NHS Fife Staff Governance Committee

29 October 2020, 10:00 to 12:00
Via MS Teams

Agenda

1. Apologies for Absence

Margaret Wells

2. Declaration of Members' Interest and Chairs opening Remarks

Margaret Wells

3. Minutes of Previous Meetings held on 4 September 2020

Enclosed

Margaret Wells

Item 3 Board Committee Minute - Staff Governance 040920.pdf (6 pages)

4. Action List

Enclosed

Margaret Wells

Item 4 Table of Actions from mtg on 4th September 2020 (2).pdf (1 pages)

5. Matters Arising

5.1. Return to Work Guidance distribution of paper copies

verbal

Rhona Waugh

6. Covid-19 Update

6.1. Workforce Update

Presentation

Linda Douglas

7. Quality, Planning & Performance

7.1. Integrated Performance and Quality report

Enclosed

Linda Douglas

Item 7.1 SBAR SG Committee.pdf (3 pages)

Item 7.1 IPQR Oct 2020.pdf (49 pages)

7.2. Staff Health & Wellbeing inc Promoting Attendance Update

Enclosed

Rhona Waugh

Item 7.2 Staff Governance - Staff Health and Wellbeing incl Promoting Attendance - 29.10.20 V0.2.pdf (13 pages)

7.3. Youth Employment Strategy Update

Enclosed

Bruce Anderson

Item 7.3 Staff Governance Committee Youth Employmant Strategy Update V0.4.pdf (4 pages)

7.4. South East Payroll Services Consortia Business Case

Enclosed

Margo Mcgurk

- Item 7.4 SG SBAR on Payroll Services Consortium Business Case (1).pdf (3 pages)
- Item 7.4 Business Case - January 2020.pdf (71 pages)

7.5. Workforce Planning Guidance Update

Enclosed

Linda Douglas

- Item 7.5 Workforce Planning Guidance Part 01 Paper - 29 10 2020 V0.2.pdf (3 pages)
- Item 7.5 Workforce Planning Guidance - Part 2.pdf (5 pages)

7.6. East Region Recruitment Transformation

Enclosed

Linda Douglas

- Item 7.6 East Region Recruitment Transformation Part 01 Paper.pdf (3 pages)
- Item 7.6 East Region Recruitment Transformation Part 02 Appendix Business Case v4.pdf (98 pages)

7.7. Winter Plan

To Follow

Helen Buchanan

8. Governance

8.1. Board Assurance Framework Workforce Sustainability

Enclosed

Linda Douglas

- Item 8.1 Board Assurance Framework - 29.10.20 with Aps V0.2.pdf (5 pages)

8.2. HR Policies Monitoring Update

Enclosed

Bruce Anderson

- Item 8.2 Staff Governance Committee HR Policies Monitoring Update.pdf (3 pages)

8.3. Whistleblowing Standards Update

Enclosed

Bruce Anderson

- Item 8.3 Whistleblowing Standards Update.pdf (4 pages)
- Item 8.3 Appendix 1 Cabinet Secretary Letter re INWO Whistleblowing Standards.pdf (2 pages)
- Item 8.3 Appendix 2 Whistleblowing Standards Bulletin from the SPSO.pdf (4 pages)

8.4. EU Withdrawal (Brexit) update

Enclosed

Linda Douglas

- Item 8.4 Staff Governance - EU Withdrawal (Brexit) Update.pdf (3 pages)

9. Linked Committee Minutes and Annual Reports-for Information

9.1. **Minute of the Area partnership Forum Dated 24 September 2020 (Unconfirmed)** — Enclosed

Item 9.1 APF Minutes230920 V0 1.pdf (7 pages)

9.2. **Minutes of the Health & Social care Partnership LPF dated 15 September 2020 (Unconfirmed)** — Enclosed

Item 9.2 Draft Unconfirmed LPF Minute 150920 (1).pdf (4 pages)

9.3. **Minutes of the NHS Fife Strategic Workforce Group Meetings dated 16 June 2020 and 20 August 2020 (Unconfirmed)** — Enclosed

Item 9.3 SWG Minutes190620 V0.2.pdf (7 pages)

Item 9.3 SWG Minutes200820 V0.3.pdf (5 pages)

10. **Issues/Items to be Escalated** — Margaret Wells

11. **Any Other Business**

12. **Date of Next meeting: 15 January 2021 Via MS Teams (TBC)**

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 04 SEPTEMBER 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
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum
Alistair Morris, Non-Executive Director
Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director
Andy Verrecchia, Co-Chair, Acute Local Partnership Forum

In Attendance:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Rhona Waugh, Head of Human Resources
Audrey Crombie, PA to Linda Douglas (Observing)
Janet Melville, PA to Bruce Anderson and Kirsty Berchtenbreiter (Minutes)

Prior to commencing the meeting, the Chair noted that Helen Bailey is absent from work unwell; extended the Committee's best wishes to her; and thanked Helen Bailey for her valuable support to the Committee. The Chair asked L Douglas to convey this message to Helen.

The Chair welcomed J Melville and thanked her for taking the notes of the meeting, and advised the echo pen was being used. The Chair also welcomed Audrey Crombie, temporary Personal Assistant to L Douglas who was observing the meeting today and would be providing secretarial support at future meetings.
The Chair welcomed members and attendees to the meeting and introductions were made.

The Chair confirmed that the NHS is still on an emergency footing across Scotland, although remobilisation is on course, back to 'business as new normal'. The Chair expressed her thanks to everyone, whose hard work had maintained services during the pandemic. The Chair also wished to record thanks, on behalf of the Committee, to Staff Side colleagues who had tirelessly supported and represented staff at the Area Partnership Forum (APF), Local Partnership Fora and the Gold, Silver and Bronze Command Groups during the pandemic situation.

01. Apologies for Absence

Apologies were received from attendee Andrew Mackay, Deputy Chief Operating Officer.

02. 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.

03. Minute of the Previous Meetings held on 03 July 2020

The minutes of the previous meeting were formally **approved** as an accurate record, with the amendment that no change had been made to the scheduling of APF meetings during the COVID-19 pandemic.

04. Action List

The Chair invited L Douglas to provide an update and requested that as services remobilise, 'paused due to COVID-19' is now removed from the Action List and appropriate dates are provided. L Douglas reported that work on revising the Board Assurance Framework has commenced and is progressing. B Anderson suggested that this Action, 22/20.1, could therefore be removed from the Action List. In relation to Action 24/20.1 Staff Governance Action Plan, work is being taken forward, so the Action List can be updated to reflect this.

The Committee **noted** the current status of the Action List and **agreed** to the removing of Action 22/20.1 as above.

Action: BA

05. Matters Arising

W Brown highlighted that in addition to 'Return to Work' guidance being published on StaffLink, it had been agreed to provide alternative means of accessing the information. R Waugh indicated that printed copies should have been made available within workplaces and agreed to follow this up.

Action: RW

S Fevre advised that he finds it time consuming to locate specific information on StaffLink; it is not clear where items are to be found. L Douglas recounted this had been highlighted at the recent Silver Workforce Group with a request that the matter be investigated. L Douglas suggested it might be helpful to arrange for a member of the Communications team to provide a demonstration of the app at a future APF Staff Side meeting.

06. COVID-19 UPDATE

06.1 Workforce Update

L Douglas indicated that work is ongoing to support workforce requirements for the Test & Protect team: supplementary staff are being drawn from the pools of retirees, friends and family campaign and existing bank workers. There is also a focus on staffing for the Immunisation programme: it will be more extensive this year as the cohort of eligible individuals has increased and it is envisaged there will be greater uptake than in previous years.

As remobilisation of normal services continues, together with the need to redeploy staff for ongoing COVID-19 activities, Test & Protect and seasonal flu vaccination, it was suggested it would be helpful to have an overview of the costs involved with the additional workforce requirements. C Potter advised that a paper is going to the Cabinet Secretary, on behalf of Directors of Public Health and Chief Executives across Scotland, in which the potential scale of the challenge in terms of the workforce and investment perspectives is outlined. H Buchanan advised that locally, a Gold Command Group had been stood up to prioritise the mobilisation of services and manage vaccinations, with an operational group tasked with sourcing staff.

A concern was raised regarding the number of fixed term short period contracts issued to cover e.g. Test & Protect posts and it was suggested this could lead to redeployment challenges in the months to come. The Committee was given assurance that the situation would be closely monitored and sensitively managed.

The Committee **noted** the report.

07. QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1 Integrated Performance and Quality Report

R Waugh talked to the section on Sickness Absence, which details NHS Fife's position for the past 12 months; key challenges faced; and the NHS Scotland rates on which NHS Fife's targets and improvement actions are based. Reporting has moved on from specific COVID-related information. The absence rate of 4.85% is an improved position on the equivalent period last year, but it is difficult to draw any specific conclusions given the pandemic situation. Promoting Attendance activity is being stood up as is the long term sickness absence work. It was noted that the SSTS code (99) specifying sick leave as 'unknown causes/ not specified' can't be removed from the system; however, a communication has highlighted to managers that this code should not be used in order that the correct reason is attributed to the period of absence.

M Wells queried, at 20.2, the 'awareness raising of support for staff to be concluded by April 2020'? L Douglas confirmed it has been concluded and the document will update with revised wording.

Action: LD

The Committee **noted** the report.

07.2 Staff Wellbeing Update

R Waugh presented the update which provides an overview of recent health and wellbeing activity within the Board; with additional information on the Staff Support Hubs; and the Good Conversations and Mindfulness approaches. The Bronze Health & Wellbeing Group and the NHS Fife Well at Work Group are combining efforts to take forward the Well at Work agenda, starting with a review of the Health & Wellbeing Strategy, given the rapid and many changes to work and personal life during the COVID-19 situation.

The Committee noted that the capacity to provide sustained and suitable support interventions for staff health and wellbeing, and the means to remobilise patient services, is being closely monitored; with a paper going to EDG next week. It was acknowledged that there is significant online staff support available both locally and nationally; although the consequences of COVID-19 and longer term needs may only arise over time. It was highlighted that digital resources are not always a good substitute for face-to-face contact, and it was requested that staff support by Psychology and Spiritual Care services be continued locally. C Potter indicated that there is a commitment nationally for ongoing investment in mental health support for NHS staff.

The Committee **noted** the update.

07.3 a. Core Training Update

K Berchtenbreiter reported that compliance across the nine subject areas at 76%, is a 4% improvement on last year. Some areas show 100% compliance which may be due to staff

refreshing their training early, leading to double counting. Steps are being taken to more robustly monitor and address the take up and recording of core training. The appendix details the data quality and data sources, and the challenges faced in obtaining definitive figures. It was noted that the use of elearning modules has increased significantly. Figures for core training may dip in the coming months as practical training previously delivered face-to-face is reconfigured to a suitable format within COVID-19 constraints.

The Committee **noted** the update.

b. Appraisal and Personal Development Plan Review Update

K Berchtenbreiter advised that TURAS Appraisal has been fully operational for 28 months. There was a positive improvement last summer but COVID-19 has had a detrimental impact as the pandemic was focused on and PDPR paused; compliance is currently at 43%. Although managers have been notified that they should now be undertaking PDPR meetings, facilitated via MS Teams, the Committee was disappointed that managers and staff have been unable to make time to engage in this important activity; culturally it sends out the wrong message. It was suggested that conversations are taking place; but are not yet formally recorded on the TURAS system. The Committee was assured that the approach is being reviewed and remedial action will be taken to improve the overall position and aim of achieving the 80% target.

The Committee **noted** the update.

07.4 Staff Experience - Everyone Matters Pulse Survey

B Anderson confirmed that the iMatter Employee Survey had been paused this year. However, capturing staff experience and wellbeing during COVID-19 was important and therefore a national survey was created at short notice. B Anderson acknowledged the huge contribution of Douglas Kidd, Workforce Information Officer on behalf of NHS Fife in preparing for the launch of the survey. B Anderson guided the Committee through the questionnaire which is open to all of NHS and Health & Social Care staff. The initial response has been promising. The survey reports produced will be at Board and Directorate levels only.

The Committee **noted** NHS Fife's participation in the Everyone Matters Pulse Survey 2020.

08. GOVERNANCE

08.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee. There are four ongoing operational risks: continuing national shortage of Radiologists; recruitment and retention of Medical staff within Community Hospitals; workforce requirements for Test & Protect; and Mental Health workforce requirements. The Committee was assured that the risks are regularly reviewed, status updated; and mitigating actions refreshed as required.

The Committee **noted** the content of the report; and **approved** the current risk ratings and workforce sustainability elements of the Board Assurance Framework.

08.2 Staff Governance Committee Revised Annual Workplan

B Anderson recalled that at the last meeting, the Committee had agreed to pause the Workplan and review it at a later date, due to the focus on COVID-19. B Anderson talked to the revised Workplan: key issues have been reallocated to the remaining meeting dates.

Following a brief discussion, it was proposed that both 'Core Training' and 'Appraisal' are brought to the January 2021 meeting. It was requested that for clarity, 'iMatter Update' be amended to'iMatter/ Pulse Survey Update'.

The Committee **approved** the revised Staff Governance Committee Workplan for 2020/21, subject to the above amendments.

08.3 Schedule of Dates for Future Meetings

G MacIntosh presented the routine paper as part of the process of creating the Corporate Calendar. The dates largely follow the schedule of previous years; there have been some minor changes to avoid clashes with the Integrated Joint Board. G MacIntosh advised, that if the Committee were content with the dates, she would issue calendar invitations as usual.

The Committee **noted** the dates of future meetings.

08.4 NHS Fife Corporate Objectives

C Potter explained that the previous year's objectives and those for the year ahead had been considered at a recent Executive Directors Group workshop; they remain consistent but recognise where work has now concluded and new priorities have arisen. The appendix of the paper sets out details of the proposed objectives, which will be submitted to the Board to comply with governance arrangements.

The Committee **noted** the revision of NHS Fife's Corporate Objectives for 2020/21.

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

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

The Committee **noted** the minutes.

09.2 Minutes of the Health & Social Care Partnership Local Partnership Forum dated 9 June 2020 (confirmed) and 21 July 2020 (unconfirmed)

The Committee **noted** the minutes.

10. ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:

- Issues around Appraisal/ PDPR – the importance of embedding the process and seeking staff engagement.
- Absence rates – and to take account of the COVID-related absence rate.

