job role or the environment you work in?

Number of respondents: 457



Which of the following have changed for you? (Select all that apply)

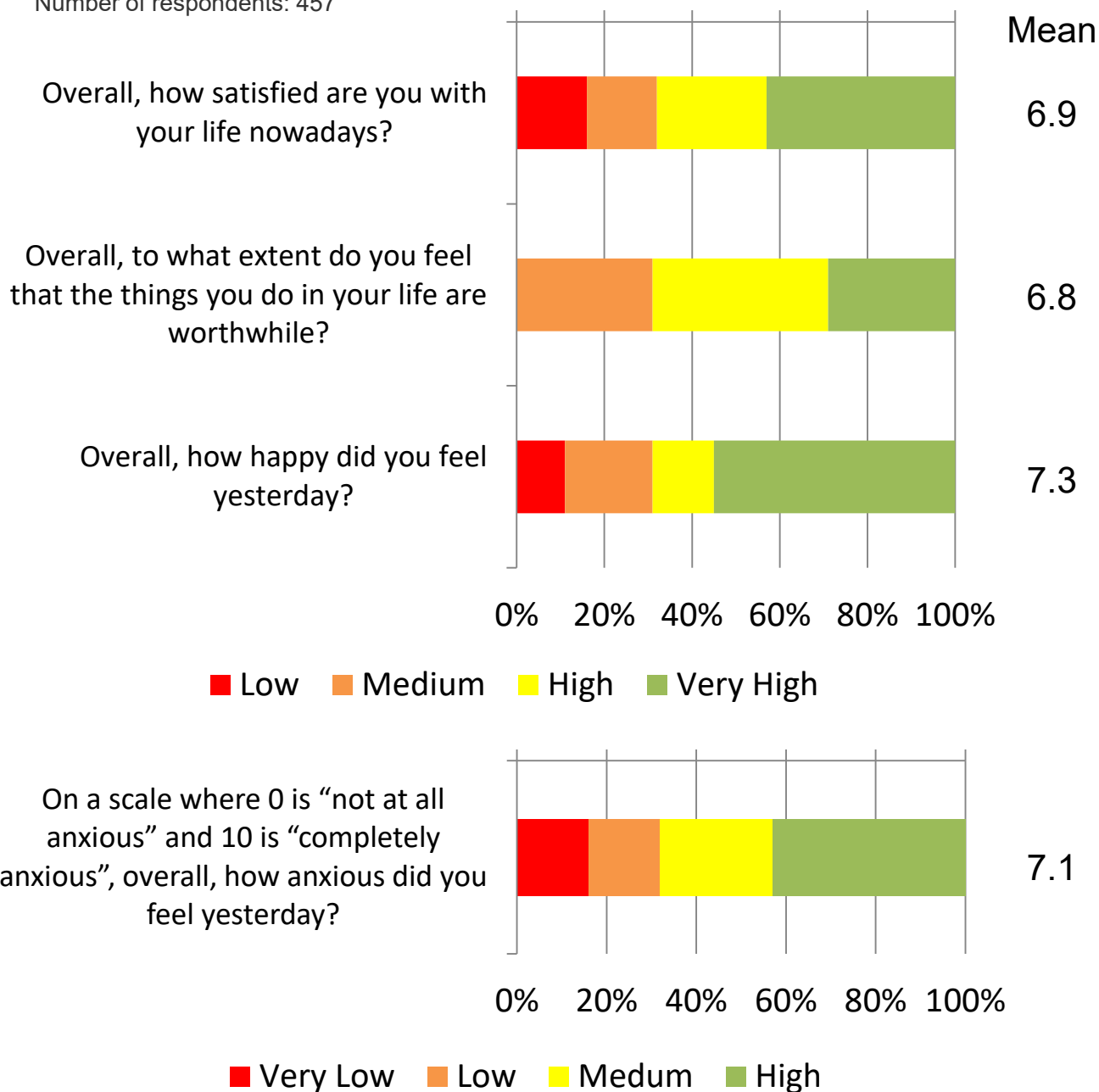
Number of respondents: 439, selected answers: 742



Well-Being

The following four questions are about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

Number of respondents: 457



Personal well-being is also known as “subjective well-being”. It is about people evaluating their own lives. There are several ways in which this is looked at by researchers who study well-being. These include asking people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asking about their emotions during a particular period. Office for National Statistics (ONS) measures of personal well-being ask people to assess each of these aspects of their lives.

Well-Being

	Work Change	Personal Change	No change	All respondents
	N = 265	N = 255	N = 114	N = 457
Life Satisfaction Overall, how satisfied are you with your life nowadays?	5.1	5.4	6.5	5.8
Worthwhile Overall, to what extent do you feel that the things you do in your life are worthwhile?	6.3	5.8	5.6	5.8
Happiness Overall, how happy did you feel yesterday?	6.7	7.6	5.6	6.4
Anxiety On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?	6.5	5.4	5.0	7.9

Well-Being – by Gender and Age

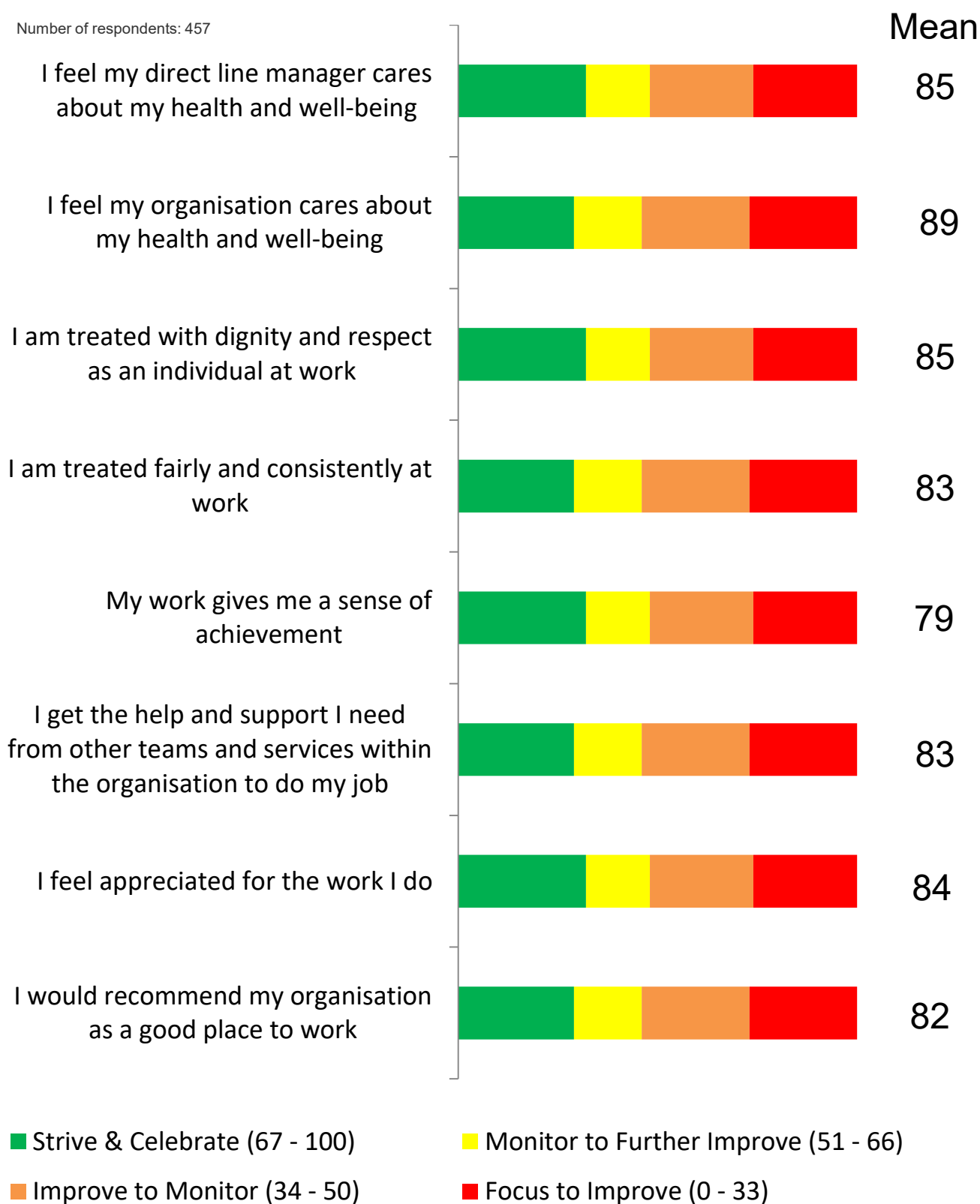
	Male	Female	All respondents
	N=117	N=249	N=457
Life Satisfaction	5.1	5.4	6.5
Worthwhile	6.3	5.8	5.6
Happiness	6.7	7.6	5.6
Anxiety	6.5	5.4	5.0

	16 – 30 years	31 – 50 years	51 – 65 years	Over 65 years	All
	N = 72	N = 253	N = 63	N = 21	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4	6.5
Worthwhile	6.3	5.8	5.6	5.8	5.6
Happiness	6.7	7.6	5.6	7.6	5.6
Anxiety	6.5	5.4	5.0	5.4	5.0

Your experience at work over the last 6 months (the 'COVID period')

Please answer this question based on your experience during the COVID Period. By this we mean the time that you have been impacted by the pandemic based on your experiences at work. For many people that will be from March 2020, but for some it may be earlier or later than that.

Number of respondents: 457



Well-Being at Work

I feel my direct line manager cares about my health and well-being	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

I feel my organisation cares about my health and well-being	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

Treatment at Work

I am treated with dignity and respect as an individual at work	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

I am treated fairly and consistently at work	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

Achievement and Appreciation at Work

My work gives me a sense of achievement	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

I feel appreciated for the work I do	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

Help and Support at Work

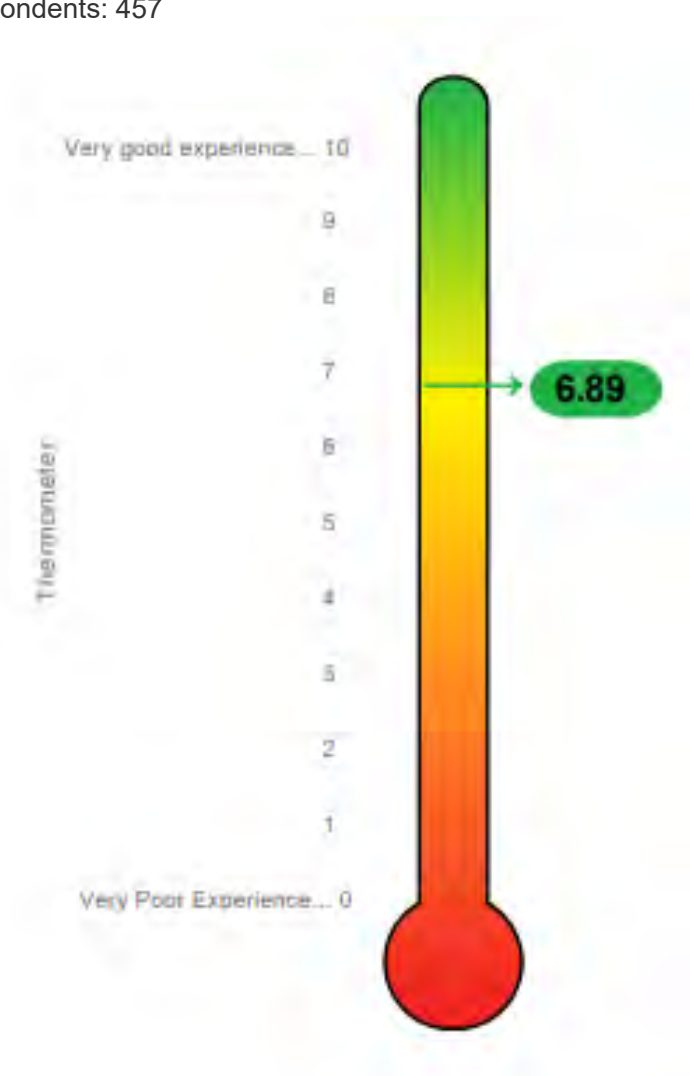
I get the help and support I need from other teams and services within the organisation to do my job	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