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

Action: MW/LD

11. ANY OTHER BUSINESS

11.1 Our Turn to Care Vouchers

C Potter explained the background to the paper, indicating that 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. Staff from the whole health and social care community in Fife would be eligible to be randomly picked to receive a voucher. It was agreed that the communication issued would need to clearly detail what hospitality is and isn't included so that individuals could make an informed decision to participate in the voucher scheme. A short discussion followed in relation to the appropriateness of accepting 'gifts'or 'sponsorship' from companies.

The Committee agreed to **accept** the proposal and to **participate** in the scheme.

Date of Next Meeting: 29 **October 2020** at 10am via MS Teams.

NHS Fife

TABLE OF ACTIONS from
STAFF GOVERNANCE COMMITTEE MEETING
Held on 4th September 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
4.09.20				
Item 05.	Check that printed copies of the "Return to Work Guidance" have been distributed.	RW		Completed Paper copies distributed
Item 10.	Items to be highlighted to the Board	MW	29th October 2020	Completed presented to the Board 30 September 2020

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**30 October 2020**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This is presented to the Staff Governance Committee for:

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

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

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

The May meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July.

2.3 Assessment

The IPQR has been changed for FY 2020/21, to include improvement actions which reflect the challenges imposed by the COVID-19 pandemic. These reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic, and recovery is being planned in stages. The Scottish Government have been provided with a plan which forecasts recovery trajectories in the period up to the end of the FY, and progress against this is included in the IPQR at Annex 1. The projections take account of additional funding provided by the Scottish Government.

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

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.39% for 2020/21 (4.00% is the LDP Standard)	4.58% in August 2020 (better than the planned improvement trajectory for 2020/21 at this stage, but may be misleading in view of way that COVID-19-related absence is being reported)

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

Standing Committees and Board Meetings were cancelled in May, but restarted in July, and the October IPQR will be available for discussion at the round of October/November meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 22nd October. It was then authorised for release to Board Members and Standing Committees.

2.4 Recommendation

The SG Committee is requested to:

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

3 List of appendices

None

Report Contact
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Fife Integrated Performance & Quality Report

Produced in October 2020

NHS Fife

Introduction

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

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 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.

As part of the JMP, a spreadsheet showing projected activity across critical services during the final 3 quarters of FY 2020/21 has been created and is being populated with actual figures as we go forward. In order to provide as up-to-date information as possible, some of the figures are initially provisional, and will be corrected if necessary the following month. The latest version of this is shown in Appendix 1.

Improvement Actions in the drill-downs 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.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 1 (3%) **AMBER** and 15 (52%) **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:

- Stage 2 Complaints Closure (ahead of improvement trajectory for FY 2020/21)
- Diagnostics Waiting Times (significant progress towards recovery of pre-pandemic position)
- Sickness Absence (ahead of improvement trajectory for FY 2020/21, but remembering that figures do not include COVID19-related absence)

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 6 (21%) within upper quartile, 19 (65%) in mid-range and 4 (14%) in lower quartile.

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

Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-19	48	Jul-20	26	Aug-20	33	↓		N/A		
	N/A	HSMR	N/A	Year Ending	Mar-19	N/A	Dec-19	1.02	Mar-20	1.01	↑	YE Mar-20	1.01	●	1.00
	N/A	Inpatient Falls	5.97	Month	Aug-19	6.55	Jul-20	9.25	Aug-20	7.30	↑		N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-19	1.16	Jul-20	1.97	Aug-20	1.71	↑		N/A		
	N/A	Pressure Ulcers	0.42	Month	Aug-19	0.65	Jul-20	0.75	Aug-20	1.10	↓		N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-19	2.0%	Mar-20	0.9%	Jun-20	2.3%	↓	QE Dec-19	2.3%	●	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Aug-19	14.6	Jul-20	8.7	Aug-20	15.1	↓	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Aug-19	9.6	Jul-20	8.5	Aug-20	6.4	↑	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Aug-19	10.1	Jul-20	5.8	Aug-20	5.5	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Aug-19	2.1	Jul-20	5.3	Aug-20	6.4	↓	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Aug-19	34.9	Jul-20	42.2	Aug-20	52.1	↓	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Aug-19	34.1	Jul-20	37.2	Aug-20	39.3	↓	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-19	75.0%	Jul-20	72.4%	Aug-20	74.3%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-19	58.3%	Jul-20	25.7%	Aug-20	36.4%	↑	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-19	100.0%	Jul-20	100.0%	Aug-20	100.0%	↔		N/A		
	95%	4-Hour Emergency Access	95%	Month	Aug-19	93.6%	Jul-20	96.1%	Aug-20	95.4%	↓	Aug-20	95.4%	●	92.9%
	100%	Patient TTG (Ongoing Waits)		Month	Aug-19	89.9%	Jul-20	20.2%	Aug-20	30.0%	↑	Jun-20	15.5%	●	17.3%
	95%	New Outpatients Waiting Times		Month	Aug-19	95.0%	Jul-20	41.1%	Aug-20	50.0%	↑	Jun-20	32.1%	●	28.5%
	100%	Diagnostics Waiting Times		Month	Aug-19	97.6%	Jul-20	51.4%	Aug-20	78.3%	↑	Jun-20	37.4%	●	35.4%
	95%	Cancer 31-Day DTT		Month	Aug-19	97.0%	Jul-20	98.1%	Aug-20	96.1%	↓	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT		Month	Aug-19	84.0%	Jul-20	88.2%	Aug-20	84.3%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT		Month	Aug-19	82.0%	Jul-20	69.2%	Aug-20	64.0%	↓	Jun-20	84.8%	●	79.6%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	↓	2017, 2018	25.1%	●	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-19	8.0%	Jul-20	6.2%	Aug-20	7.8%	↓	QE Dec-19	7.2%	●	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-19	71	Jul-20	46	Aug-20	54	↓	Aug-20	14.46	●	14.68
	80%	Antenatal Access	80%	Month	Nov-18	85.3%	Oct-19	88.4%	Nov-19	83.3%	↓	2018/19	91.3%	●	87.6%
	473	Smoking Cessation	TBC	YTD	May-19	101.3%	Apr-20	15.0%	May-20	24.1%	↓	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times		Month	Aug-19	74.8%	Jul-20	62.8%	Aug-20	57.8%	↓	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Aug-19	65.2%	Jul-20	74.5%	Aug-20	77.9%	↑	QE Jun-20	69.7%	●	74.3%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-19	95.0%	May-20	86.5%	Jun-20	93.4%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support		Annual	2017/18	86.7%	2018/19	93.9%	2019/20	91.6%	↓	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals		Annual	2017/18	55.4%	2018/19	60.7%	2019/20	57.6%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-19	68.6%	Jul-20	75.7%	Aug-20	78.0%	↑		N/A		
Finance	N/A	Revenue Expenditure	£0	Month	Sep-19	N/A	Aug-20	+£7.748m	Sep-20	+£1.859m	↑		N/A		
	N/A	Capital Expenditure	£12.968m	Month	Sep-19	N/A	Aug-20	£2.751m	Sep-20	£3.323m	↑		N/A		
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Aug-19	5.44%	Jul-20	5.06%	Aug-20	4.58%	↑	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) Reduce falls with harm by 20% by December 2020	2.16	Aug-20	2.16	Aug-20	1.71	N/A	N/A
An increase in the fall trajectory has been noted over the COVID-19 period.The previous report highlighted changes in the environment and patients pathways as a result of COVID and this remains under review. It is likely that there are a number of factors that have contributed to this including; the change in occupancy and patient placement (i.e. red and green side rooms). In addition staff were relocated to other areas to work during this period. Work continues to monitor and support areas as identified with the most recent report noting improvement.							
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Aug-20	1.10	N/A	N/A
The collaborative is underway within the Acute Services with 3 wards taking part. One the 12-week periods is over, and another 3 wards within Acute Services will commence. A holistic approach is being taken in respect of the collaborative within HSCP. The Quality Improvement Collaborative - the main features are to reduce falls, reduce pressure ulcers and to increase quality of care rounding and measure compliance.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	QE Jun-20	2.5%	QE Jun-20	2.3%	QE Dec-19	●
SSI surveillance has been paused due to the ongoing global pandemic. Maternity services have continued to monitor C-section SSI rates from January 2020 onwards. This data is reported in the IPQR; however, please note that it is unverified with no National comparison and does not follow the agreed methodology.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Aug-20	19.5	QE Aug-20	15.1	QE Jun-20	●
Surveillance for SABs has continued throughout the COVID-19 pandemic. For Q2 2020 NHS Fife was below the national comparator for HCAI SABs, although above for Community SABs. Although the rate remains below the target trajectory for HCAI SABs, August was a disappointing month with 7 HCAI SABs including 4 renal unit VAD SABs and 1 PVC-related infection. There have been 3 PWID SABs so far in 2020.							
C Diff We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022	6.5	QE Aug-20	6.7	QE Aug-20	5.5	QE Jun-20	●
CDI surveillance has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for HCAI & CAI CDIs, and we have been below the reduction improvement trajectory since July. Recurrence of infection has been the continued focus with pioneering treatment to sustain reduction of rates.							
ECB We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022	33.0	QE Jun-20	36.6	QE Aug-20	52.1	QE Jun-20	●
Surveillance for ECBs has continued throughout the COVID-19 pandemic. For Q2 2020, NHS Fife was below the national comparator for healthcare associated (HCAI) ECBs, although above for community acquired ECBs. Reducing HCAI ECBs remains an ongoing challenge for Fife and the rate was above the reduction improvement trajectory in July and August. UTIs and CAUTIs remain the ongoing challenge to address.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Aug-20	36.4%	FY 2018/19	●
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. While we are clearing the backlog of older complaints, we have seen a steady increase in overall complaints as services have remobilised. These include complaints relating to delays in treatment as a result of COVID-19.							

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%	Aug-20	95%	Aug-20	95.4%	Aug-20	●
Performance remained above the Scottish Government 95% target for the 5th consecutive month, with attendances approximately 13% lower than in the previous year. Capacity within the hospital has not impacted on performance and NHS Fife recorded the best 4-Hour Performance of all the Mainland Health Boards in August.							
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	Aug-20	30.0%	Jun-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 continue to increase (though still 30% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. The number of patients waiting greater than 12 weeks increased hugely during lockdown, from around 600 to over 3,000 (around 80% of the waiting list) however this is now improving (at around 70% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Activity delivered continues to increase in line with projections as theatres have gradually been reopened and additional activity in the Independent Sector, funded by the SG, delivered to the end September. Additional funding has been received from the Scottish Government to deliver additional in-house activity which will enable a reduction in the backlog of procedures over the next 5 months. We are on course to deliver around 76% of the previous average level of activity by December 2020.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Aug-20	50.0%	Jun-20	●
Referrals have continued to increase and are now 78% of the average before lockdown. The number of patients waiting over 12, 18 and 26 weeks have been hugely impacted and are significantly higher as a % than they were before lockdown. The number of patients waiting greater than 12 weeks has now begun to fall from a position of over 8,000 (67% of the waiting list) in June to 7,400 (50% of the waiting list) in August. The plan to restart routine face to face outpatient clinics is being gradually implemented. The activity delivered has been less than projected in some specialities and more than projected in others. This is being reviewed on a regular basis to understand the challenges and implement solutions to make the maximum use of clinical capacity available. Funding has been received from the Scottish Government to deliver additional in house or in-sourced activity in the evenings and at weekend to reduce the backlog of referrals in a number of specialities. It is anticipated that this will enable us to achieve 90% of previous levels of new outpatient capacity in December to March 2021 and along with clinical validation of the waiting lists will lead to continued reduction in the number of patients waiting over 12, 18 and 26 weeks.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Aug-20	78.3%	Jun-20	●
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 37% in June to 78% in August following the increase in capacity in line with remobilisation plans. Endoscopy services restarted in June and all lists have been reinstated, although capacity is reduced by 30% due to physical distancing and infection control procedures. Referrals are increasing which along with reduced capacity has resulted in a backlog of routine referrals. Priority is being given to urgent and cancer referrals. Capacity for routine endoscopies will be further reduced in November to accommodate the restart of Bowel Screening. Discussions around recovery plans have taken place with the SG, and funding has been agreed for some additional capacity which will be targeted at routine referrals. The number of patients waiting over 6 weeks for a radiology diagnostic test has improved significantly due to increased activity and demand which is below that before lockdown. The increase in activity is due to a mix of additional extended day/weekend working across NHS Fife and the support of the MRI mobile van that we are currently sharing with NHS Tayside as part of the SG recovery plan. Additional capacity is planned for Ultrasound which will lead to further improvements. Priority continues to be given to urgent referrals.							
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	Aug-20	84.3%	QE Jun-20	●
Performance continues to be variable with breaches (mainly small) occurring in a number of specialties. There were various breach reasons, including issues with CT guided and PET and continued challenges with the length of the prostate pathway, but none could be attributed to COVID-19. NHS Fife has committed to continuation of the weekly PTL meeting as we enter a second phase of the pandemic.							

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 Aug-20	78.0%	N/A	N/A
The number of FOI requests since June has remained steady, but overall compliance with meeting the 20 working day response time has not yet improved to any great degree. An FOI Officer has now been employed to manage the FOI process, and this is expected to greatly assist with NHS Fife's overall FOI compliance and reporting.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Aug-20	7.8%	QE Mar-20	●
Bed days lost due to patients in delay has risen above the local target after falling during the early months of the pandemic. The number of patients in delay has also increased to pre-pandemic levels. We are now entering the winter period, when the hospital occupancy is likely to increase. This, and any impact of a second wave of the pandemic, will put additional stress on the patient discharge system.							
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%	YT May-20	24.1%	FY 2019/20	●
Changes to the service model were enacted at the end of March, to enable services to continue to be delivered whilst meeting relevant social distancing guidelines to protect staff and clients. Clients can access services through direct referral via a central freephone number, a generic email address or via the national Quityourway.scot website. Clients accessing the service have been increasing but not to pre-pandemic levels. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Clients facing difficult personal circumstances are finding the weekly support beneficial at this time.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Aug-20	57.8%	QE Jun-20	●
Referral rates have returned to normal levels, as predicted following the return of schools. Ongoing work against the longest waits, high rates of DNA and discharges with 'no treatment required' have impacted on the RTT despite staff activity being maintained at normal levels.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Aug-20	77.9%	QE Jun-20	●
Current improved performance is associated with reduced activity with longest waiting patients during the COVID-19 response period. It is anticipated that the impact of resumption of clinical activity with longest waiting patients will negatively impact performance over coming months. As anticipated, referrals have increased significantly since last month (up by 57%) as services remobilise.							

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	Sep-20	+ £1.859m	N/A	N/A
NHS Fife put in place expanded financial reporting arrangements to ensure sound financial governance and tight cost control in our response to the Covid-19 pandemic. Our reporting was expanded to encompass: core position; additional Covid-19 costs; offsetting cost reductions; and an assessment of our expected underachievement of savings. The impact of Covid-19 on the financial performance is a key issue. Whilst funding of our initial allocation has been confirmed (SG letter of 29 September), the funding allocation has been made on either actual costs or NRAC share. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. In addition, the following have been excluded from our (and all Boards') allocations: • Unachieved efficiency savings • Offsets (health costs that have reduced as a result of Covid-19 response) SG have indicated that the exclusions to allocations at this point are necessary due to wide variation in Boards' returns; and a follow up will be undertaken in the coming months to inform a final allocation across Scotland, to be made in January.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£12.968m	N/A	£12.968m	Sep-20	£3.323m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.							

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%	Aug-20	4.58%	YE Mar-20	

Although sickness absence levels continue to fluctuate, the overall trend has continued to improve for the first five months of the year. Whilst encouraging, it is difficult to draw firm conclusions around this due to the separation of all Covid-19 Pandemic related absences from the reported sickness absence figures. All absences continue to be monitored with the increased prevalence of Covid-19 in the population, and a desire to return to a level of normality by restarting various Promoting Attendance activities.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

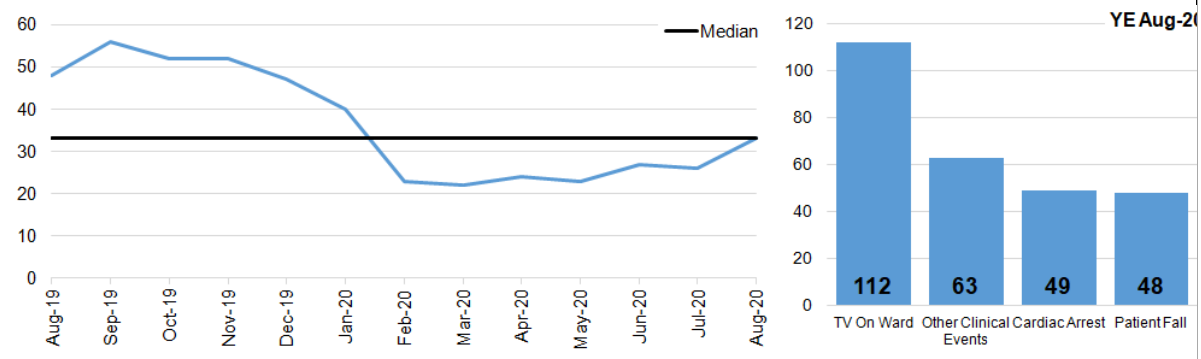
Finance, Performance & Resources – Finance

Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20								20/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1295	1247	1355	1359	1388	1397	1307	1114	887	1058	1121	1322	1225
	Acute Services	571	531	658	575	585	616	635	466	371	471	463	558	502
	HSCP	668	670	647	735	766	745	621	624	483	554	625	725	683
	Corporate	56	46	50	49	37	36	51	24	33	33	33	39	40
CLINICAL	NHS Fife	831	813	939	891	929	911	923	792	606	718	739	902	822
	Acute Services	515	485	592	534	527	556	573	434	342	428	422	512	466
	HSCP	284	310	321	339	391	337	331	343	246	275	297	369	342
	Corporate	32	18	26	18	11	18	19	15	18	15	20	21	14

Commentary

In January 2020, the reporting of tissue viability (on admission) adverse events changed, and this accounts for the reduction in major and extreme events as illustrated above.

In March 2020, the configuration of services, including how services were offered and the numbers of people attending, changed significantly in response to the COVID-19 pandemic. It is noticeable that the number of events reported across NHS Fife in March to June is less than in previous months, however reporting generally continued.

During this time staff were reminded and advised that all adverse events must continue to be reported, and now as services have started to resume the number of events has risen to be more in line with previous months.

Clinical Governance

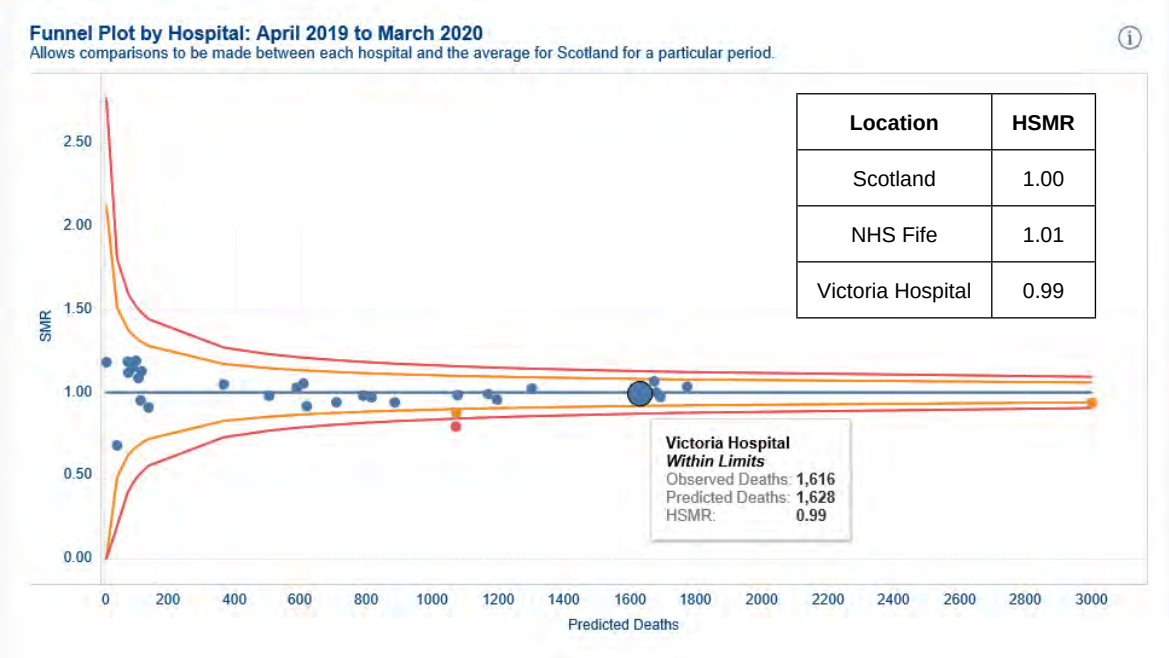
HSMR

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.



Location	HSMR
Scotland	1.00
NHS Fife	1.01
Victoria Hospital	0.99

Commentary

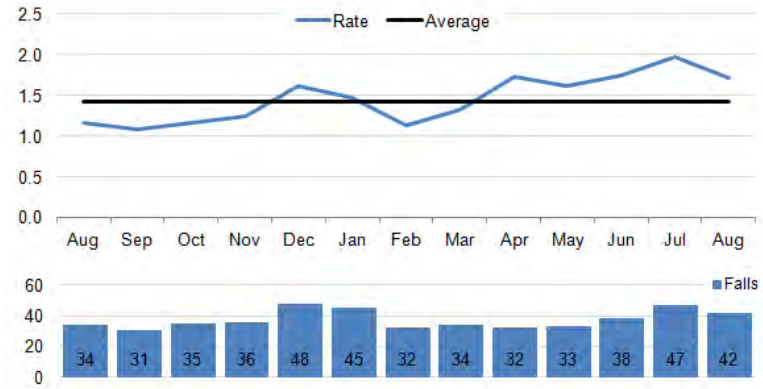
The annual HSMR for NHS Fife decreased during the first quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

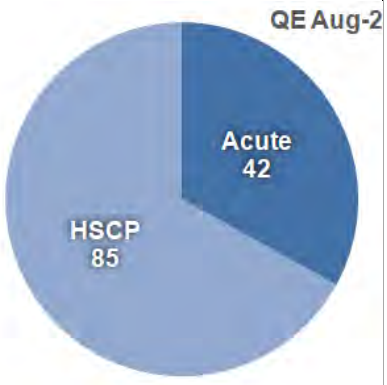
Clinical Governance

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				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
WITH HARM	NHS Fife	1.16	1.08	1.17	1.24	1.61	1.47	1.13	1.33	1.73	1.62	1.75	1.97	1.7
	Acute Services	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.16	1.93	1.21	1.38	1.26	1.2
	HSCP	1.38	1.16	1.48	1.37	2.10	1.89	1.37	1.44	1.61	1.95	2.08	2.59	2.1

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

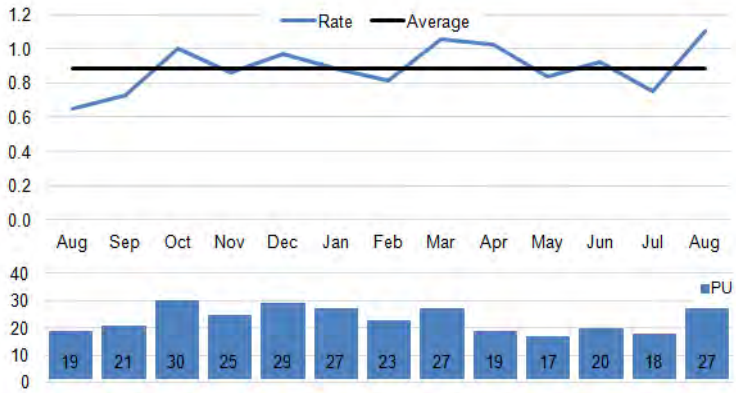
Improvement Actions	Update
20.3 Falls Audit *By Nov-20*	The audit tool has been revised to reflect more accurately the discreet elements of the falls bundle, and the plan is to re-audit again in the Autumn
20.5 Improve effectiveness of Falls Champion Network *By Nov 2020 (Implementation Plan)*	Work still 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 *By Oct-20*	Previous Workplan in line with the Fife Falls strategy completed and the first meeting post COVID has commenced the work to refresh the group workplan. Links strengthened with the Fracture Liaison service, and discussion planned to consider the new **MANAGEMENT OF OSTEOPOROSIS AND THE PREVENTION OF FRAGILITY FRACTURES,** particularly the bone health component of the falls bundle.

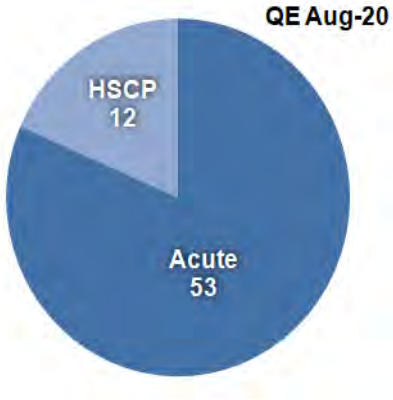
Clinical Governance

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				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	0.65	0.73	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.92	0.75	1.10
Acute Services	1.34	1.13	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.67	1.26	1.97
HSCP	0.06	0.39	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.38

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

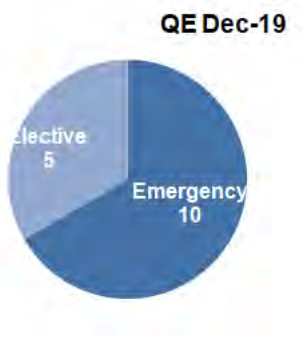
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness *By Dec-20 (was Sep-20)*	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD, has been carried out. This provides senior leadership support in practice. ***** ACTION COMPLETE *****
21.1 Improve reporting of PU *By Dec-20 (was 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



Service Performance

Quarter Ending	2017/18	2018/19				2019/20				2020/21			
	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-2
NHS Fife	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	0.9%	2.3%			
Scotland	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

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

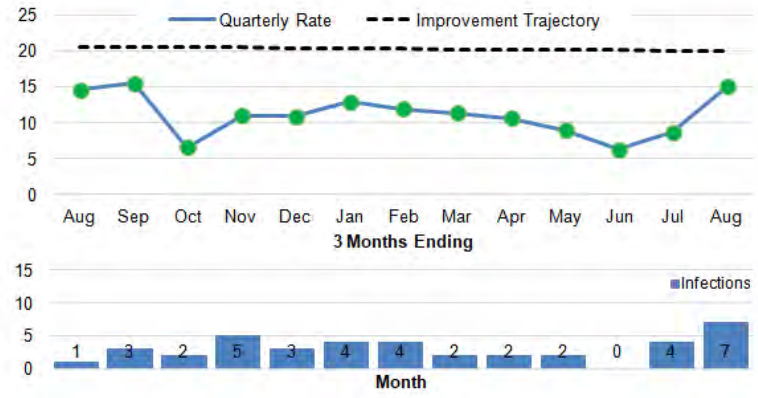
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Mar-21 (was Oct-20)*	SSI implementation meetings have now restarted via Microsoft Teams. When the C-section SSI surveillance programme restarts, we will again adopt the new methodology in assessing SSI and type - this was working well prior to the pause of all surveillance in March 2020. SSI incidence in the last two quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

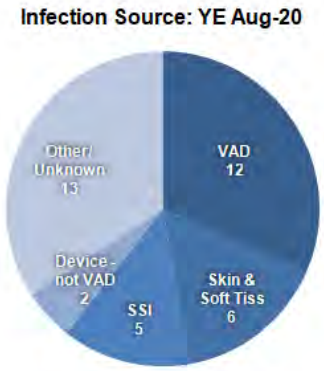
Clinical Governance

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





National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	17.8	14.1	13.7	15.5	10.9	12.5	6.3
Scotland		17.7	15.6	16.7	17.5	15.2	16.3	20.3

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

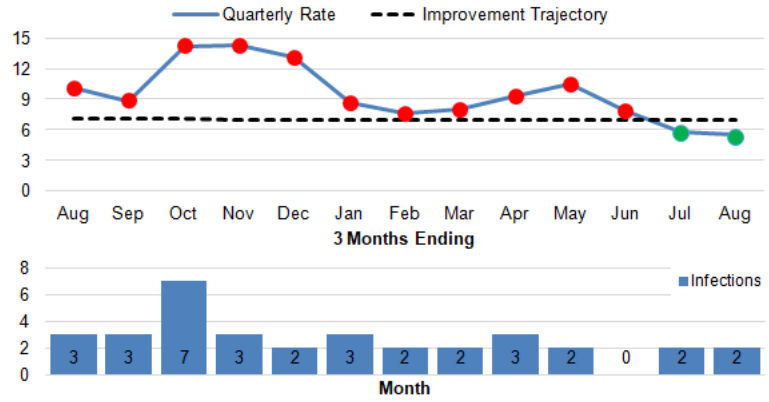
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	There have only been 3 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. The driver diagram sits with the Addiction team and is almost complete. Nurse prescribing of antibiotics by ANPs is being explored. The pandemic has made it especially challenging to see clients, with physical distancing reducing capacity in clinics. Despite an increased number of home visits, the total number of clients seen has reduced.
20.2 Ongoing surveillance of all VAD-related infections *By Mar-21*	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers & areas of concern. There was a cluster of 4 renal unit VAD SABs in August, and while a PAG concluded that there were no links between cases, an SAER has been scheduled for November.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met in August, and will meet again on 23rd October. E-documentation bundles for catheter insertion and maintenance, to be added to Patientrack for Acute services, are still awaited.
20.4 Optimise comms with all clinical teams in ASD & the HSCP *By Mar-21*	Monthly SAB reports distributed 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. The Ward Dashboard is continuously updated, for clinical staff to access and also to be displayed for public assurance. Certificates for wards infection free period for SABs are to be distributed.