Recommend my Organisation

I would recommend my organisation as a good place to work	Strongly/ Slightly Agree	Slightly Agree/ Slightly Disagree	Disagree/ Disagree Strongly	All
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.5	5.4
Worthwhile	6.3	5.8	5.6	5.8
Happiness	6.7	7.6	5.6	7.6
Anxiety	6.5	5.4	5.0	5.4

Overall, working within my organisation is a

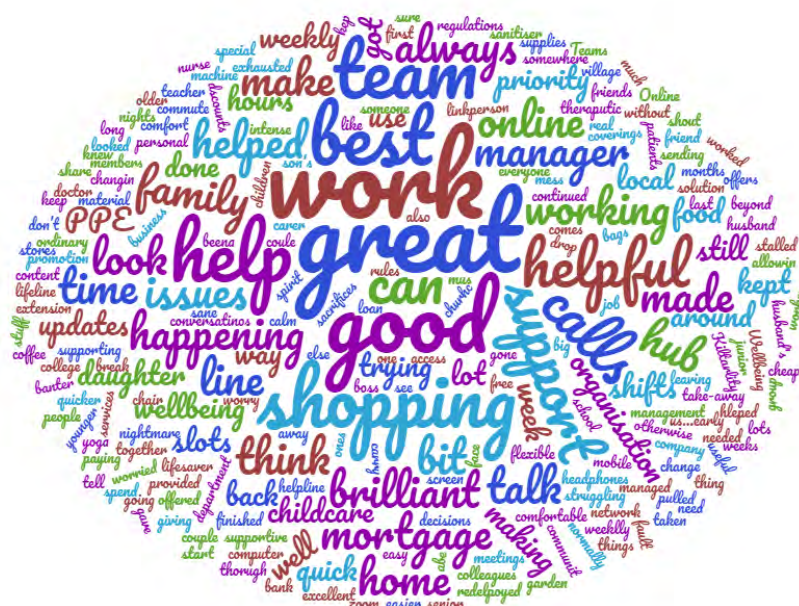
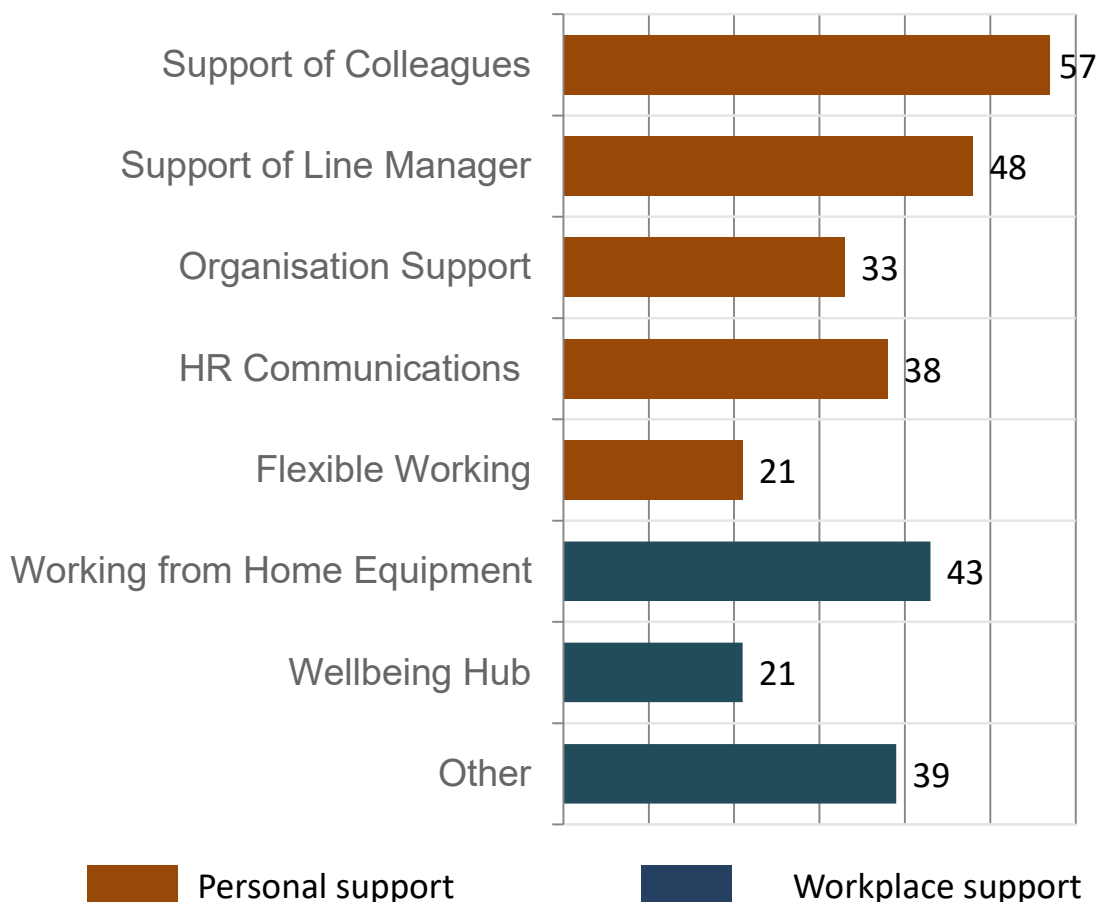
Number of respondents: 457



	Low	Medium	High	Very High
	N = 72	N = 253	N = 63	N = 457
Life Satisfaction	5.1	5.4	6.8	7.3
Worthwhile	5.3	5.8	6.6	7.4
Happiness	4.7	7.6	6.6	7.6
	Very Low	Low	Medium	High
Anxiety	4.5	5.4	7.0	8.4

Thinking about your experiences of work over the last 6 months, what are you currently most worried about?

Number of respondents: 457



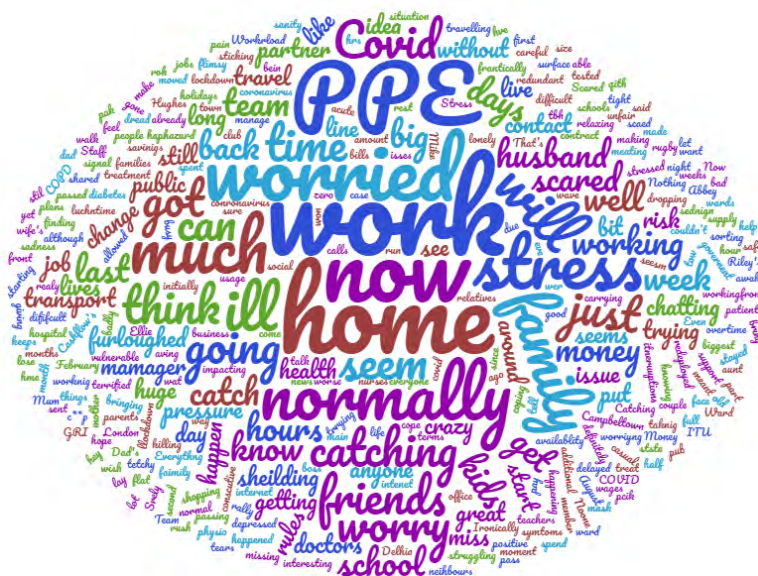
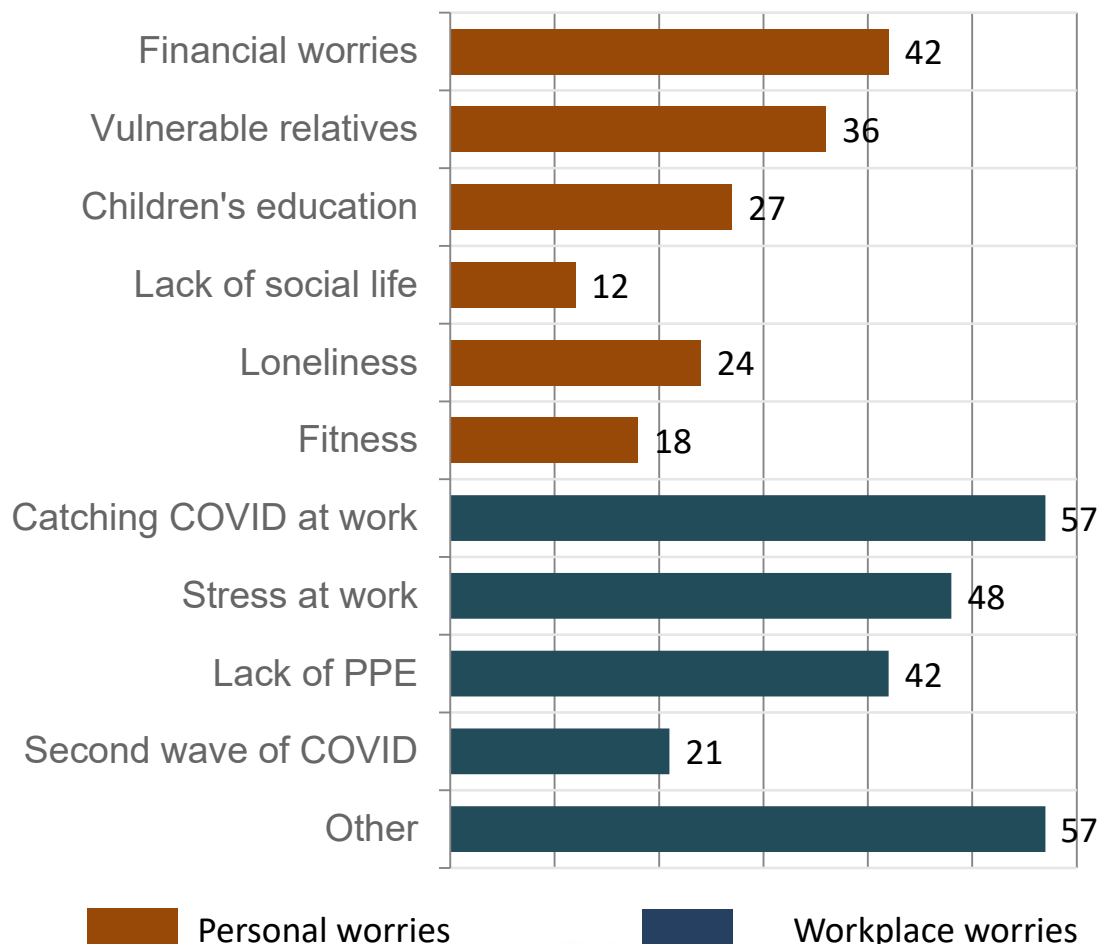
The above groupings are developed from analysis of verbatim comments by the project analysts. All verbatim responses are then machine-coded to these groups based on key word searches. Further details of the content of each grouping and example verbatims are included in the project documentation.

documentation Board XYZ Everyone Matters Report

October 2020

Thinking about your experiences of work over the last 6 months, what is most supporting your well-being?