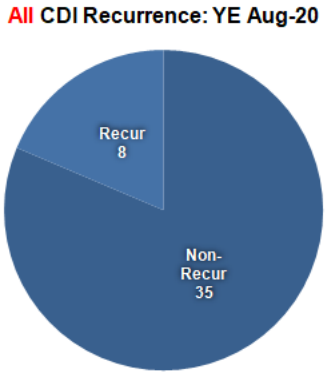
Clinical Governance

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





National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	10.0	5.4	8.0	8.9	13.1	8.0	7.9
Scotland		13.8	11.8	12.3	13.7	15.1	13.6	15.4

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

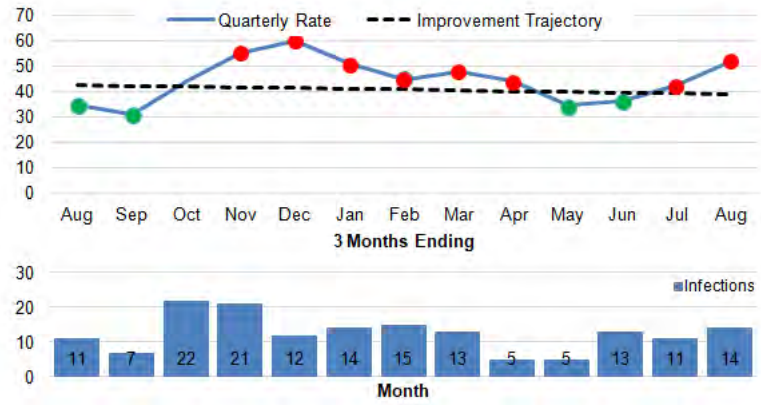
Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Oct-20*	Fidaxomicin is the treatment used in NHS Fife for patients at high risk of recurrent CDI. Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota transplantation) is unavailable during the pandemic. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical and medical director. [Bezlotoxumab is a human monoclonal antitoxin antibody that binds to Clostridioides difficile toxin B and neutralises its activity, preventing recurrence of CDI (BNF 2020).]
20.2 Reduce overall prescribing of antibiotics *By Oct-20*	National antimicrobial prescribing targets are being utilised by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP *By Oct-20*	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. 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.

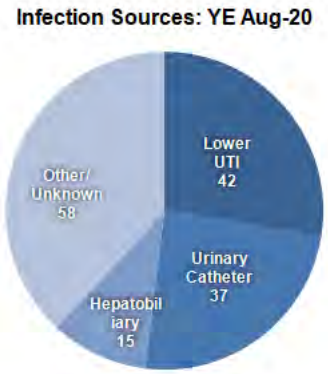
Clinical Governance

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





National Benchmarking

Quarter Ending		2018/19		2019/20				2020/21
		Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	49.2	39.2	42.1	31.0	60.0	47.9	36.4
Scotland		38.3	37.3	38.9	40.3	40.8	36.4	39.7

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

Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reports and graphs of ECB data distributed to key clinical staff across NHS Fife (HSCP & Acute services ECB continues as a standing Agenda item in the IPCT and ICC meetings.
20.2 Formation of ECB Strategy Group *By Mar-21*	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, has been formed, but meetings have not taken place during the pandemic. The key issues identified by this group of addressing promotion of hydration and prevention of UTIs within the elderly population have now been incorporated within the UCIG by the Continence services. Further improvement work from the group will be reviewed in 2021.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) *By Mar-21*	The UCIG will next meet in October, to review the following topics: • A CAUTI QI programme which has started at a Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance (to be added onto Patientrak for Acute Services) • Urinary Catheter Care passports issued to ALL patients within every Fife care/residential homes to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes across Fife • 'Top tips' education videos published on Blink, most recently on catheter choices

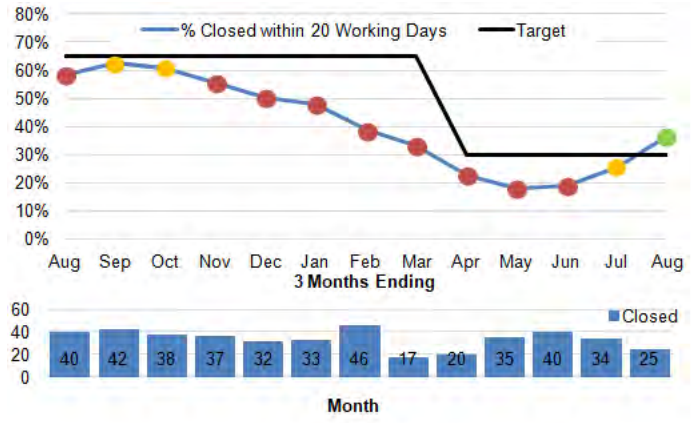
Clinical Governance

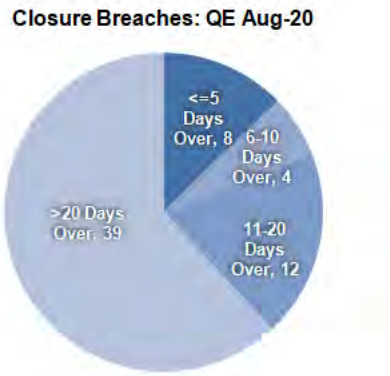
Clinical Governance

Complaints | Stage 2

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

Local Performance





Local Performance by Directorate/Division

3-Month Ending	2019/20								20/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	58.3%	62.5%	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4
Ack <= 3 Days (Monthly)	95.0%	92.9%	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0
ASD	66.7%	63.8%	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3
HSCP	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9

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

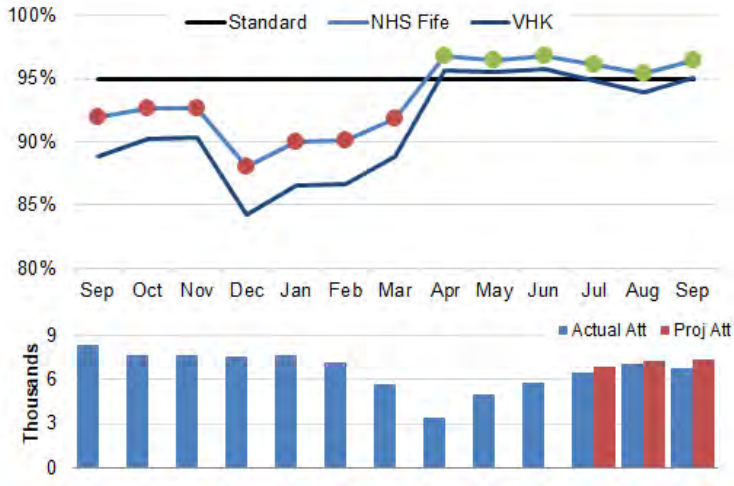
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses *By Mar-21*	The PRT has changed the way they 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 has been 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.

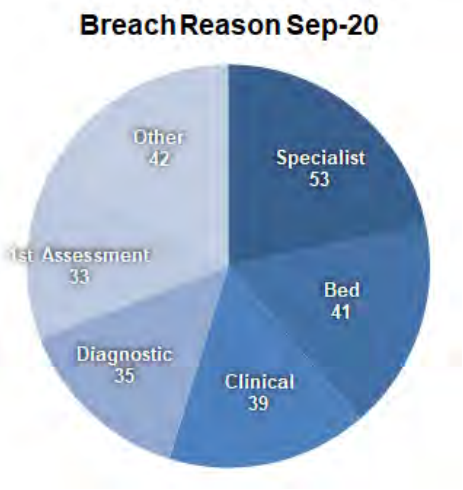
Finance, Performance & Resources – Operational Performance

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

Local Performance





National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%
Scotland	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%

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

Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services *By Dec-20*	Electronic methods remain the principle mode of outpatient assessment, but remobilisation has enabled further face to face appointments for urgent cases

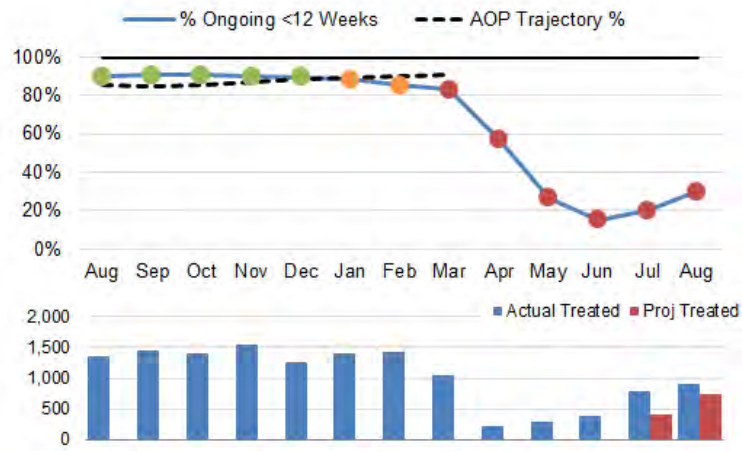
Finance, Performance & Resources – Operational Performance

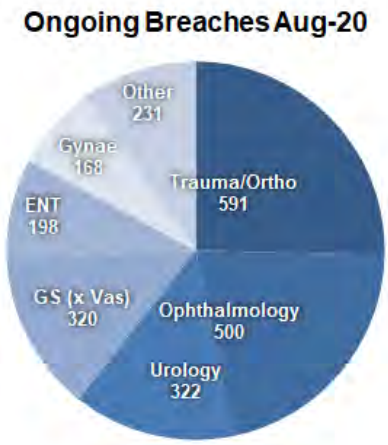
Patient TTG

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





National Benchmarking

	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%
Scotland	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	46.6%	24.8%	17.3%		

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

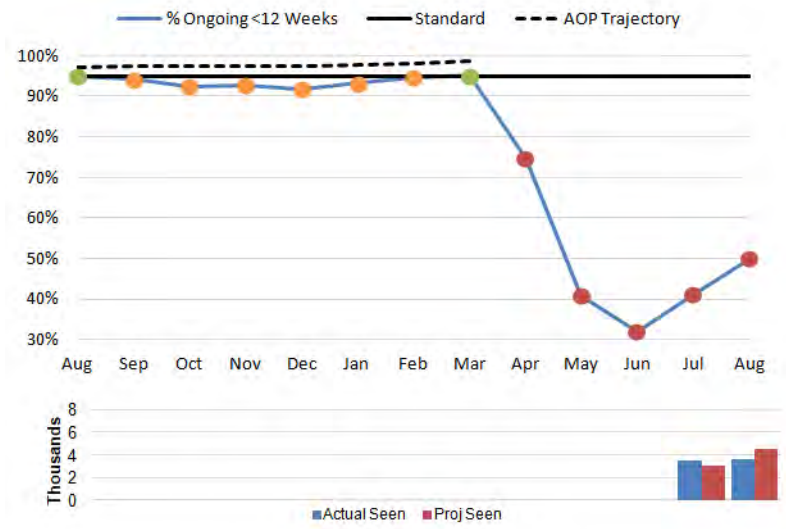
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria *By Nov-20 (was Sep-20)*	Validation continues; when the action is complete, this will be an ongoing activity

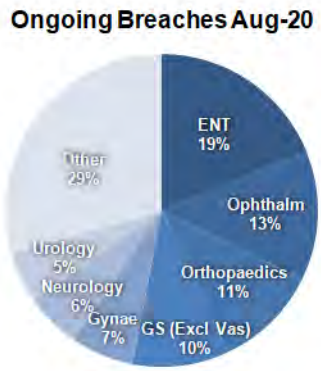
Finance, Performance & Resources – Operational Performance

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





National Benchmarking

	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%
Scotland	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	57.8%	34.9%	28.5%		

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

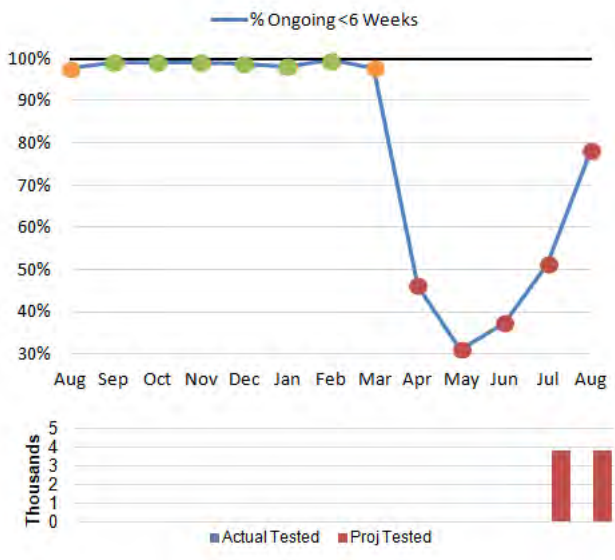
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan	
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	
21.4 Validate new and review waiting list against agreed criteria *By Nov-20 (was Sep-20)*	When the action is complete, this will be an ongoing activity

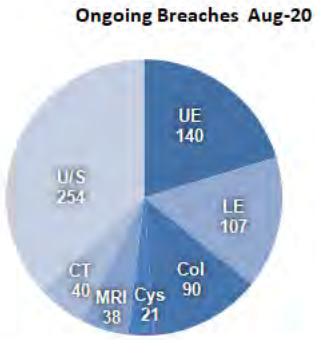
Finance, Performance & Resources – Operational Performance

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





National Benchmarking

	2019/20								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%
Scotland	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%		

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	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Mar-21 (was Aug-20)*	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for Endoscopy is underway. When the action is complete, this will be an ongoing activity.
21.3 Improve recruitment to vacant posts *By Mar-21*	Action includes consideration of service redesign to increase capacity