Number of respondents: 457



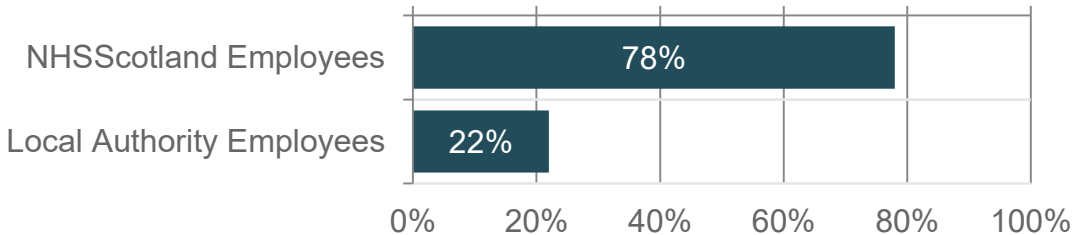
The above groupings are developed from analysis of verbatim comments by the project analysts. All verbatim responses are then machine-coded to these groups based on key word searches. Further details of the content of each grouping and example verbatims are included in the project documentation.

documentation Board XYZ Everyone Matters Report

October 2020

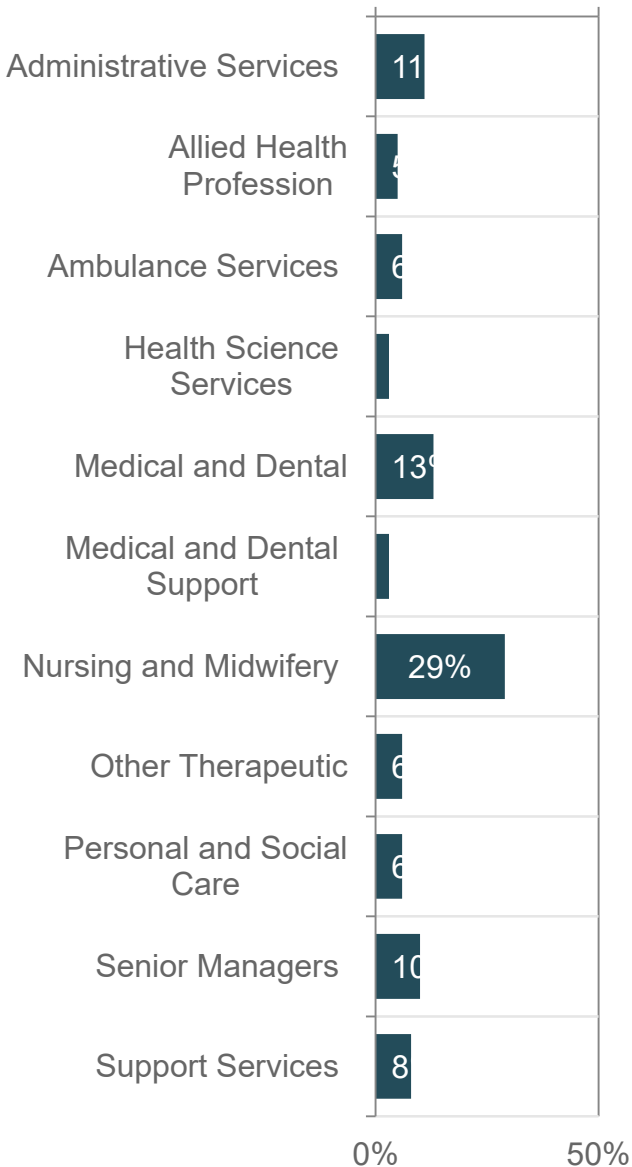
Which staff group do you belong to? (Please select the group that reflects your main role)

Number of respondents: 457



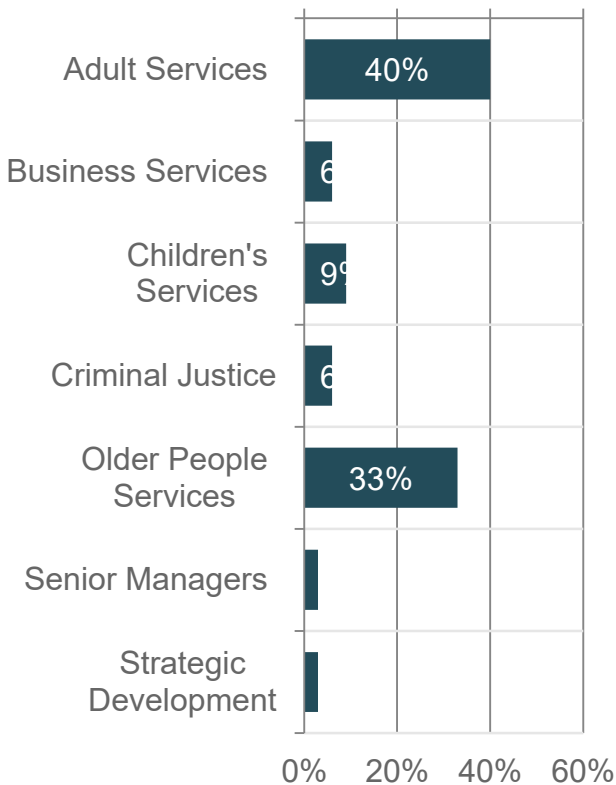
NHSScotland Employees:

Number of respondents: 358



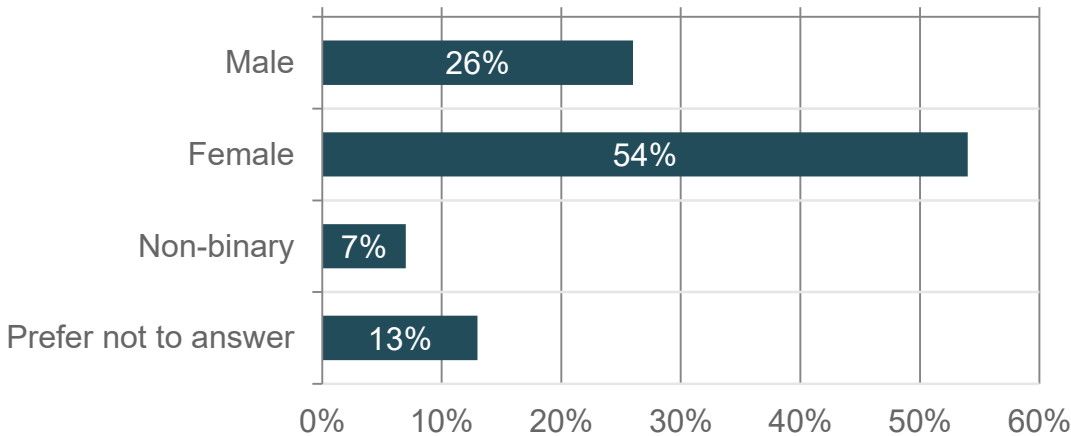
Local Authority Employees:

Number of respondents: 99



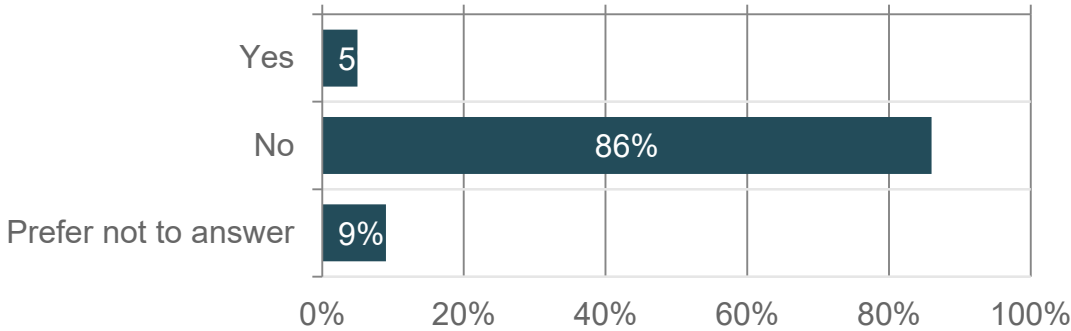
Are you?

Number of respondents: 457



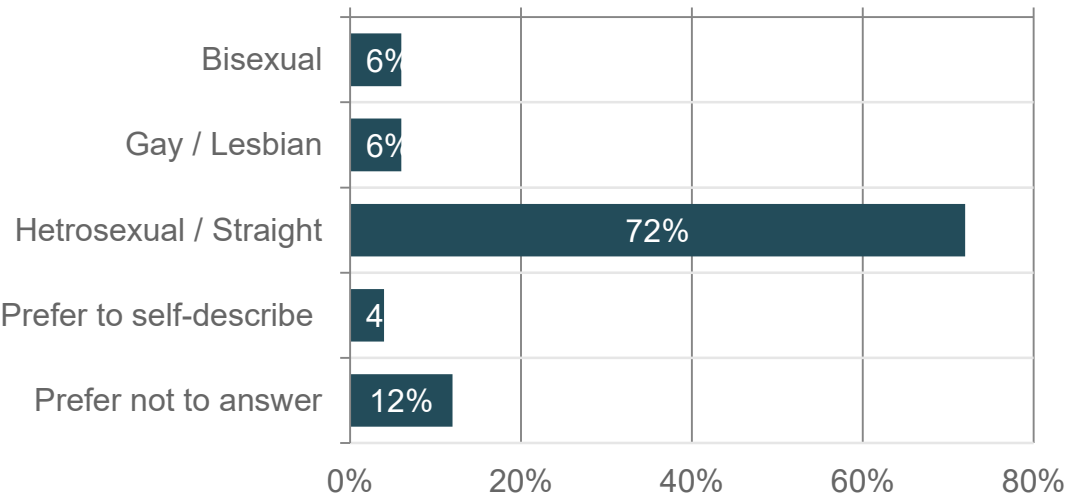
Do you identify as Trans?

Number of respondents: 457



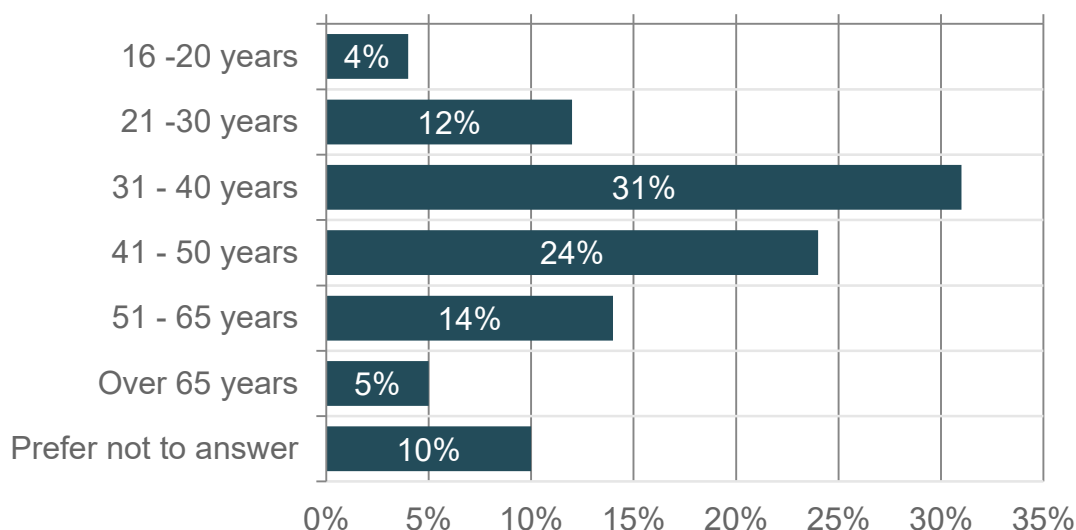
Which of the following options best describes how you think of yourself?