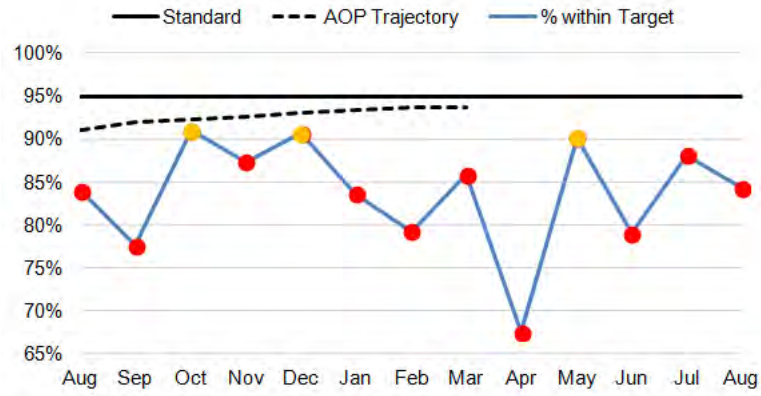
Finance, Performance & Resources – Operational Performance

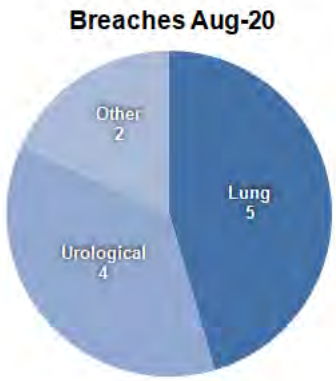
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

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

Local Performance





National Benchmarking

Month	2019/20								2020/21				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3
Scotland	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6

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

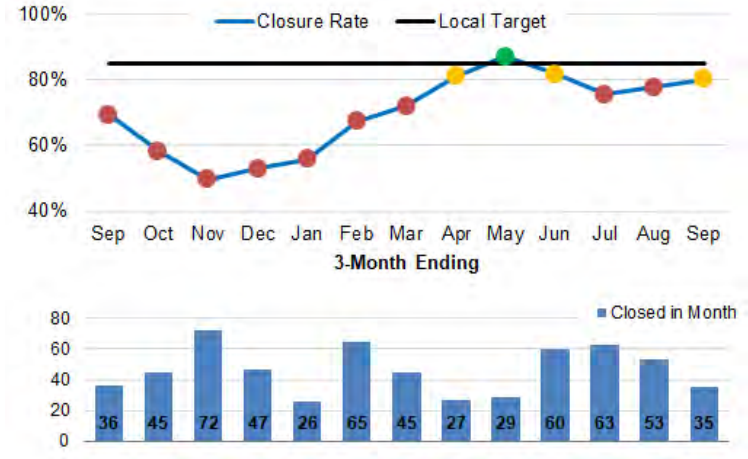
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points *By Mar-21 (was Sep-20)*	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart. The target completion date has been adjusted accordingly.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Mar-21 (was Sep-20)*	This is ongoing work related to Action 20.3, with the specific aim being to minimise waits post MDT. Funding from Scottish Government has been secured to clinically review MDT and outcomes, and the target completion date has been adjusted accordingly.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	Clinical leads are in place, and Leadership and Governance structures are being put in place to: 1 Develop and deliver the NHS Fife Cancer Strategy 2 Ensure effective governance structures are in place ***** ACTION COMPLETE *****

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				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.3%
IJB	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%

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

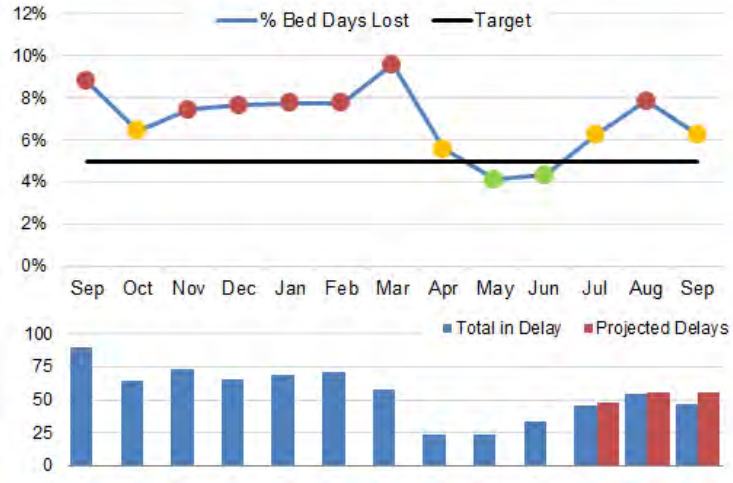
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	AXLR8 (the system designed to log, process, audit and respond to FOISA requests) went live on 22 September. The system has already shown to make the process of responding to FOIs greatly simplified and much more user friendly. Training and guidance has been provided to all staff involved and the newly appointed FOI Officer will act as a source of continued guidance and assistance regarding any aspect of FOISA legislation and the AXLR8 software. The Information Governance Team remains in close collaboration with the AXLR8 software developers to ensure the software evolves and continues to meet the Health Board's business needs. The use of AXLR8 and a designated staff member to manage and steward the Health Board's interaction with FOISA legislation is expected to further improve the existing processes, draft and deliver new revised training for staff in Freedom of Information. ***** ACTION COMPLETE *****
20.7 Formalise long-term resource requirements for FOI administration	An FOI Officer has been appointed within the IG Team, initially on a 6-month contract, to act as a FOISA subject specialist and manage the FOISA process for NHS Fife. It is anticipated this post will also draft and deliver new FOISA training as well as acting as a source of information and guidance for the health board, much in the same way the IG Team also provide guidance on Data Protection matters. ***** ACTION COMPLETE *****

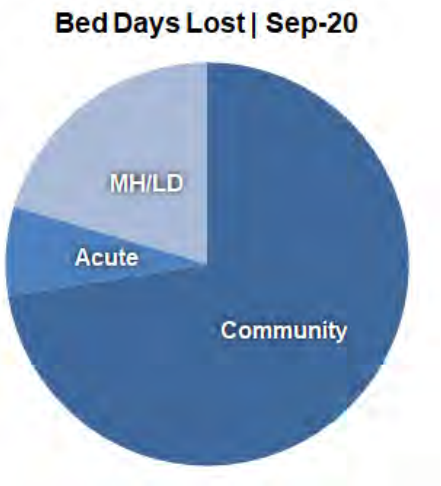
Finance, Performance & Resources – Operational Performance

Delayed Discharges (Bed Days Lost)

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

Local Performance





National Benchmarking

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

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

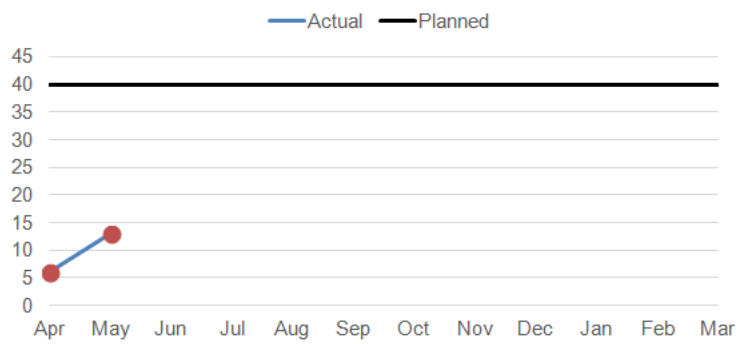
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	Framework completed during the COVID-19 pandemic. Implementation being finalised. ***** ACTION COMPLETE *****
20.3 Moving On Policy to be implemented *By Nov-20 (was Aug-20)*	The moving on policy will be reviewed by the HSCP Senior Leadership Team in October. This will further support new processes implemented as a result of the COVID-19 pandemic.
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model *(By Mar-21)*	Identification of stages is required – first stage is to ensure 95% of all discharges occur safely and before 2pm to ensure homecare/ICASS can progress same day assessments at home. Cross sector short life working group established.

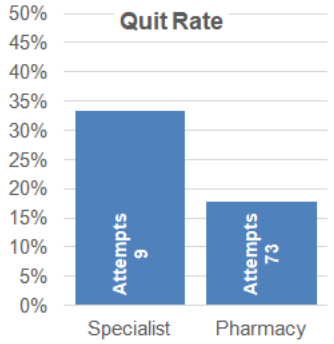
Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2020/21, 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		2020/21											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	6	13										
	Actual Cumul	6	19	19	19	19	19	19	19	19	19	19	1
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	15.0%	24.1%	16.1%	12.0%	9.6%	8.1%	6.9%	6.0%	5.4%	4.8%	4.4%	4.0
Scotland	Achieved												

Key Challenges in 2020/21	• Service Provision within GP practices, hospitals and community venues • 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

Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	The aim of this action is to test a model of delivery that allows 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.
20.3 'Better Beginnings' class for pregnant women	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.
20.4 Enable staff access to medication whilst at work	No progress has been made due to COVID-19
20.5 Assess viability of using Near Me to train staff	Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.

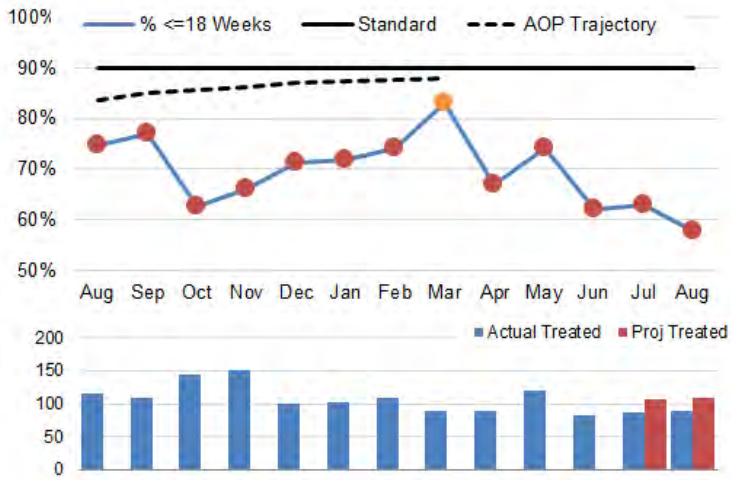
*****THE SCOTTISH GOVERNMENT HAVE ADVISED THAT NO NEW TARGETS WILL BE SET FOR 2020-21, AND THAT HEALTH BOARDS SHOULD STRIVE TO ACHIEVE THEIR 2019-20 TARGET. ALL OF THE ABOVE ACTIONS WILL CONTINUE TO BE FOLLOWED THROUGHOUT THE YEAR *****

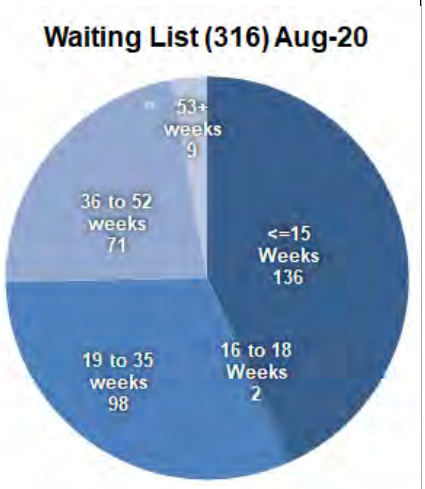
Finance, Performance & Resources – Operational Performance

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





National Benchmarking

Month		2019/20								2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8
Scotland		63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%		

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

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System *By Dec-20*	Staff activity to reduce the waiting list during the lockdown period allowed children and young people to be seen within 2 or 3 weeks of referral. The resignation of two staff to take up permanent positions impacts the level of activity and response that will ensure children are supported by the wider range of services available. This will create a challenge in achieving our overall aim of lessening referrals to 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 *By Dec-20*	Due to COVID-19 restrictions, group-based face to face therapy work is not viable. We are investigating alternatives to enable delivery of multiple contacts with minimal staffing. Challenges around identifying appropriate and safe digital platforms has slowed this development.
21.2 Use Centralised Allocation Process *By Dec-20*	Revised administrative processes and clinical systems are in place to facilitate centralised screening and allocation of referrals. This will ensure that appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team *By Mar-21*	The plan to develop a CAMHS URT has been postponed due to the absence of key staff. The existing Self Harm Service has been maintained and supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self harming behaviour, both through the urgent referral process and within acute hospital settings. The opportunity to redesign the service will be reviewed again in 3 months, giving consideration to staffing and the COVID-19 position.