Number of respondents: 444



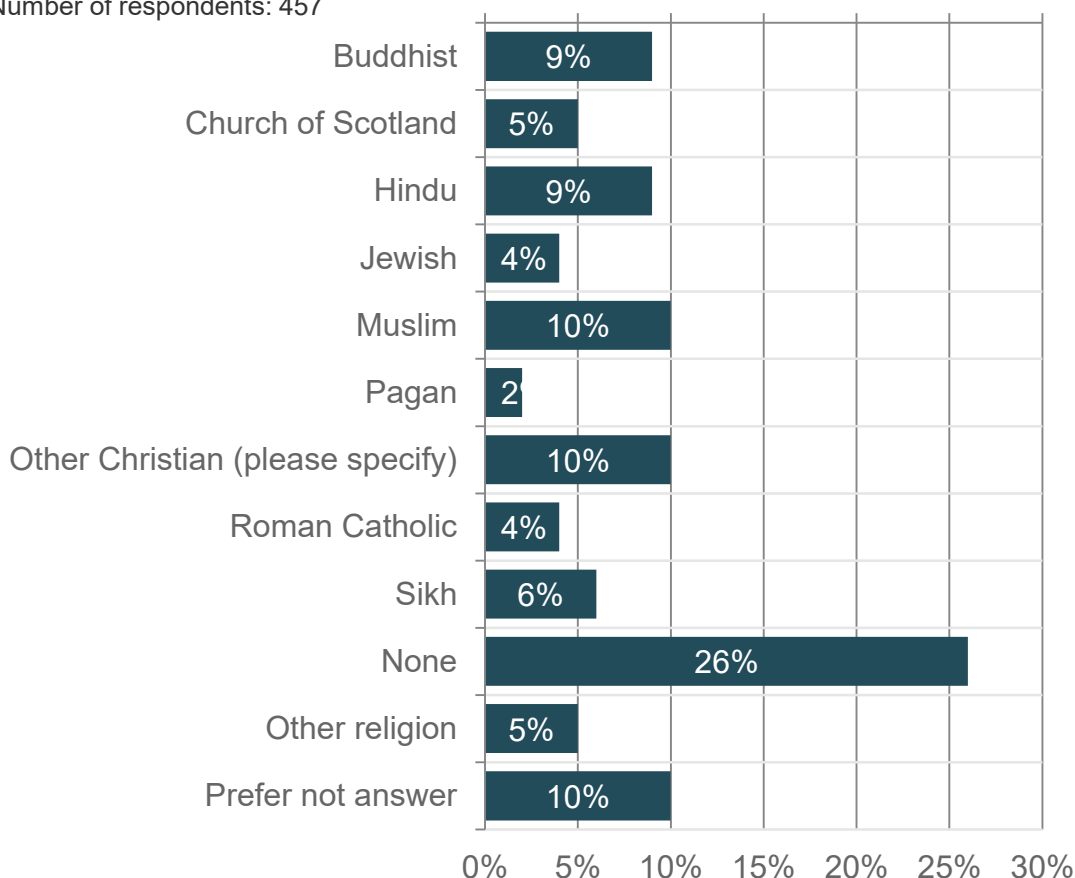
What was your age at your last birthday?

Number of respondents: 457



How would you describe your religious identity?

Number of respondents: 457



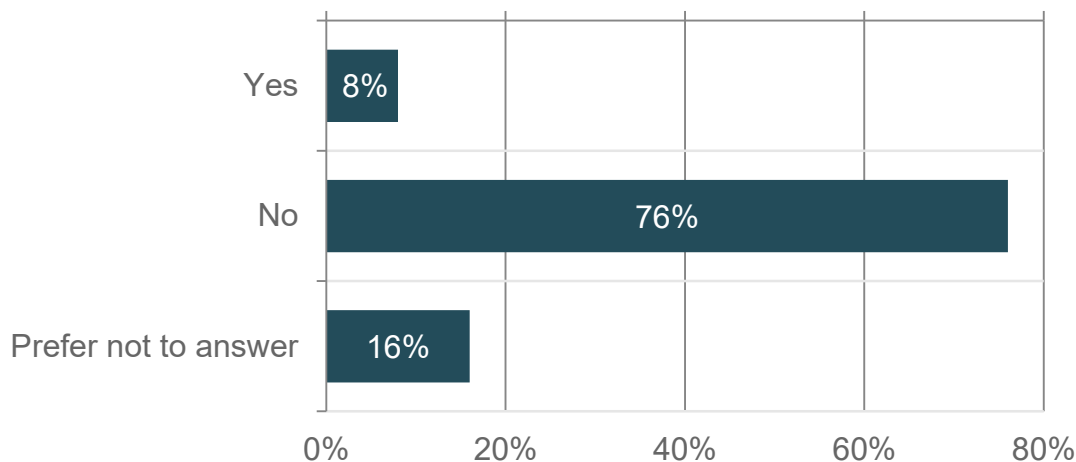
Which best describes your ethnic group or background?

Number of respondents: 431

	N	Percent	N	Percent
African	9	2.09%		
African, African Scottish, African British			7	100%
Other			0	0%
Arab, Arab Scottish, Arab British	0	0%		
Asian, Asian Scottish or Asian British	128	29.7%		
Bangladeshi, Bangladeshi Scottish, Bangladeshi British			49	41.53%
Chinese, Chinese Scottish, Chinese British			25	21.19%
Indian, Indian Scottish, Indian British			24	20.34%
Pakistani, Pakistani Scottish, Pakistani British			20	16.95%
Other			0	0%
Caribbean or Black	4	0.93%		
Black, Black Scottish, Black British			3	75%
Caribbean, Caribbean Scottish, Caribbean British			1	25%
Other			0	0%
Mixed or Multiple Ethnic Group	11	2.55%		
Any mixed or multiple ethnic group			11	100%
White	265	40.04%		
Gypsy / Traveller			0	0%
Irish			0	0%
Other			3	1.13%
Other British			3	1.13%
Polish			3	1.13%
Scottish			256	96.6%
Other Ethnic Group	1	0.23%		
Prefer not to answer	13	3.02%		
Total	431	100%	400	100%

Disability: The Equality Act 2010 describes a disabled person as: '...anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities'. Do you consider yourself to be disabled within the definition of the Equality Act 2010?

Number of respondents: 457



Meeting:	Staff Governance Committee
Meeting date:	Friday 4 September 2020
Title:	Update on NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Human Resources

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

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

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

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

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

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

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

2.2 Background

This report provides the Committee with an update on the overall content of NHS Fife's BAF and in relation to the on-going linked operational risks; Risk ID 90: National Shortage of Radiologists, Risk ID 1324: Medical Staff Recruitment and Retention; Risk ID 1846: Test and Protect Workforce; and Risk ID 1858: Mental Health Workforce, as at 31 August 2020.

2.3 Assessment

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

The high level organisational risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. Risk ID 1858 has been removed as the risk rating has reduced. These are detailed within the accompanying papers at **Appendices 1 and 2**.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members and linked operational risk owners.

2.3.8 Route to the Meeting

The Board Assurance Framework has been previously considered by the Staff Governance Committee Members at the Staff Governance Committee meeting held in July 2020. The Committee has supported the content and member's feedback has informed the development and on-going review of the further content presented in this report.

2.4 Recommendation

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

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Board Assurance Framework – Workforce Sustainability

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

Report Contact: Linda Douglas, Director of Workforce
Email: linda.douglas@nhs.scot

[illegible][illegible]

[illegible]

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

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

1846	1324	90	ID
NHSFBD – COVID-19 Risk Register	COMMUNITY SERVICES EAST - RISK REGISTER	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	Position of Risk (Risk Register)
02/06/2020	02/12/2016	23/08/2002	Opened
Test and Protect	Medical staff recruitment and retention	National Shortage of Radiologists	Title
There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from existing areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in e.g. pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery. For Cameron, there is a whole time equivalent specialist doctor vacancy of 10 sessions per week (50%). For Glenrothes there is a 4 session speciality doctor vacancy (40%) and this will escalate to a 10 session vacancy from 1st July 2017. Glenrothes has 59 beds whilst Cameron has 80 beds.	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	Description
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
3 - Moderate	4 - Major	4 - Major	Consequence (initial)
Moderate Risk	High Risk	High Risk	Risk level (initial)
12	16	20	Rating (initial)
Risks relating to introduction of TTIS (Test and Protect) identified and escalated to Gold Command. Request for connection of this risk between SG group overseeing care home support and those taking forward TTIS (Test and Protect). Public Health leads asked to ensure that staffing requests come through HSCP Director. Head of Finance to clarify funding arrangements for TTIS (Test and Protect). Service continuity plans to be updated by GMs to ensure mitigation in place for temporary loss of staffing in critical services. To monitor in conjunction with Risk 21. (Datix 1849) Public Health are leading on this. Staff have been identified and this is being managed locally. Numbers are currently low and therefore impact may be reduced, however, uncertainties remain and this will be closely monitored	26/08/20 - There is currently only 1 clinical Fellow and 1 Bank Medic to cover Glenrothes and Cameron sites as the substantive Specialist Registrar remains on special leave. A request has been made for a further Clinical fellow, and if necessary, a Locum will be progressed via the relevant channels. 05/05/20 - Locum and ANP provision is adequate for the current period of time. 21/02/20- Speciality Dr plans to return to work after significant absence. Locum will be required to continue as no CDF from end of April. Acute services recruit CDF's and request ahs been made for 2 from August 2020. ANP and NP in place . Medical cover will continue to be required on both sites . 20/12/19- Risk now high. CDF only until the end of January, then just 1 CDF for Cameron. Locum extension requested. ANP commences in January 2020. Further review of medical staff and cover for the coming months to be discussed and actioned by HSM and Clinical director. Meeting early January. 08/07/19- clinical fellows X2 will commence in August 2019 until February 2020. in Cameron AND Glenrothes, locum cover is still required and in place Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019 01/08/18 - Monthly meetings taking place to monitor the current medical provision within the Cameron and Glenrothes Hospital sites. The Hybrid GP advertisement which has been on-going since November 2017 is to be revamped in an attempt to attract interest. Locum medical cover is in place in Cameron Hospital, and the aim is that this will be made permanent. There is a 3 month Service Level Agreement in place for Ward 1 with medics secured for Wards 2 and 3 for the next year. Ward 1, Glenrothes is still subject to re-design with the ward potentially evolving into a step-down facility.	17/01/2020 & 24/02/2020 All other previous actions continue. An NHS locum for a fixed term has started in September 2019 and an SpR who is on track to achieve Certification of Completion of Training in February 2020 applied to NHS Fife, but opted to take a post within NHS Forth Valley instead. NHS Lothian has given notice of cessation of PA and sessional input to NHS Fife, this is being followed up by the Clinical Lead. Agency Locum usage has been reduced to 1.0 wte. No candidates secured from participation in NHS Scotland International Recruitment Campaign.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (current)
3 - Moderate	4 - Major	4 - Major	Consequence (current)
Moderate Risk	High Risk	High Risk	Risk level (current)
9	16	16	Rating (current)
1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
1 - Negligible	1 - Negligible	4 - Major	Consequence (Target)
Very Low Risk	Very Low Risk	Moderate Risk	Risk level (Target)
1	2	8	Rating (Target)
Connor, Nicky	Kennedy, John	Burdock, Jeanette	Risk Owner
Sweeney, Avril	Nolan, Karen	Burdock, Jeanette	Handler
03/09/2020	03/09/2020	03/09/2020	Previous Review Date
05/03/2021	04/01/2021	05/03/2021	Next Review

Meeting:	Staff Governance Committee
Meeting date:	4 September 2020
Title:	Staff Governance Committee Revised Annual Workplan
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Bruce Anderson, Head of Staff Governance

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Staff Governance Committee agreed an Annual Work Plan in March 2020 to effectively manage the work of the Committee throughout the year. This was at the beginning of the Covid-19 pandemic. The committee agreed in July to formally suspend the work plan agreed in March and requested an amended plan is brought back to committee for agreement at the earliest opportunity. The attached plan is submitted to the committee for consideration.