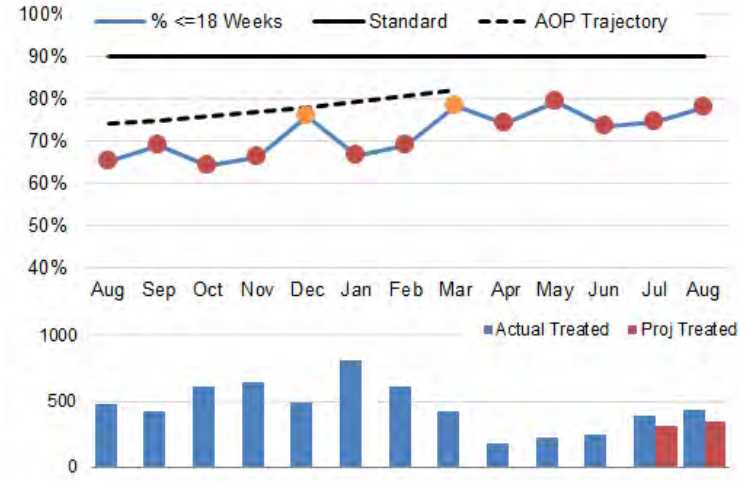
Finance, Performance & Resources – Operational Performance

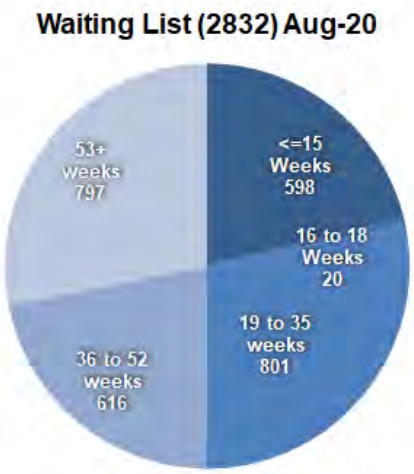
Psychological Therapies 18 weeks RTT

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

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

Local Performance





National Benchmarking

Month		2019/20								2020/21				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	% <=18 Weeks	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%
Scotland		79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%		

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

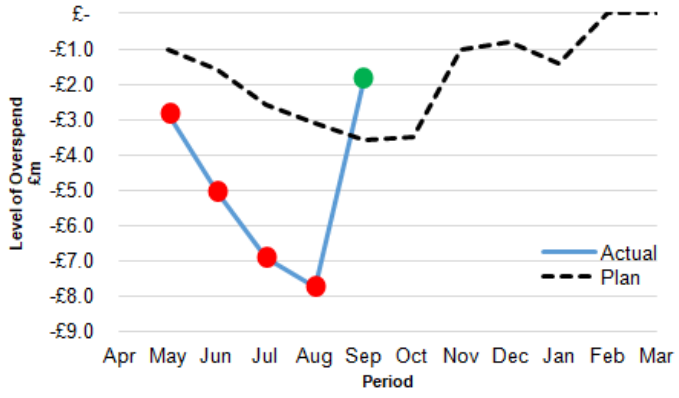
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision *By Dec-20 (was Sep-20)*	Implementation of full re-design is currently suspended, and the target completion date has been adjusted accordingly
20.4 Implement triage nurse pilot programme in Primary Care *By Dec-20*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options *By Dec-20 (was Sep-20)*	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. Use of suitable digital platform now agreed, and target completion date adjusted to reflect ongoing work.
21.1 Introduction of additional on-line therapy options	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. ***** ACTION COMPLETE *****
21.2 Development of alternative training and PT delivery methods *By Dec-20*	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

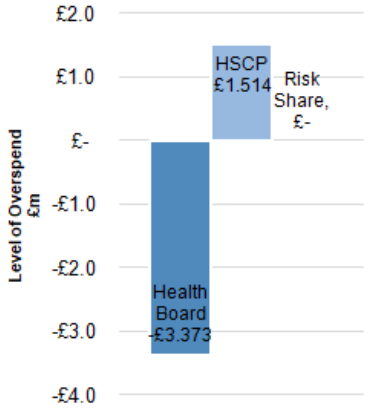
Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance





Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By		
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Covid Unmet Savings £'000
Health Board	420,383	445,762	210,157	213,530	-3,373	-1.60%	2,202	-494	-5,081
Integration Joint Board (Health)	358,477	377,827	186,689	185,175	1,514	0.81%	1,767	0	-253
Risk Share	0	0	0	0	0	0.00%	0	0	0
Total	**778,860**	**823,589**	**396,846**	**398,705**	**-1,859**	**-0.47%**	**3,969**	**-494**	**-5,334**

Key Challenges in 2020/21	• Availability of Covid-19 funding (initial allocation received in September): to match our net additional costs; and costs associated with remobilisation plans – final funding allocation to be made in January • Our ability as a Board to regain traction in our savings and transformation plans in the context of the Covid-19 pandemic journey; and the implications of the funding decision yet to be made by SG on Boards' unmet savings as a consequence of diversion of resources to deal with the Covid-19 pandemic • Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; Covid-19; remobilisation; and Test & Protect positions; and assessing the impact of the Winter flu campaign and the Redesign of Urgent Care Scotland-wide • Ongoing discussions on potential risk share options with SG and respective partners – no IJB risk share has been built in to the in-year position, however £7.2m potential risk share cost (at September) has been reflected in our forecast outturn

Improvement Actions	Update
21.1 Local mobilisation plan *Ongoing throughout FY*	Partnering with the services to: • Identify additional spend relating to Covid-19 • Identify offsets against core positions • Understand and quantify the financial implications of remobilisation of core services across NHSF • Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
21.2 Savings *By Jan-21*	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. Whilst our early planning assumption indicated some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings; this has

	since been updated to reflect £11m expected achievement; and £9m anticipated underachievement of savings.

Commentary
The revenue position for the 6 months to 30 September reflects initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to September, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions due to wide variation across Scotland. The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. At this point any potential implications of the IJB risk share have not been factored in to the half year position; albeit the potential full year cost is highlighted in our forecast outturn position.

Finance, Performance & Resources – Finance

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 reflects both the mobilisation and the remobilisation plan high level impact on the financial position submitted at the end of July. As part of Scottish Government financial governance arrangements, a detailed formal quarter one financial review was submitted on 14 August, with a final submission made, and discussed on a scheduled call with Scottish Government colleagues, on 18 September. Initial funding allocations have been confirmed, based on Boards' quarter one returns, in a letter from SG of 29 September 2020; and received in our September allocation.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the September core revenue amount on 1 October. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £809.189m - this includes an initial allocation of £33.545m to meet Covid-19 expenditure. Anticipated allocations total £4.667m and includes an expected £1.550m for Covid-19 which relates to payments to primary care. This primarily covers payments to General Practice to meet their additional costs of dealing with the pandemic.

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 30 September is therefore £823.589m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 6 months to 30 September reflects an overspend of £1.859m.

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 savings positions. An overspend of £3.373m is attributable to Health Board retained budgets; and an underspend of £1.514m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Financial Position for the period ended September 2020

Memorandum	Budget			Variance Split By			
	CY £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	445,762	-3,373	-1.60%	2,202	-494	1,708	-5,081
Integration Joint Board (Health)	377,827	1,514	0.81%	1,767	0	1,767	-253
Risk Share	0	0	0.00%	0	0	0	0
Total	**823,589**	**-1,859**	**-0.47%**	**3,969**	**-494**	3,475	**-5,334**

				Variance Split By			
	CY £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000	Net Core Position £'000	Covid Unmet Savings £'000
Acute Services Division	210,405	-7,055	-6.79%	-1,868	-460	-2,328	-4,727
IJB Non-Delegated	8,687	68	1.59%	84	-1	83	-15
Estates & Facilities	76,124	492	1.32%	637	-13	624	-132
Board Admin & Other Services	64,441	397	1.14%	624	-20	604	-207
Non-Fife & Other Healthcare Providers	90,973	1,034	2.27%	1,034	0	1,034	0
Financial Flexibility & Allocations	23,718	1,681	100.00%	1,681	0	1,681	0
HB Offsets	2,977	0	0.00%	0	0	0	0
Health Board	**477,325**	**-3,383**	**-1.49%**	**2,192**	**-494**	**1,698**	**-5,081**
Integration Joint Board - Core	416,347	1,424	0.67%	1,677	0	1,677	-253
IJB Offsets	2,724	0		0	0	0	0
Integration Fund & Other Allocations	8,940	50	0.00%	50	0	50	0
Sub-total Integration Joint Board Core	**428,011**	**1,474**	**0.69%**	**1,727**	**0**	**1,727**	**-253**
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	**428,011**	**1,474**	**0.69%**	**1,727**	**0**	**1,727**	**-253**
Total Expenditure	**905,336**	**-1,909**	**-0.43%**	**3,919**	**-494**	3,425	**-5,334**
IJB - Health	-50,184	40	**-0.16%**	40	0	40	0
Health Board	-31,563	10	**-0.06%**	10	0	10	0
Miscellaneous Income	**-81,747**	50	**-0.12%**	50	**0**	50	**0**
Net Position Including Income	**823,589**	**-1,859**	**-0.47%**	**3,969**	**-494**	3,475	**-5,334**

3.3 The core position at month 6 is a net underspend of £3.475m, and takes in to account offsetting cost reductions, albeit SG have indicated further work will be undertaken on the treatment of offsets to inform the final funding tranche to be made in January. Members will recall the principle established in May recognised that due to reduced activity levels, a proportion of the core underspend reported is identified and utilised to support the Covid-19 costs incurred. For the 6 months to September, a total of £5.701m was identified, in conjunction with Directors, General and Service Managers, as offset towards Covid-19 expenditure: comprising £2.977m from Health Board retained; and £2.724m from Health delegated functions. The main contributing factors include: 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.

3.4 Funding allocations of £8.131m and £3.439m have been allocated to HB and HSCP respectively to match Q1 and Q2 Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5. The net Covid-19 unmet costs after the funding allocation is £5.334m and represents unmet savings.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £2.328m for the year to date**. This reflects an overspend in operational run rate performance of £1.868m, and unmet savings of £0.460m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.266m. Additional non pay cost pressures of £0.751m relate to medicines within Emergency Care. Various underspends

across other areas of Acute arising from vacancies have helped to offset the level of overspend. Budget rephasing has taken place to reflect the cost impact of the additional capacity required to catch up on postponed services due to resume in October.

Table 2: Acute Division Financial Position for the period ended September 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	70,451	71,689	32,702	32,805	-103	**-0.31%**	30	-133
Emergency Care & Medicine	74,614	77,344	39,407	41,877	-2,470	**-6.27%**	-2,306	-164
Women, Children & Cinical Services	54,615	55,063	26,928	27,141	-213	**-0.79%**	-50	-163
Acute Nursing	607	627	283	269	14	**4.95%**	14	0
Other	1,990	2,001	910	466	444	**48.79%**	444	0
Total	**202,277**	**206,724**	**100,230**	**102,558**	**-2,328**	**-2.32%**	**-1,868**	**-460**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.624m** 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 £0.604m**. Included within this position is a cost pressure of £0.066m relating to unfunded costs in connection with the significant flooding to the hospital and specific car parks in August. 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 £1.034m** 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; with allocations continued to be released on a monthly basis. The financial flexibility of £1.681m released to the M6 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.727m for the year to date**. The majority of underlying drivers for the run rate under spend are vacancies in sexual health and rheumatology, 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 administrative posts.

Income

4.7 A small over recovery in income of £0.050m is shown for the year to date.

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended September 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	396,429	197,775	198,072	-298
GP Prescribing	72,330	35,781	35,781	0
Drugs	31,605	16,104	16,488	-384
Other Non Pay	385,413	194,261	191,392	2,869
Efficiency Savings	-13,099	-5,829	0	-5,829
Commitments	32,658	1,731	0	1,731
Income	-81,747	-42,978	-43,028	50
Net overspend	**823,589**	**396,846**	**398,705**	**-1,859**

Pay

5.2 The overall pay budget reflects an overspend of £0.298m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of personal and social care. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,938 wte across all staff groups, there was an average 8,026 wte core staff in post in September. 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 overspend of £0.384m on medicines. The GP prescribing position is based on 2019/20 trend analysis and June/July 2020 actual information (2 months in arrears). Across Scotland we continue to work 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 underspent by £2.869m. The in month change in the position is as a result of a number of factors. Equipment spend has now been funded as a result of the allocation received for Covid 19. An updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children is significantly less than had been anticipated. A further analysis of financial flexibility has also taken place.

6 Covid-19 Initial Funding Allocation

6.1 Our initial Covid-19 funding allocation was confirmed on 29 September. The funding allocation has been made across Scotland on either actual costs or NRAC share, and excludes unachieved efficiency savings; and offsetting cost reductions. NHS Fife's additional Covid-19 costs (excluding unmet savings) have been fully match funded for the 6 months to September. At this stage SG have allocated 70% of total funding with a general contingency of 30% retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. A summary of initial funding and anticipated funding is attached at Appendix 5.

6.2 The funding received confirms £7.7m funding for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date.

6.3 It has been confirmed that a separate allocation will follow of £1.5m which relates to payments to primary care for additional costs in responding to the pandemic.

6.4 Whilst a SG decision has yet to be made on the treatment of unachieved savings; and offsetting cost reductions; there remains a risk that funding may be insufficient to cover additional costs which materialise as the year unfolds. This position will be kept under close review and highlighted in our regular SG reporting.

7 Financial Sustainability

7.1 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. Whilst we had initially 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; this has since been updated to reflect £11.2m expected achievement; and £8.8m anticipated underachievement of savings. SG plan to conduct a review of Boards' unmet savings to inform their decision on potential funding over the coming weeks to inform the January final Covid-19 allocation. Table 4 summaries the position for the 6 months to September. Given our commitment to achieving savings as reported to SG, arrangements are being made to remove from/top-slice budgets the full expected achievement £11.2m target in the month of October.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Sept £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	972	1,485	2,457	4,114
Integration Joint Board	5,147	4,675	472	2,520	1,939	4,459	216
Total Savings	**20,015**	**11,246**	**8,769**	**3,492**	**3,424**	**6,916**	**4,330**

8 Forecast

8.1 Based on the year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end run rate forecast is an underspend of £0.782m underspend. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £5.701m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.768m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.285m. Further detailed review work will be undertaken to identify any further financial flexibility in an effort to deliver an improved position with a target balanced position.

8.1 There is however very limited assurance that NHS Fife can remain within the overall revenue resource limit if we are additionally required to cover the impact of the IJB risk share position of £7.2m. This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding. NHS Fife and Fife Council are currently reviewing the Integration Scheme and in particular the risk share agreement. The £7.2m is based on current arrangements.

8.3 The component parts which inform the forecast outturn are detailed in Table 5.

8.4 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included the value of the risk share impact in the forecast; and are signposting a potential overspend of £9.492m.

Table 5 – Forecast (modelling based on actual position at 30 September 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-7,768	2,692	-8,264	0
IJB Non-Delegated	89	0	-33	0
Estates & Facilities	535	234	0	0
Board Admin & Other Service	965	51	0	0
Non-Fife & Other Healthcare F	465	0	0	0
Financial Flexibility	3,362	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budg	**-2,252**	**2,977**	**-8,297**	**0**
IJB Delegated Health Budgets	3,035	2,724	-472	0
Integration Fund & Other Alloc	0	0	0	0
Total IJB Delegated Health B	**3,035**	**2,724**	**-472**	**0**
Risk share	**0**	**0**	**0**	**-7,207**
Total Forecast Outturn	**783**	**5,701**	**-8,769**	**-7,207**

9 Key Messages / Risks

9.1 The month 6 position reflects an overspend of £1.859m; which comprises a core underspend of £3.475m; and unmet savings of £5.334m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for quarters 1 and 2 have been match funded from the initial SG allocation received in September. There is the potential risk exposure if the Covid-19 contingency (second tranche funding) held by the Portfolio is insufficient to meet costs which materialise in the second half of the year.

9.2 At this point any potential implications of the IJB risk share have not been factored in to the half year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year cost of £7.2m, which has been factored in to the forecast outturn position.

10 Recommendation

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

- **Note** the reported core underspend of £3.475m for the 6 months to date
- **Note** that initial funding allocations for Covid-19 reflected in the month 6 position match fund additional costs to month 6
- **Note** the potential year-end outturn position of £9.492m overspend (includes a forecast risk share cost of £7.2m); with the caveat that this position assumes NHS Fife are allowed to retain offsetting cost reductions to meet unachieved savings.