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The paper is provided for:

- **Approval** – the committee is asked to approve the revised Staff Governance Committee work plan for 2020-2.

Report Contact

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

STAFF GOVERNANCE COMMITTEE – REVISED ANNUAL WORKPLAN 2020/21

	Lead	May	July	Sep	Oct	Jan	Mar
Governance		Cancelled due to Covid - 19					
Minutes of Previous Meetings	Chair	✓	✓	✓	✓	✓	✓
Minutes of other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Board Assurance Framework (BAF)	Director of Workforce	✓	✓	✓	✓	✓	✓
Review of Committee's Terms of Reference	Board Secretary						✓
Committee Self Assessment Report	Board Secretary						✓
Annual Assurance Statement	Board Secretary		✓				
Annual Workplan	Board Secretary						✓
Corporate Calendar – Committee Dates	Board Secretary			✓			
HR Policies Monitoring Update	Head of Staff Governance				✓		✓
Dignity at Work Action Plan	Head of Staff Governance					✓	
Whistleblowing	Director of Workforce				✓		
Brexit	Director of Workforce				✓	✓	✓
Risk Management	Director of Workforce					✓	
Planning							
Nurse Recruitment Update	Director of Nursing		✓				✓
Consultant Recruitment Update	Head of HR / Medical Director		✓			✓	
Workforce Strategy Update	Director of Workforce		✓				
Workforce Projections	Director of Workforce		✓				
Young People's Workforce Strategy	Director of Workforce				✓		
Digital Readiness	Head of eHealth						✓
Medical Revalidation Update	Medical Director				✓		
Performance							
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Attendance Management Update	Head of HR	✓	✓	✓	✓	✓	✓

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

STAFF GOVERNANCE COMMITTEE

INDICATIVE DATES FOR FUTURE MEETINGS

Date
Thursday 29 October 2020
Wednesday 13 January 2021
Thursday 4 March 2021
Thursday 29 April 2021
Thursday 1 July 2021
Thursday 2 September 2021
Thursday 28 October 2021
Wednesday 12 January 2022
Thursday 3 March 2022

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **10am**

A pre-meeting of Non-Executive Committee Members is routinely held, beginning at **9.30am**

* * * * *

Meeting:	Staff Governance Committee
Meeting date:	4 September 2020
Title:	Corporate Objectives
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Corporate Objectives 2020/21 were due to be agreed at the beginning of the financial year 2020/21 but due to COVID-19, this has been delayed. A different approach has been taken this year with a workshop with EDG to discuss and review the corporate objectives.

This paper details the collated output of the workshop for the purposes of allowing further refinement prior to the setting of 2020/21 objectives through appropriate governance routes.

This paper provides the board with a review of the Corporate Objectives for 2019/20 and also looks forward to 2020/21 with proposed objectives to be approved by the Board.

2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of

services due to Covid-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

As part of the annual revision and setting of NHS Fife corporate objectives, a virtual workshop was held with EDG using Microsoft Teams on 3 August 2020. The purpose of the workshop was two-fold. Firstly, to review the 2019/20 suite of strategic objectives, take updates on progress, including evidence of success or identify barriers which delayed delivery. Secondly, to agree objectives for 2020/21 taking particular cognisance of the recently developed and approved remobilisation plans.

2.3 Assessment

The summary will be presented using the four quadrants of governance: Quality, Operational Management, Finance and Workforce but based on the organisational objectives of Person Centred, Clinically Excellent, Exemplar Employer and Sustainable. The review of the corporate objectives 2019/20 provides assurance to the Board that strategic planning is adequate and progress and achievements are made against the corporate objectives. This year's corporate Objectives will be aligned to NHS Scotland's value rather than NHS Fife's Strategic Framework which will bring NHS Fife in line with most other boards in Scotland.

Quality

Good progress has been made to further embed good governance in clinical practice.

The review of the current objectives has identified a gap and the following new objectives are being proposed for 2020/21.

Ref	Objective
1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife
2.4	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment
2.9	Provide clinical support and professional leadership to Care Homes during 2020/21

The following objectives have been reworded and improved:

Ref	Objective
1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife
1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly
2.7	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value

On review, the following objectives from 2019/20 have been identified as having been completed or not relevant any longer.

Ref	Objective	Status
1.4	Improving equalities – Public Duties Act	Removed
2.1	Implement the Quality of Care Framework and reporting to the appropriate standing Board Committees, IPR and Board	Removed
2.3	Fully embed the organisational duty of candour requirements in all areas of NHS Fife	Completed

Operational Management

Some progress has been made in the transformation programme and the access standards continue to be challenging. Progress has been made against the standards but the pause of elective care during COVID-19 has meant that backlogs have increased and the focus in 2020/21 is to maximise available capacity.

The following new objectives have been identified for 2020/2021.

Ref	Objective
4.2	Review and refresh Fife's Clinical Strategy for 2021-2026
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed

The following objectives have been reworded and improved:

Ref	Objective
4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19
4.7	Develop performance framework to support delivery of Remobilisation Plan
4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place

There is one objectives removed from this category.

Ref	Objective	Status
4.2	Deliver the objectives of the NHS Fife / Health & Social Care joint transformation plan	Merged with 4.1

Finance

Financial governance continues to support the delivery of financial targets with the break even position relying on non recurring financial flexibility.

The following new objective has been identified:

Ref	Objective
4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre
4.6	Deliver medium term strategies for revenue and capital

There have been no objectives removed in this category.

Workforce

The Staff Governance Action Plan is reviewed regularly and delivered in partnership against Staff Governance standards.

There is one new objectives added and there have been no significant changes to the existing Corporate Objectives.

Ref	Objective
3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21

The following objective had been removed:

Ref	Objective	Status
3.3	Implement the 'Once for Scotland' policies as appropriate and prioritise the development of plans to support 'Promoting attendance at work' and the 'Health and well being of the workforce' policies	Completed
3.5	Increase and sustain participation in the iMatter staff engagement tool to ensure feedback received informs an action plan for 2020/21	Revised

Summary

The review of the corporate objectives for 2019/20 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2020/21 are now set out against NHS Scotland's values and are aligned to the Clinical Strategy.

2.3.1 Quality/ Patient Care

Corporate Objectives are aligned with providing high quality and good patient care.

2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

2.3.3 Financial

Corporate Objectives are aligned with financial implications

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Chief Executive 31 August 2020
- EDG 10 September 2020

2.4 Recommendation

The Clinical Governance Committee are asked to

- **Note** the revision of the Corporate Objective for 2020/21 and the changes therein.

3 List of appendices

The following appendices are included with this report:

- Corporate Objective 2020/21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

NHS Fife Strategic Objectives 2020/21



NHS Fife Strategic Objectives 2020/21							
Vision	Mission	Values	Objectives	Strategic Framework Objectives	Ref.	Corporate Objectives 2020/21	Lead Director
The people of Fife live Long and Healthy Lives	Transforming health and care in Fife to be the Best	Care & Compassion	PERSON CENTRED	<ul style="list-style-type: none">Listen to what matters to YOUDesign services in partnership with service users, carers and communitiesGive YOU choices and informationCreate environments that encourage caring and positive outcomes for allDevelop & redesign services that put patients first supporting independent living and self management	1.1	Improve complaints process to respond more effectively and efficiently to patient issues	Director of Nursing
					1.2	Improve patient, public and partner engagement and participation with on-going strategic change agenda	Director of Nursing
					1.3	To work with local partners to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.	Director of Public Health
					1.4	Create and nurture a culture of person centred approach to care recognising the COVID-19 sensitive situation	Medical Director
					1.5	Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director
					1.6	Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care
					1.7	To ensure effective resilience capacity in Fife and ensure the effective delivery of the Covid -19 Strategic Framework for Fife	Director of Public Health
			CLINICALLY	<ul style="list-style-type: none">Work with you to receive the best care possibleEnsure there is no avoidable harmAchieve & maintain quality standardsEnsure environment is clean, tidy, well maintained, safe and something to be proud ofEmbed patient safety consistently across all aspects of healthcare provision	2.1	Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
					2.2	Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
					2.3	Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
					2.4	Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
					2.5	Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care Director of Acute Services
					2.6	Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
					2.7	Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
		Dignity and Respect	EXEMPLAR	<ul style="list-style-type: none">Create time & space for continuous learningListen to & involve staff at all levelsGive staff skills, resources and equipment required for the jobEncourage staff to be ambassadors for Health and Social Care in FifeCreate high performing MDT through education & developmentEquip people to be the best leaders	3.1	Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
					3.2	Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
					3.3	Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
					3.4	Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
					3.5	Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
					3.6	Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
					3.7	Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing
		Openness, honesty	SUSTAINABLE	<ul style="list-style-type: none">Optimise resource for health & wellbeingEnsure cost effective and within budgetIncrease efficiency & Reduce WasteService redesign will ensure cost effective, lean and minimise adverse variationOptimise use of property & assets with our partners	4.1	Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Strategy, Planning and Performance
					4.2	Review and refresh Fife's Clinical Strategy for 2021-2026	Director of Strategy, Planning and Performance / Medical Director
					4.3	Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
					4.4	Deliver of Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
					4.5	Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
					4.6	Deliver medium term strategies for revenue and capital	Director of Finance
					4.7	Develop performance framework to support delivery of Remobilisation Plan	Director of Strategy, Planning and Performance
					4.8	Deliver effective corporate governance to the organisation	Director of Strategy, Planning and Performance
					4.9	Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
					4.10	Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.	Director of Health and Social Care
					4.11	HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.	Director of Pharmacy
Quality and							

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 22ND JULY 2020 AT 13:30 PM VIA MS TEAMS

Chair: Carol Potter, Chief Executive

Present:

Bruce Anderson, Head of Staff Governance	Angela Kopyto, British Dental Association
Kirsty Berchtenbreiter, Head of Workforce Development	Chu Lim, BMA
Wilma Brown, Employee Director	Andy Mackay, Deputy Chief Operating Officer
Helen Buchanan, Director of Nursing	Wendy McConville, UNISON
Nicky Connor, Director of Health & Social Care	Margo McGurk, Director of Finance
Linda Douglas, Director of Workforce	Dona Milne, Director of Public Health
Kevin Egan, UNITE	Louise Noble, UNISON
Andy Fairgrieve, Director of Estates, Facilities & Capital Services	Lynne Parsons, Society of Chiropodists and Podiatrists
Simon Fevre, British Dietetic Association	Jim Rotheram, Head of Facilities
Maryann Gillan, Royal College of Midwives	Andy Verrecchia, UNISON
Paul Hayter, UNISON	Rhona Waugh, Head of Human Resources
Joy Johnstone, FCS	Mary Whyte, Royal College of Nursing

In Attendance:

Graeme Forrest, Web Master (Presenting)
Susan Fraser, Associate Director of Planning & Performance (Presenting)
Kirsty MacGregor, Head of Communications (Presenting)
Janet Melville, Personal Assistant (Minutes)

		Actions
43/20	WELCOME, APOLOGIES AND INTRODUCTIONS	
	C Potter welcomed everyone to the meeting and apologies were noted from I Banerjee, A Nicoll and S Robertson.	
44/20	MINUTES OF PREVIOUS MEETING AND ACTION LIST	
	The minutes of the meeting held on 20 th May 2020 were accepted as a true and accurate record. The action list was reviewed. It was acknowledged that some actions may have to continue to be paused as priority is being given to the ongoing COVID-19 pandemic and remobilisation plans.	
	Action 10/20 – Attendance Management – Absence Categories R Waugh indicated that H Denholm, Head of Payroll and D Knox, SSTS System Manager have advised that the SSTS code(99) specifying sick leave as ‘unknown causes/ not specified’ can’t be removed from the system. It was therefore agreed the action could be closed. A communication will be issued to managers stating that this code should not be used.	RW/ Comms

	<p>Action 40/20 – Employee Relation Case Management during COVID-19 Pandemic</p> <p>W Brown was disappointed to note that a date hadn't yet been arranged for an additional Partnership Group meeting to discuss this subject matter. M-A Gillon raised her concerns that the individual does not have a say in the pausing of their case and that not all cases are being reviewed on a 4-weekly basis. L Douglas advised that if there is a material fact that is pertinent to the case and it would be detrimental to the person not to progress, the pause could be lifted. L Douglas agreed to a review of pending cases and if unreasonably stalled, appropriate action would be taken.</p>	<p>BA/ WB</p> <p>Operational HR team</p>
	<p>Action 112/19 – Staff Benefits Package</p> <p>R Waugh advised that the Staff Benefits Package, pulled together with assistance from Comms, had been circulated to APF members this morning, and requested colleagues send any comments they may have to her by 07 August 2020. It will then be published on StaffLink. It was therefore agreed to close the action.</p>	<p>All/ Comms</p>
45/20	MATTERS ARISING	
	<p>a. Core Training</p> <p>K Berchtenbreiter reported that having investigated the fall in the number of staff undertaking core training, it was discovered that only classroom delivery had been paused and staff had completed the training via the elearning modules. Therefore, overall, compliance rates are actually better than first thought. It was therefore agreed to close the action.</p>	
46/20	INTEGRATED PERFORMANCE & QUALITY REPORT	
	<p>It was agreed to return to this item once M McGurk was able to join the call. It was noted that the full IPQR, including the financial report is now being circulated in place of the previous finance-only paper.</p>	
	<p>APF <u>noted</u> the report.</p>	
47/20	REMOBILISATION PLAN PRESENTATION	
	<p>S Fraser advised that a document detailing NHS Fife's recovery and remobilisation of services plan has been prepared – in partnership and in consultation with key stakeholders within NHS Fife and Health & Social Care (H&SC) – and is currently progressing through the standing committees of the Board, prior to submission to the Scottish Government by the deadline date of 31 July 2020. The plan includes prioritisation of capacity and of service; consideration of changes required, including the increased use of digital solutions and other areas of innovation; and managing patient expectations. In addition, a timeline indicating services available at end of October 2020, end of March 2021 and in the future, when back to 'business as usual' is required. Another consideration is recovery of performance given the backlog of patients waiting to be seen. Winter planning, the impact on workforce and financial implications are also in the plan.</p> <p>H Buchanan confirmed that the most important things were the clinical</p>	

	priorities for the people of Fife and how to mobilise services safely. The Remobilisation Oversight Group (ROG) (due to stand down on 28 July 2020) has been determining how best to restart clinical services, given COVID-19 imposed constraints including physical distancing, deployed staff, relocated services. C Potter assured colleagues that although the ROG would no longer meet, the work is ongoing. The Gold Command Group is also being stood down and the Executive Directors Group (EDG) is now meeting fortnightly as a transition from 'emergency footing' back to 'business as usual'.	
	Hospital site access W Brown drew attention to hospital site access and that some entrances – which were closed to ensure a safe route through hospital areas during the COVID-19 pandemic – remain closed, meaning staff may need to take a circuitous path to their place of work and queried why swipe access was not made available to staff. A Fairgrieve indicated that the reopening of these entrances was being reviewed; however, clinical advice is being sought. J Rotheram advised that a swipe entry system is being arranged for the Phase 1 door at Queen Margaret Hospital (QMH) and should be installed soon. A Mackay reported that footfall to key areas of the Victoria Hospital (VHK) is being deliberately controlled, as visiting restrictions are lifted and A&E attendances are once again extremely high. Entrances will be opened cautiously and in stages. W Brown and A Verrecchia suggested that staff could have swipe access to relevant entrance doors. It was agreed to consider recruitment of a part time Security Officer(s) to manage access to the hospital/s rather than place a continued burden on Medical Records staff.	AF/ JR
	APF noted the plan.	
48/20	REGIONAL WORKING UPDATE RE COVID-10 POST LOCKDOWN	
	a. East Region Recruitment Transformation L Douglas confirmed that the work to establish a national recruitment service with standard processes and practices throughout NHS Scotland, had been stood down to focus on the COVID-19 pandemic, but is now actively being taken forward. The East Region is assessing, in partnership, a number of operating model options and undertaking high level financial appraisal. Following this, a business case will be developed and agreed, and submitted to each of the Boards for approval. In response to S Fevre's query on workforce cost implications, L Douglas advised that collaboration of East Region services would provide more for no more investment, and that over time, processes would become slicker and the systems would enable efficiencies to be made. A Mackay raised a concern that the current (NHS Fife) recruitment team is under-resourced and hoped the overall size of the regional team would be managed appropriately. L Douglas assured colleagues there would be no detriment of service and there is a commitment to benefits resulting from the transformation.	
	APF noted the update.	
49/20	ATTENDANCE MANAGEMENT	

	<p>a. Staff Health and Wellbeing Update</p> <p>R Waugh highlighted from the report that the health and wellbeing support put in place during the COVID-19 pandemic has been well-received – especially the Staff Support Hubs, Psychology support, Spiritual Care and online Mindfulness sessions – which links to the Endowment bid for longer-term support, and incorporates feedback received and aligns to Scottish Government direction. J Rotheram advised that the Squash Courts at the Victoria Hospital are being refurbished to provide a permanent location for the Staff Support Hubs. The Hubs have seen increased activity, staffing of which will require consideration as remobilisation continues and Psychology staff return to their substantive roles. The creation of similar facilities for staff working in Community Hospitals is being considered. S Fevre welcomed this approach as community-based staff are often unaware of available support and facilities in their area / don't find it convenient to travel to QMH or VHK. S Fevre suggested staff would appreciate being asked what support they would like, rather than presuming it is known what they need.</p> <p>R Waugh advised that a Gym Survey is being undertaken to capture staff views on physical activity – and this will be used as evidence for maintenance of the Gold Healthy Working Lives Award. There has been a lot of interest in this area, which could potentially progress to a future Endowment bid. S Fevre suggested it would be more beneficial to request increased discounts for NHS Fife staff for access to Fife Sports & Leisure Trust (FSLT) gyms to ensure availability across Fife and to avoid unnecessary insurance issues and organisational challenges for NHS Fife gyms. R Waugh indicated that she and J Rotheram were successfully negotiating a better deal with FSLT but this had been halted due to COVID-19, and FSLT now can't commit to the same deal in the current financial climate.</p> <p>R Waugh indicated that a Short Life Working Group on Managerial Support has been set up, and will be led by K Berchtenbreiter to look at resilience, fatigue, coaching and other support for managers.</p> <p>R Waugh thanked Comms for the sterling work done in promoting health and wellbeing support during the pandemic; and advised that "thank you" packs will soon be issued to staff. P Hayter advised he had heard that some staff are unhappy that public sector staff in England are to receive a pay rise as a reward for additional efforts during the COVID-19 crisis, whereas NHS Fife staff will be given a "thank you" pack – and suggested an appropriate communication is issued to inform staff that the generous £500,000 donation is being used to thank them and not Scottish Government monies.</p>	<p>RW/ Comms</p>
	<p>Attendance Management</p> <p>R Waugh reported that the absence rate continues to be <5% for the three months to end June 2020. Long-term absence has reduced; however 'mental health' remain the most prevalent reasons for absence, which links with the bid for continued staff support. The agreed absence trajectory for the Board is being met. April/ May 2020 figures have improved from the same period last year.</p> <p>R Waugh agreed to analyse whether the additional staff health and wellbeing initiatives have contributed to the improved figures.</p>	<p>RW</p>

	<p>Health and Safety</p> <p>W Brown, on behalf of staff side colleagues, drew attention to the wearing of PPE, in particular mask wearing for redeployed staff unused to wearing it or those with respiratory issues or who consequently suffer with contact dermatitis – and queried whether sufficiently robust local health and safety risk assessments have been undertaken and mitigations implemented, given the changes to practices and processes due to COVID-19. L Douglas advised that arrangements are in place locally to operationalise health and safety measures, with advice and guidance available. L Douglas also indicated that updated national guidance on health risk assessment is being drafted to ensure consistency of approach across the whole H&SC system, and in particular mindful of high-risk health issues, age, ethnicity etc and should be issued in the near future. N Connor indicated that within H&SC, Health & Safety reps had participated in discussions at the H&SC Local Partnership Forum and C Webster, Health & Safety Manager is looking for reps to participate in a SLWG to review current health and safety processes within H&SC. A Mackay agreed to liaise with A Verrecchia and the Senior Leadership Team to consider setting up a similar group within Acute Services. A Fairgrieve noted that C Webster and his team have been conducting spot checks of areas of concern.</p>	AM/ AV/ CW
	APF noted the updates.	
50/20	SHORT LIFE WORKING GROUP ON CULTURE UPDATE	
	<p>B Anderson explained that the Group had been set up in response to the Sturrock Report, but it was felt that all that was feasible in addressing the concerns from NHS Highland, had been achieved. The Group has looked at the changes to the working environment since COVID-19 and how they will impact on planning in relation to culture. The logistics of holding a partnership type virtual event at the beginning of 2021, including a Dignity at Work component, are being considered.</p>	SLWG on Culture
	<p>a. NHS Fife – Embedding Organisational Values</p> <p>K Berchtenbreiter advised that since NHS Fife had decided to adopt NHS Scotland's values, the project had stalled due to the focus on COVID-19. However, it is now deemed an opportune time to recommence the work by building on and capturing the caring and compassionate values and behaviours exhibited during the pandemic. There is a real need and appetite to embed these values in day to day operations. Useful feedback on the draft paper was received from the SLWG on Culture, Employee Director and EDG, which is incorporated in the current version. K Berchtenbreiter acknowledged that staff involvement is vital to co-create the desired behaviours, and leadership is key in championing the values. The paper sets out next steps and a behaviours framework. K Berchtenbreiter asked APF colleagues to approve the proposed process to allow the work to progress.</p> <p>W Brown thanked K Berchtenbreiter for the paper and indicated that it had been discussed at this morning's APF Staff Side meeting: it was agreed it is important to ensure the desired values are put into practice throughout the organisation and not just given 'lip service'.</p> <p>N Connor highlighted the complexities of integration and of aligning Fife Council and NHS Fife cultures. K Berchtenbreiter advised she is</p>	KB

		meeting with a Fife Council colleague in the near future to take this forward. S Fevre stressed the importance of maintaining the currently demonstrated values and behaviours and not regress to previous ways. C Potter agreed and welcomed the rounded approach outlined in the paper.	
		APF approved the report.	
51/20		COMMUNICATIONS	
	a.	StaffLink K MacGregor indicated that over 5,500 staff have signed up to StaffLink, which will replace the current intranet as of 2 September 2020. Areas being targeted for sign up are Community Pharmacy and GP practices, previously difficult to reach areas. Following the switchover to Office 365 and new email accounts, StaffLink will be available via Single Sign On authentication.	
	b.	NHS Fife Public Facing Website K MacGregor advised that the current website is over 8 years old and is no longer supported with security updates; and acknowledged that user experience and an audit report indicated it is not easy to navigate around, and the search function is unreliable. Following a tender process, Factory 73, who have designed and developed a number of NHS Scotland public facing websites, were appointed. Umbraco is the chosen content management system. K MacGregor and G Forrest guided members of the Forum through a virtual tour of the new website, functionality of which includes a strong search engine providing meaningful results, the ability to view the website on mobile devices and its AA rated accessibility standard (e.g. can change font size, contrast). The main subject areas are Services (for patients), About Us (governance arrangements), Work With Us (recruitment opportunities), Get Involved (volunteering, partnership working), News and Updates (latest news and media releases). There is also a rotating carousel on the homepage for advertising campaigns and a Find Your Nearest GP/ Pharmacy / Optician facility. Video and audio clips will most likely be added post-launch. The sign off bar includes social media links. There is also a link to StaffLink, and Staff Quicklinks will be migrated from the old intranet. The website is on schedule to 'go live' on 2 September 2020 and will evolve as user feedback is received.	
		APF noted the updates.	
52/20		POLICIES, PROTOCOLS AND CIRCULARS	
	a.	COSO 28 Employment of Bank Workers during COVID-19 B Anderson explained that the protocol was prepared to provide clarity for managers and staff on issues affecting bank staff during the COVID-19 pandemic and to ensure the staff are treated fairly and appropriately.	
	b.	HR49 - NHS Fife Menopause Policy (new) B Anderson advised it had been recognised that there is a need for	

		this new policy, given the female dominated and aging NHS Fife workforce, to ensure those affected are aware of the support available. The launch of the policy had been delayed due to COVID-19 and B Anderson requested APF members approve the policy so that it can be issued.	
		APF <u>approved</u> these policies.	
53/20	AOB		
		There was no other business.	
54/20	DATE OF NEXT MEETING		
		The next Area Partnership Forum meeting will be held on Wednesday, 23 September 2020 at 13:30 hrs via MS Teams.	

Unconfirmed

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 9 JUNE AT 10.15 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:

- Nicky Connor, Director of Health & Social Care (Chair)
- Simon Fevre, Staff Side Representative
- Claire Dobson, Divisional General Manager (West)
- David Heaney, Divisional General Manager (East)
- Alison Nicoll, RCN
- Bruce Anderson, HR Head of Staff Governance, NHS Fife
- Debbie Thompson, Joint Trades Union Secretary
- Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
- Elaine Jordan, HR Business Partner, Fife Council
- Hazel Williamson, Communications Officer
- Kenny McCallum, UNISON Fife
- Kevin Egan, UNITE
- Lynne Parsons, Society of Chiropodists and Podiatrists
- Mary Whyte, RCN
- Norma Aitken, Head of Corporate Services
- Susan Robertson, UNITE
- Wendy McConville, UNISON
- Wendy Anderson, H&SC Co-ordinator (Minute Taker)

IN ATTENDANCE:

- Craig Webster, NHS Fife Health & Safety Manager
- Kenny Grieve, Fife Council Health & Safety Lead Officer

APOLOGIES:

- Julie Paterson, Divisional General Manager (Fife-Wide)
- Wilma Brown, Employee Director, NHS Fife Council
- Helen Hellewell, Associate Medical Director
- Eleanor Haggett, Staff Side Representative

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 29 January 2020	
	<p>Nicky Connor wanted to pass on her thanks to everyone for their support over the last few months as we have coped with challenges and undertaken different ways of working due to the Covid-19 pandemic. We are now in a position to look at recovery and remobilisation as well as continuing to manage Covid-19. The Agenda today is a short one focusing on Health and Safety and Covid-19.</p> <p>Debbie Thomson agreed that staff had been remarkable and that the last few months had not been without their challenges. Volunteers on both the Council and NHS sides had also stepped in to ensure vulnerable clients were being supported. Simon Fevre echoed Debbie's sentiments.</p>	

NO	HEADING	ACTION
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3 HEALTH AND SAFETY UPDATE

Craig Webster, NHS Fife Health & Safety Manager and Kenny Grieve, Fife Council Health & Safety Lead Officer had been invited to the meeting for this item.

Kenny advised that the NHS Health and Safety Section have been providing service support and advice on an ad hoc basis during the pandemic. Guidance has been changing as we move forward. He advised that the previous issues with PPE appear to have settled down.

Craig confirmed that Fife Council had experienced similar issues, the main one being the availability of PPE. There has been confusion over some of the guidance which was being issued. Problems have been identified with some of the fluid resistant masks which certain staff groups were being asked to wear and these are being worked on at the moment.

Discussion took place around Risk Assessments and guidance and the need for Human Resources in both organisations to review current policies and guidance as a result of Covid-19 eg Home Working, PPE, etc.

There was also discussion about see through masks and sourcing appropriate fluid resistant masks as it appeared that there were no local suppliers. Nicky Connor will take this to colleagues in the Chief Officer Network and Gold Command Group to see if other organisations are facing similar issues.

Nicky thanked Craig and Kenny for their attendance and input to the meeting.

4 COVID-19

4.1 Reflection and Learning

Nicky Connor asked each person at the meeting to provide their thoughts on the Covid-19 pandemic.

Elaine Jordan believes this has been a great opportunity for the partnership to prioritise resources and that close working with partners has been positive. As we move forward guidance will be required to support the implementation of new processes and continue to build closer relationships between management and the trade unions.

Bruce Anderson felt that the partnership had worked well together and at pace to rise to the challenge and respond quickly to changes in guidance. Learning from the last few months will be useful as we move back towards a business as usual situation. Staff embraced the use of technology and responded well to working from home. Communications worked well.

David Heaney advised that in Social Work / Social Care a vast number of services continued to operate and decisions were able to be taken quickly and acted upon. Governance became more streamlined. The use of technology worked well. There will be the need to balance challenges as we begin to remobilise.

Debbie Thompson recognised the close working relationships which had been evident during the response to the pandemic. She commended Fife Council's IT Service which had stepped up to the mark. In the future home working will be available to many more staff than previously.

NO	HEADING	ACTION
4	COVID-19 (CONT)	
4.1	Reflection and Learning (Cont)	
	<p>Claire Dobson felt that leadership and communications had worked well across the NHS and there are indications that colleagues are connecting again. Community Hospitals were particularly hard hit. The Staff Wellbeing Hubs which have been established have been a great support to staff, giving them space to relax away from clinical areas. Claire wished to thank all staff who embraced different ways of working.</p> <p>Kevin Egan advised that despite an initial challenge to new ways of working, such as stopping visitors to the hospital, staff and patients had pulled together. Simon Fevre talked about the significant changes to how staff are now working and using technology to stay connected.</p> <p>Hazel Williamson felt the joined-up approach between Fife Council and NHS Fife worked well despite there being challenges along the way.</p> <p>Chuchin Lim spoke of difficult situations which had arisen and his interest in seeing how things now move forward. Nicky Connor offered to speak to Chuchin outwith the meeting to pick up any issues.</p> <p>Mary Whyte commended staff who had been deployed to other areas and those who returned to work from retirement.</p> <p>Wendy McConville spoke from a clinical perspective of the work which went in to keeping Covid-19 out of hospitals. Staff were now working in different ways and a lot of work had gone into reducing anxiety and this should continue going forward.</p> <p>Alison Nicoll felt it was good to see continuity as they were able to see the same patients which was good for patients and staff. Working from home is not for all staff.</p> <p>Norma Aitken spoke about the use of technology particularly Teams meetings which had been used for the recent Integration Joint Board meeting. Partnership staff have pulled together.</p> <p>Nicky Connor thanked everyone for their feedback which would be pulled together into themes along with the other feedback received from surveys and reflections from other teams. These have been unprecedented times and the way in which staff have embraced the changes has been remarkable.</p>	
4.2	Recovery, Remobilisation, Resilience	
	<p>Nicky passed on her heartfelt thanks to all staff in the partnership and now looked forward to remobilising and moving on.</p> <p>Simon Fevre agreed with Claire Dobson about the work undertaken by the Wellbeing Hubs and hoped that these could continue in the future, albeit scaled down if necessary. As we remobilise it will be important for management, trade unions and staff to be involved the process.</p> <p>Nicky Connor suggested that a joint statement be produced to include in the Directors Brief to recognise the challenges we have faced and will face going forward. This was agreed.</p>	<p>WA</p> <p>NC/HW/ SF/DT</p>

NO	HEADING	ACTION
5	AOCB	
	Following discussion it was agreed that the Local Partnership Forum will meet on a monthly basis for one hour between now and December 2020. Meetings are already set up for July, September and October. New dates to be identified for August, November and December and all meetings will be held virtually until further notice.	WA
6	DATE OF NEXT MEETING	
	Tuesday 21 July 2020	

DRAFT

Unconfirmed

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 21 JULY AT 10.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Jim Crichton, Interim PMO
Alison Nicoll, RCN
Anne McAlpine, NHS Fife (for Claire Dobson)
Debbie Thompson, Joint Trades Union Secretary
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Head of Strategic Planning Performance and Commissioning (for David Heaney)
Lynne Parsons, Society of Chiropractors and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

IN ATTENDANCE: Craig Webster, NHS Fife Health & Safety Manager
Kenny Grieve, Fife Council Health & Safety Lead Officer

APOLOGIES: Claire Dobson, Divisional General Manager (West)
David Heaney, Divisional General Manager (East)
Eleanor Haggett, Staff Side Representative
Gillian Tait, RCN
Hazel Williamson, Communications Officer
Kenny McCallum, UNISON Fife
Scott Garden, Director of Pharmacy and Medicine
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife Council