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	Confirmed Allocations			5,614	5,614	
Aug-20	Hospital Eye Services		9,474	1,547	11,021	
Sep-20	Advanced Breast Practitioner in Radiology			31	31	Pilot Project
	MPP ARISE			68	68	Project within Planned Care
	NSS Top slice Adjustments	-69		-258	-327	Annual Adjustments agreed through Chief Execuitives Gr
	NSS Risk Share			-3,733	-3,733	Annual Adjustment
	PfG Local Inprovement Fund			1,159	1,159	Alcohol and Drugs
	ADP Funding Drug Deaths			136	136	New for 20/21 part of national strategy
	Pre-Registration Pharmacist top slice		-159		-159	Annual Adjustment
	National Cancer Strategy			140	140	In line with previous years allocation
	GP Premises Funding			102	102	20/21 Allocation
	Implementation of Excellence for Care			90	90	Annual Allocation
	Implementation of Health Staffing Act			65	65	Annual Allocation
	Primary Medical Services		56,909		56,909	20/21 Allocation
	Perinatal Funding			342	342	New Alloction 20/21
	NHS Research Scotland Infrastructure			579	579	Annual Allocation
	Sla Children's Hopsices Across Scotland			-409	-409	Annual Contribution
	COVID 19 Q1-Q4			33,545	33,545	In line with Submission and letter of 29 Sept 2020
	Test & Protect			-239	-239	Reversal
	Mental Health Strategy Acton 15			1,146	1,146	Annual Allocation
	Total Core RRL Allocations	**700,161**	**66,224**	**42,804**	**809,189**	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
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	Family Nurse Partnership		28		28	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	COVID 19		1,550		1,550	
Anticipated	Top Slice NSS		-962		-962	
	Total Anticipated Core RRL Allocations	**0**	**4,667**	**0**	**4,667**	
Anticipated	IFRS			8,617	**8,617**	
Anticipated	Donated Asset Depreciation			116	**116**	
Anticipated	Impairment			500	**500**	
	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,733**	**9,733**	
	Grand Total	**700,161**	**70,891**	**52,537**	**823,589**	

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,545	6,293	6,326	-34
Nhs Fife Chief Executive	206	103	146	-43
Nhs Fife Finance Director	6,403	3,178	2,929	249
Nhs Fife Medical Director	7,310	3,130	3,035	95
Nhs Fife Nurse Director	3,858	1,871	1,759	112
Legal Liabilities	7,282	5,220	5,286	-67
Early Retirements & Injury Benefits	814	407	385	22
Regional Funding	251	140	124	16
Depreciation	17,766	9,116	9,116	0
Nhs Fife Public Health	2,120	1,018	974	45
Nhs Fife Workforce Directorate	3,146	1,602	1,533	69
Nhs Fife Major Incident - Flooding			66	-66
COVID undelivered savings adjustment			-207	207
Total	**61,699**	**32,077**	**31,473**	**604**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	49	47	2
Borders	45	22	24	-2
Dumfries & Galloway	25	12	28	-16
Forth Valley	3,179	1,590	1,776	-186
Grampian	359	180	152	28
Greater Glasgow & Clyde	1,655	827	813	14
Highland	135	68	99	-31
Lanarkshire	114	57	123	-66
Lothian	31,518	15,760	14,689	1,071
Scottish Ambulance Service	101	51	51	0
Tayside	41,096	20,547	20,321	226
	78,325	**39,163**	**38,123**	**1,040**
UNPACS				
Health Boards	10,627	5,313	5,434	-121
Private Sector	1,245	623	786	-163
	11,872	**5,936**	**6,220**	**-284**
OATS	711	355	79	276
Grants	65	65	63	2
Total	**90,973**	**45,519**	**44,485**	**1,034**

Appendix 4 - Financial Flexibility & Allocations

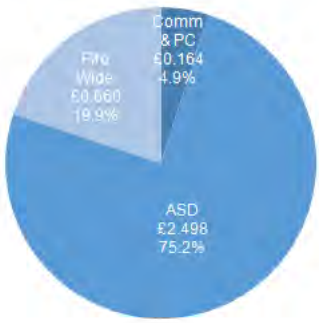
	CY Budget £'000	Flexibility Released to Sept-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	0
Junior Doctor Travel	37	8
Consultant Increments	198	0
Discretionary Points	205	0
Cost Pressures	3,342	987
Developments	4,232	535
Pay Awards	39	0
Sub Total Financial Plan	**11,022**	**1,530**
Allocations		
Waiting List	3,017	0
AME: Impairment	500	0
AME: Provisions	670	0
Neonatal Transport	15	2
Cancer Access	682	149
Hospital Eye	193	0
Endoscopy	695	0
Advance Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	140	
Covid 19	6,685	
Sub Total Allocations	**12,696**	**151**
Total	**23,718**	**1,681**

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 £12.968m including anticipated allocations for specific projects. The capital position for the 6 months to September shows investment of £3.323m equivalent to 25.62% of the total allocation. The capital spend on the specific projects commences in earnest in the latter half of the financial year and as such is on track to spend in full.

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

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

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and is pending NHS Fife Board approval. NHS Fife received a capital allocation of £7.394m in the August allocation letter; NHS Fife received an allocation of £0.999k for Covid equipment in the September allocation letter; and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m and Kincardine Health Centre £0.025m. The total capital plan is therefore £12.968m.

2. Capital Receipts

2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer – however the sale of this land will not complete in the current financial year.

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 £3.323m or 25.62% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

3.2 The main areas of investment to date include:

Statutory Compliance	£1.532m
Equipment	£0.601m
E-health	£0.575m
Elective Orthopaedic Centre	£0.554m

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 30 September 2020 of £3.323m and the forecast year end spend of the total capital resource allocation of £12.968m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	207	43	207
Statutory Compliance	150	91	150
Capital Equipment	31	31	31
Covid Community Equipment	26	0	26
Condemned Equipment	0	0	0
Total Community & Primary Care	413	164	413
ACUTE SERVICES DIVISION			
Statutory Compliance	3,089	1,356	3,089
Capital Equipment	549	108	549
Covid Acute Equipment	973	385	973
Minor Works	160	18	160
Condemned Equipment	90	77	90
Total Acute Services Division	4,861	1,944	4,861
NHS FIFE WIDE SCHEMES			
Equipment Balance	236	0	236
Information Technology	1,041	575	1,041
Minor Works	131	0	131
Statutory Compliance	100	0	100
Contingency	100	0	100
Asbestos Management	85	0	85
Fire Safety	85	85	85
Scheme Development	60	0	60
Vehicles	60	0	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	3,118	660	3,118
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**8,393**	**2,769**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	554	4,500
HEPMA	25	0	25
Lochgelly Health Centre	25	0	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	**4,575**	**554**	**4,575**
Total Anticipated Allocation for 2020/21	**12,968**	**3,323**	**12,968**

Appendix 2: Capital Plan - Changes to Planned Expenditure

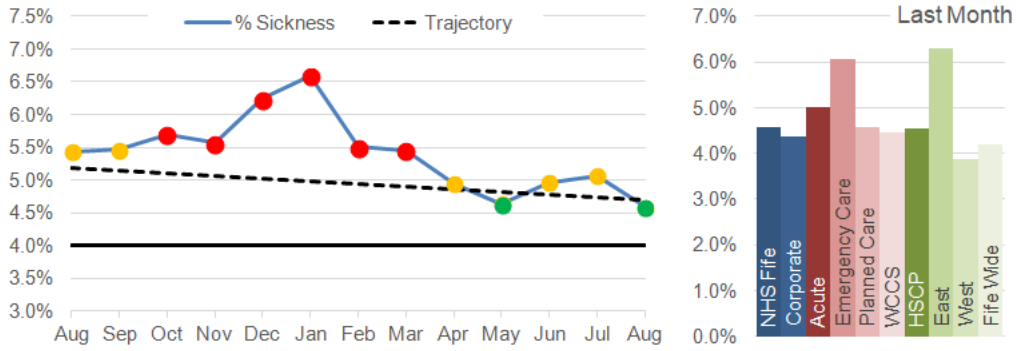
Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to August £'000	September Adjustment £'000	Total September £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	0	207
Covid Equipment	0	0	26	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**388**	**26**	**413**
Acute Services Division				
Capital Equipment	0	969	-420	549
Condemned Equipment	0	57	33	90
Minor Capital	0	159	1	160
Covid 19 Acute Equip	0	0	973	973
Statutory Compliance	0	3,105	-16	3,089
	0	**4,290**	**571**	**4,861**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,485	16	100
Fife Wide Equipment	2,036	-980	-820	236
Information Technology	1,041	0	0	1,041
Minor Work	498	-462	94	131
Fife Wide Contingency Balance	100	0	0	100
Condemned Equipment	90	-77	-13	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	85	0	85
Fife Wide Fire Safety	0	85	0	85
Fife Wide Screen & Speech Units	0	95	-95	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency		0	1,220	1,220
Total Fife Wide	**7,394**	**-4,678**	**402**	**3,118**
Total	**7,394**	**0**	**999**	**8,393**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**4,575**	**0**	**0**	**4,575**
Total Planned Expenditure for 2020/21	**11,969**	**0**	**999**	**12,968**

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				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.44%	5.46%	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%
Scotland	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%

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 Dec-20*	The Regional Workforce Dashboard (Tableau) is being rolled out. This provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas. Tableau training to line managers is being undertaken for local Promoting Attendance Groups. Tableau will be utilised in future by Line Managers, Human Resources, and Occupational Health staff, Promoting Attendance and Well@Work groups and Review and Improvement Panels, to target future interventions to the appropriate areas. OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approaches and reflect the Once for Scotland policy implementation, this will be refreshed once services resume to the new normal. Business units are utilising trajectory reporting and RAG status reports. Further OH Drop-in Sessions will take place when COVID-19 activity allows.
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason *By Mar-21*	This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach. Initial consideration of factors including general awareness raising of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff was 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 consideration and evaluation of staff support requirements being taken forward by the Staff Support and

	Wellbeing Sub Group of the Silver Command Workforce Group and their successors. 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 and will provide Occupational Health clinicians the option of referring employees for interventions which will help support them in the workplace.
21.1 Once for Scotland Promoting Attendance Policy *By Dec-20*	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 aware of the new policy and the changes which affect them.
21.2 Review Promoting Attendance Group *By Dec-20*	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	

CAROL POTTER
Chief Executive
21st October 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Activity to end of September 2020

Mobilisation Plan | Projected Activity

Higher than Projected
Lower than Projected

		Month End			Quarter End	Quarter End	Quarter End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	398	748	894	2,040	3,044	3,220
	Actual	776	900	1,145	2,578		
	Variance	378	152	251	538		
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	3,627	4,724	5,691	14,042	22,565	21,906
	Actual	4,977	5,413	6,528	16,918		
	Variance	1,350	689	837	2,876		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	3,035	4,534	6,033	13,602	20,630	22,208
	Actual	3,532	3,572	4,657	11,761		
	Variance	497	-962	-1,376	-1,841		
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	400	400	848	1,648	2,296	2,544
	Actual	267	333	508	1,108		
	Variance	-133	-67	-340	-540		
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,408	3,408	3,258	10,074	11,450	10,850
	Actual	3,451	3,691	4,122	11,264		
	Variance	43	283	864	1,190		
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	6,855	7,270	7,370	21,495	21,705	21,810
	Actual	6,446	7,068	6,789	20,303		
	Variance	-409	-202	-581	-1,192		
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	250	260	265	775	1,000	985
	Actual	249	323	243	815		
	Variance	-1	63	-22	40		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	2,975	3,100	3,150	9,225	10,100	9,970
	Actual	2,906	3,014	2,853	8,773		
	Variance	-69	-86	-297	-452		
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	1,400	1,470	1,484	4,354	4,350	4,160
	Actual	1,470	1,562	1,435	4,467		
	Variance	70	92	-49	113		
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	750	750	695	2,195	2,140	2,320
	Actual	655	664	772	2,091		
	Variance	-95	-86	77	-104		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	103	103	103	309	309	309
	Actual	103	76	112	291		
	Variance	0	-27	9	-18		
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	106	109	110	325	356	295
	Actual	86	90	98	274		
	Variance	-20	-19	-12	-51		
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	308	349	313	970	1,956	1,985
	Actual	385	430	418	1,233		
	Variance	77	81	105	263		
		Month End			Month End	Month End	Month End
		Jul-20	Aug-20	Sep-20	Sep-20	Dec-20	Mar-21
Delayed Discharges at Month End (Total Delayed Discharges of Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	72	80	79	79	79	74
	Actual	69	83	74	74		
	Variance	-3	3	-5	-5		

[1] The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month;

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 29 October 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
- NHS Scotland 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 members of the Staff Support and Wellbeing Sub-Group and the Well@Work 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 results of the recently undertaken staff gym and exercise survey, attached at **Appendix 1**.

The initiatives include:

2.2.1 Seasonal Influenza Campaign

NHS Fife's Seasonal Influenza programme is currently underway, with the anticipation that more staff will take advantage of this service during this year's campaign.

2.2.2 Weight Management Support Service

Trainee Health Psychologist, Alison Morrow, has launched a new Weight Management Support Service for NHS Fife staff who have a BMI of 25 or more and who are finding it difficult to achieve or maintain weight loss and would like support to make changes to improve their health.

2.2.3 Culture of Kindness Conference

As a result of the COVID-19 pandemic, the Culture of Kindness Conference planned to take place on the 19 May 2020 was cancelled. Plans are in place to re-create this conference as an online, uplifting programme of talks and workshops in early 2021, 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.

Health Psychologist Dr Wendy Simpson posted a video on Kindness was post on StaffLink on 9 September 2020, which is available via the following link: https://www.youtube.com/watch?v=isK28aUITNM

2.2.4 Staff Communication and Guidance for Managers and Staff

During the COVID-19 pandemic, the Workforce Directorate contributed on a number of fronts, from staff communication, guidance for managers, supporting staff to enable them to resume work, the staff wellbeing agenda, to the resource documents, workforce and absence modelling and resourcing of the supplementary workforce. Bespoke support for staff affected by the recent flooding on the Victoria Hospital site was also provided.

2.2.5 Management Support Short-life Working Group

A Management Support Short-life Working Group has been established to consider the provision of on-going support to Managers to assist them with physical and physiological well being during the re-mobilisation phase of the COVID-19 pandemic. The group will seek to address any gaps in the managerial support that is available (both locally and nationally) for managers to compassionately and effectively support their teams and are considering the adequacy of current support that is available to managers in terms of resilience, coaching materials and dealing with fatigue.

The Learning and Development team are currently developing several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience.