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
	Andrea Smith was due to attend the meeting on behalf of Scott Garden but was unable to join due to technical issues.	
	Nicky Connor welcomed Jim Crichton to his first meeting of the group.	
2	PREVIOUS MINUTES	
2.1	Minute from 9 June 2020	
	Accepted as accurate.	
2.2	Action Log from 9 June 2020	
	Simon Fevre went through each Item on the Action Log as follows.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES (Cont)	
2.2	Action Log from 9 June 2020 (Cont)	
	Item 1 – Fife Council Training – Elaine Jordan to speak to Diane Roth to pick this up. Simon Fevre advised that Bruce Anderson is collating this information for the LPF Action Plan. Further update at next meeting.	EJ/BA
	Item 2 – Urgent Care – Anne McAlpine will follow up with Claire Dobson, further update at next meeting.	AM
	Item 3 – Community Hospitals – discussions slowed due to Covid-19, will continue going forward. Simon Fevre suggested that a staff update would be useful. Nicky Connor agreed to meet with David Heaney and Claire Dobson to discuss Capacity and Flow and will follow this up. Capacity and Flow, in respect of Community Hospitals, to be on agenda for LPF meeting on 19 August 2020.	NC/DH/CD WA
	Item 4 – LPF Action Plan – no progress has been made on setting up a group to look at issues such as absence, training and registration. Simon Fevre will discuss with Bruce Anderson/Rhona Waugh.	SF/BA/RW
3	CHIEF OFFICER UPDATE	
	Nicky Connor expressed her thanks to Julie Paterson who leaves the partnership on 2 August 2020 for her significant contribution to Fife Council and Social Work and the integration within the Health and Social Care Partnership. Interim arrangements for the Senior Leadership Team have been put in place. Nicky updated the LPF on this and advised that there will be a review following three months. Debbie Thompson reminded the group that a Social Work Professional Lead was required to be in post to ensure staff could retain their SSSC registration. Nicky Connor advised that supervision sessions has been completed with Senior Managers just prior to Julie Paterson taking annual leave and is engaging with David Heaney, Kathy Henwood and HR to ensure that there are arrangements in place. Nicky provided an update on the current financial situation which was presented to the IJB held on 26 June 2020. There is close working ongoing between NHS Fife and Fife Council. It is recognised that there are a large number of variables which brings uncertainty regarding the financial impact and challenge. Going forward the situation should become clearer and will be reported to future LPF meetings.	
4	HEALTH AND SAFETY UPDATE	
	Craig Webster, NHS Fife Health & Safety Manager and Kenny Grieve, Fife Council Health & Safety Lead Officer had been invited to the meeting for this item. Craig advised that one issue affecting NHS staff at present is a lack of see through face masks for use with staff and patients who were hard of hearing. This is being looked at by a national procurement group as at present there	

NO	HEADING	ACTION
4	HEALTH AND SAFETY UPDATE (Cont)	
	<p>are no masks available which pass clinical standards. The use of Perspex screens, visors, hoods and a phone app which converts speech to text were discussed as potential solutions.</p> <p>Nicky suggested taking the issue of masks and assurance on risk assessments to the Health and Safety Forum which meets next week and an update would be brought to the next LPF. This was agreed.</p> <p>Lynne Parsons asked about governance and the support which was available for managers to assist with the large number of changes in health and safety guidance which are being dealt with and what this means to assurance in relation to risk assessments in the workplace.</p> <p>Craig advised that support is always available through written guidance, the telephone helpline and their generic e-mail address. Issues or concerns should be raised with the Health and Safety team in the first instance.</p> <p>Debbie Thompson felt that regular staff reminders would be useful to reinforce the health and safety message as more staff return to the workplace. Nicky Connor will pick this up in this weeks' Director's briefing, in conjunction with Simon Fevre and Debbie Thompson.</p> <p>Kenny Grieve advised that there are currently no PPE issues within Fife Council. Staff are being encouraged to undertake e-learning (including Fife Warden training) before they return to their workplace. Individual Risk Assessments will be carried out for staff who are in higher risk categories.</p> <p>Simon Fevre thanked Craig and Kenny for their attendance and input to the meeting and agreed that they should both be invited to foreseeable future LPF meetings to update on Health and Safety issues. Wendy Anderson will send invite to Craig and Kenny.</p>	NC/SF/DT
5	COVID-19	
5.1	Remobilisation & Staff Reflections	
	<p>A paper which had been discussed at the Integration Joint Board (IJB) meeting on Friday 26 June 2020 had been circulated with the agenda for the meeting. The paper outlined key priorities such as care home support, test and protect, outlined the structure for mobilisation and remobilisation and the themes identified within staff feedback to date.</p> <p>Nicky Connor presented an update on the remobilisation plan to March 2021. The presentation outlined the process for updating the Remobilisation Plan which is a joint plan between NHS Fife and the Health and Social Care Partnership.</p> <p>Consideration will have to be given to the reduced capacity in our facilities due to social distancing measures, living in a world with Covid as well as Winter pressures and prioritisation of a whole system approach. Covid-19 will have had a detrimental effect on key performance areas such as waiting times and financial issues and recovery will be required. Updated version of Mobilisation Plan is due to be sent to Scottish Government on 31 July 2020 and this presentation is sharing awareness for LPF members.</p>	NC

5 COVID-19 (Cont)

5.1 Remobilisation & Staff Reflections (Cont)

Fiona McKay advised that a number of enquiries have been received regarding the reopening of Day Services, which cannot happen until the Care Inspectorate produce guidance on this. Plans are already in place for respite and day services to resume once the go ahead has been given.

Simon Fevre asked about the Remobilisation Oversight Group meetings which stop at the end of July 2020. How will the work they have been doing be taken forward? Jim Crichton advised that all service remobilisation plans should have been received by the end of July and work is ongoing to reconstitute the Transformation Change Oversight Group.

Simon thanked Nicky for her presentation.

5.2 Remobilisation

General Update

Covered under Nicky Connor's presentation.

Recruitment

Elaine Jordan has contacted Managers who currently hold Fife Council / HSCP vacancies and is going to provide a status update in the near future. Simon agreed to catch up with Bruce Anderson to support reports from NHS Fife.

EJ/SF

Return to Work Guidance

Elaine Jordan had provided an update on this, from a Fife Council perspective, via a presentation which had been circulated with the papers for the meeting. There had been some queries from NHS managers regarding the guidance in relation to return to work from Shielding and holidays. Nicky advised that this has been raised at EDG and the Director of Human Resources has advised that guidance will be issued.

Attendance Management

Elaine Jordan had provided an update on this, from a Fife Council perspective, via a presentation which had been circulated with the papers for the meeting.

Norma Aitken advised that Rhona Waugh, NHS Fife is collating information on this for NHS Fife. A report to be requested for next meeting.

NA

Health and Wellbeing

Elaine Jordan had provided an update on this, from a Fife Council perspective, via a presentation which had been circulated with the papers for the meeting.

Simon Fevre advised that a paper on this had gone to a recent NHS Fife Staff Governance Committee giving details of services available to NHS and HSCP staff.

6 AOCB

Nothing.

7 DATE OF NEXT MEETING

Wednesday 19 August 2020

Meeting:	Staff Governance Committee
Meeting date:	4 September 2020
Title:	'Our Turn to Care' vouchers for staff
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

Health Boards across Scotland, with the approval of the Scottish Government, are to receive an allocation of hospitality vouchers from Gleneagles Hotel, to thank staff for their efforts over recent months. In total, Gleneagles have committed to 365 vouchers per year for the next five years and these have been allocated on a pro-rata basis across all Health Boards by the Scottish Government. NHS Fife's annual allocation has been determined based on population size / employee numbers. This paper outlines how the Board might accept this generous offer and then allocate them appropriately to staff.

2.2 Background

The essence of the vouchers is to say "thanks" to colleagues within the health professions who are continuing to do so much to help at this unprecedented time. The 'Our Turn to Care' vouchers allow the bearer the following benefits:

- 1) They are based on two people sharing a Manor Double or Twin Room for one night including a full Scottish breakfast.
- 2) The vouchers will be valid from the 1st September 2020, until the 31st August 2021. No extensions are possible as the next batch of vouchers for 2021/22 will be sent out in

August next year and so on until 2025. They will all be subject to availability and excluding Easter and the Festive season.

- 3) Complimentary transfers will be available upon request from Gleneagles railway station to the Hotel, if travelling by rail.
- 4) There is unlimited use of the leisure facilities at The Club. These facilities will be set out in more detail on the voucher.
- 5) Additional food and beverage, outwith the offer, must be settled by each individual upon departure.
- 6) Valid NHS or occupation identification must be shown upon arrival, alongside the original voucher. No photocopies will be accepted. A unique code will be on each voucher and full details will also inform people of how to make a reservation.

The vouchers were initially offered to the Endowment Fund, as the charity, but the Fund is unable to accept vouchers for staff.

Each Board are free to create their own process for distributing the vouchers, though the following principles have been agreed nationally for distribution:

- The offer is inclusive to the whole health and social care workforce in the local area (through Integrated Joint Boards/Health & Social Care partnerships – the allocation for territorial boards has been weighted to account for extended offer to social care workforce);
- The offer is distributed fairly in a non-discriminatory way that provides an equal opportunity for staff to participate; and
- Meets local governance and risk standards

2.3 Assessment

The Scottish Government is supportive of the scheme and has confirmed that the offer is not in conflict with governance arrangements as described in the Scottish Public Finance Manual. The receipt of gifts and hospitality by individual staff is regulated by an internal policy on Standards of Business Conduct. However, as has been confirmed by other Boards who have already agreed to take part, it is clear that the offer is not made to an individual but to the Board overall as a corporate body. Additionally, the offer is made in recognition of the hard work of staff and nothing is required in return.

It is therefore suggested that the Board accept the vouchers and allocate to staff accordingly, ensuring the decision to accept is considered through the governance structure and appropriate governance is put in place around their distribution, as per the principles above.

Consideration would need to be given as to how to distribute the vouchers fairly and equitably, across the full range of staff within health and social care. One Board (GG&C) has created a 'randomiser' to allocate individual vouchers to staff who email interest in

participating. A small number of their allocation will also be reserved to promote the completion of two staff surveys linked to the Board's pandemic response.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

Participating in the scheme will be beneficial for the workforce overall, in that staff are the main beneficiaries, over the five-year period of the scheme.

2.3.3 Financial

There is not expected to be any financial impact to the Board as a result of accepting these vouchers.

2.3.4 Risk Assessment / Management

Risk Assessment of the proposed means of distributing the vouchers will need to be undertaken.

2.3.5 Equality and Diversity, including health inequalities

An EQIA on the proposed means of distributing the vouchers will need to be undertaken.

2.3.6 Other impact

Accepting the offer provides an opportunity to issue positive communication about the efforts of staff during the pandemic and the national recognition of that from outwith the organisation.

2.3.7 Communication, involvement, engagement and consultation

Via the Charity Manager, consultation with the Scottish Government and other Boards has taken place.

2.3.8 Route to the Meeting

This paper has been initially reviewed by the Chief Executive, Director of Finance, Director of Workforce, Employee Director and Charity Manager. It is also being considered by the Finance, Performance & Resources Committee, at its meeting of 8 September 2020.

2.4 Recommendation

The Committee is invited to reach a:

- **Decision** – on the proposed acceptance of the vouchers for staff and NHS Fife's participation in the scheme.

Report Contact

Gillian MacIntosh

Board Secretary

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