2.2.6 Occupational Health Service

NHS Fife's Occupational Health team has been at the fore front of staff support and staff testing during the pandemic. An additional Mental Health nursing resource has

been secured within OH to provide support to staff who may be struggling with their mental health during the COVID-19 pandemic. Funding has also been secured to enhance the current staffing provision and arrangements will be made to recruit to these posts to support the OH service. In addition, a bid has been prepared to be considered by Endowments for funding of additional Counselling Service support.

2.2.7 Good Conversations

In recognition of the potential impact of the pandemic, work strands being progressed; include bespoke peer support for Support Services and AHP staff, using the Good Conversations approach. This will continue to be complemented by activity based themes, such as the current FitBit Activity Tracker challenge, in tandem with the Kingdom Staff Lottery.

2.2.8 Staff Health and Wellbeing Strategy

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 and is currently being considered in line with the review of the Staff Health and Wellbeing Strategy. A strategy review workshop session is scheduled for 28 October 2020.

As previously reported, investment is required to sustain the level of local input which has been provided during the pandemic in terms of input by our OH, Psychology and Spiritual Care services. 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. All aspects are now progressing, including the bid for refurbishment of the space within the Staff Club for the new Staff Hub, in addition to the OH investment set out at 2.2.6 above.

2.2.9 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 are available at **Appendix 1.**

2.2.10 Cycle to Work Scheme

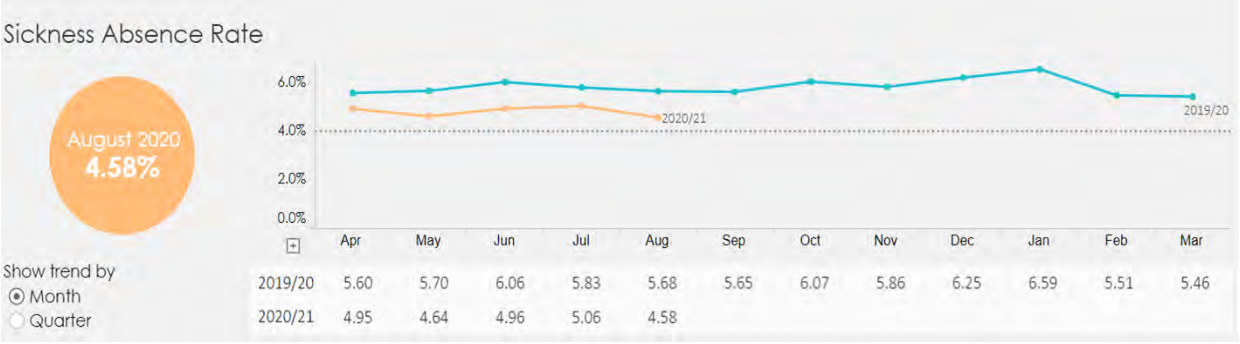
The Cycle to Work scheme will be open from 2 November to 7 November 2020. The Board has run several cohorts of the cycle to work scheme and was successful in a bid for a grant from "Smarter Choices, Smarter Places", to provide funding for shelters to cover the bike racks in place at various sites.

Part 2: Sickness Absence

2.2 Background

2.2.1 NHS Fife Sickness Absence Rates

NHS Fife's absence rate was below 5% for the first three months of the 2020/21 financial year, increasing to 5.06% in July 2020. However, the sickness absence rate decreased to 4.58% in August 2020, as detailed in the graph below:

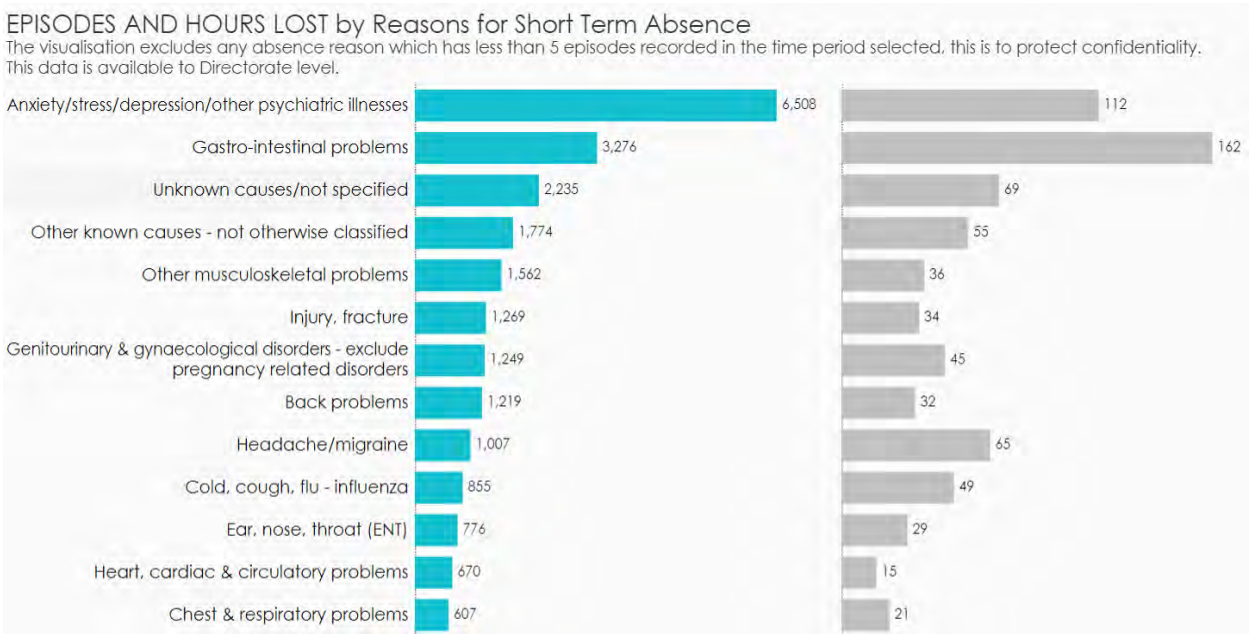


2.2.2 Reasons for Absence

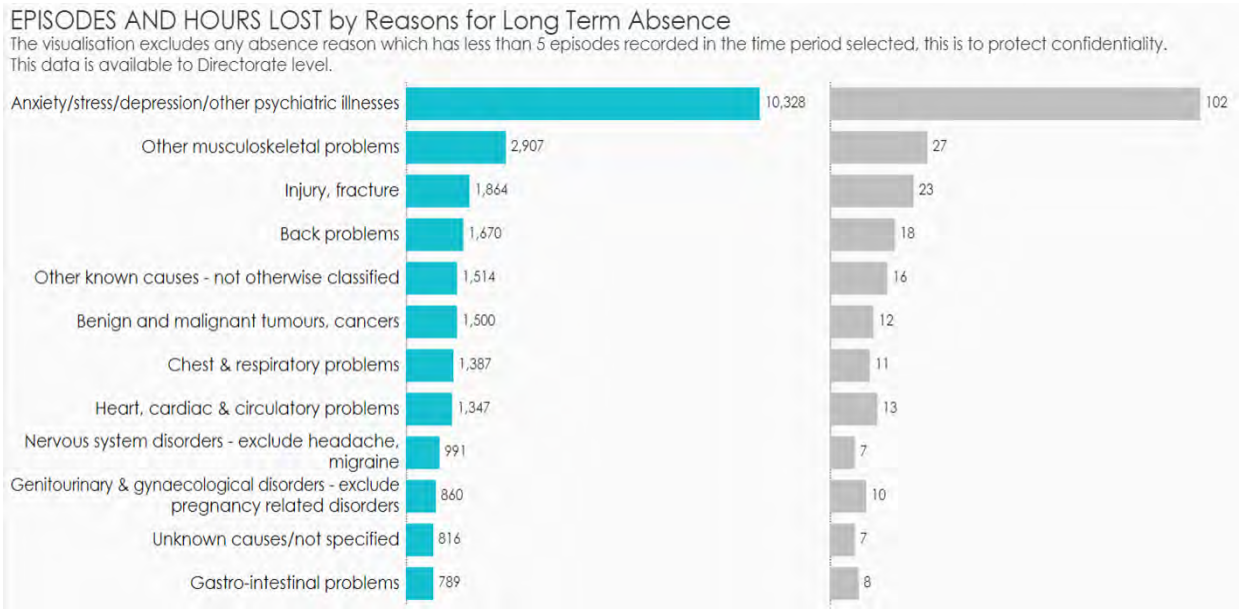
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with the absence rate decreasing by 1.12% from 30.96% in July 2020 to 29.84% in August 2020; followed by Other Musculoskeletal Problems reducing from 8.94% in July 2020 to 7.92% in August 2020; and Gastro Intestinal Problems increasing from 6.56% in July 2020 to 7.20% in August 2020.

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

Short term Absence by Reason



Long term Absence by Reason



2.2.3 Management Actions

NHS Fife's Promoting Attendance Group and Review and Improvement panels continue to meet, along with local Attendance Management Groups.

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 revisions to the Staff 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 provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to staff experience.

2.3.3 Financial

As mentioned above, funding has been secured from the Remobilisation fund. Any bids for further 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 and/or high levels of absence may impact on service delivery.

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 of 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 contents of this paper.

3. List of Appendices

- **Appendix 1 – Gym Survey Results**

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

Appendix 1 – Gym Survey Results

STAFF HEALTH AND WELLBEING

GYM SURVEY RESULTS

1. INTRODUCTION

1.1 A Staff Health and Wellbeing Gym Survey was undertaken via StaffLink in July 2020 to obtain staff feedback on exercise and their views on staff gym provision within our hospital and health centre settings.

1.2 Detailed below are the results captured by the 389 staff who participated in the survey:

Question 1: How often do you exercise each week (include all activity / exercise of 30 minutes or more)?

Answer Choice		Response Percent	Response Total
1	Frequently (5+ times a week)	23.7%	92
2	Regularly (3-4 times a week)	38.6%	150
3	Less often (once or twice a week)	24.7%	96
4	A few times a month	7.7%	30
5	Never	6.2%	24
		Answered	**389**
		Skipped	**0**

Question 2: Do you currently use a gym?

Answer Choice		Response Percent	Response Total
1	Yes	36.9%	143
2	No	63.1%	245
		Answered	**388**
		Skipped	**1**

Question 3: Would you use a gym based in a hospital / healthcare setting?

Answer Choice		Response Percent	Response Total
1	Yes	93.8%	365
2	No	6.7%	26
		Answered	**389**
		Skipped	**0**

Question 4: Would you use a gym if it was available for patients to share?

Answer Choice		Response Percent	Response Total
1	Yes	41.9%	162
2	No	58.1%	225
		Answered	387
		Skipped	2

Question 5: Would you use an indoor gym or an outdoor gym?

Answer Choice		Response Percent	Response Total
1	Indoor gym only	43.3%	165
2	Outdoor gym only	0.8%	3
3	Both	56.2%	214
		Answered	381
		Skipped	8

Question 6: If using an indoor gym, what equipment would you like to be available?

Answer Choice		Response Percent	Response Total
1	Cardiovascular equipment eg treadmill, cross trainer, rov	93.1%	362
2	Machine Weights	62.5%	243
3	Free weights	51.9%	202
4	Crossfit equipment	49.4%	192
5	Peloton bikes	48.1%	187
6	Yoga mats	41.1%	160
7	Free space	32.4%	126
8	Other (please specify):	6.9%	27
		Answered	389
		Skipped	0

Other suggestions of equipment that staff would like available are detailed below:

- Classes e.g., Zumba, Combat, Step etc
- Punchbag
- Gym balls / medicine balls / resistance bands / skipping ropes, access to MSK Physio, yoga balls, punch bags
- TRX
- Swimming pool
- Squat rack
- Resistance bands
- Olympic weight style facilities
- Rowing machine
- Studio cycling

Question 7: If using an outdoor gym, what equipment would you like to see (tick all those appropriate)?

Answer Choice		Response Percent	Response Total
1	Rowing Machine	56.3%	219
2	Cross Trainer	62.0%	241
3	Tricep Dip/Leg Raise Station	44.2%	172
4	Recumbent Bike	39.6%	154
5	Lat Pulldown Shoulder Press	40.1%	156
6	Tai Chi Wheel	19.3%	75
7	Leg Press/Bench	41.6%	162
8	Hand Bike	28.5%	111
9	Trim Trail	27.8%	108
10	Other (please specify):	13.9%	54
		Answered	**389**
		Skipped	**0**

Although it was highlighted that some staff would not use an outdoor gym due to the weather, other suggestions of outdoor equipment that staff would like available are detailed below:

- Thigh trainer
- Disability friendly

Question 8: Would you attend classes on NHS Fife premises that were facilitated virtually / online, if this option was available?

Answer Choice		Response Percent	Response Total
1	Yes	72.8%	281
2	No	27.2%	105
		Answered	**386**
		Skipped	**3**

Question 9: Would you like the gym to be staffed?

Answer Choice		Response Percent	Response Total
1	Yes	48.3%	180
2	No	53.4%	199
		answered	**373**
		skipped	**16**

Question 10: Would you use a personal trainer?

Answer Choice		Response Percent	Response Total
1	Yes	62.1%	238
2	No	37.9%	145
		Answered	383
		Skipped	6

Question 11: What other facilities would you like a gym / other facilities to have?

- An option of a yoga class or mindfulness classes nearer to work base.
- A selection of classes would be good. I attended the one at Whyteman's Brae which was really good and the teacher Carol was amazing as well.
- A swimming a shower nearby pool
- Access to lockers and drinking facilities
- Area for stretching / mobility work with foam rollers, resistance bands etc. This would benefit staff members who have back / neck problems from sitting all day.
- Changing area / shower / hairdryers etc
- Drinking water
- Classes after or before shift
- Coffee / refreshments / relaxation area
- Variety of classes e.g. Step, Aerobics, Zumba and others
- Walking groups
- Cool down areas - quiet space
- Drink / snack machine, fruit for sale, protein bars etc
- Good range of opening times, short burst classes.
- Personal trainer for gym programme advice and one to one sessions (happy to pay extra) and nutrition advice when training or maintaining a healthy lifestyle. Bookable classes after shift finishing for kettlebells / dance fit / yoga / pilates / body pump etc variety for all abilities.
- A fully private staff gym with access to free stats measurements e.g. weight/body fat / BMI machines would be very beneficial. It would be great if a gym could be accessed 24 hours via a swipe card and be of minimum cost to staff, e.g. £10/pm comes directly from wages.
- The gym should have facilities for staff with disabilities. There could be classes similar to active options offered to patients / staff after pulmonary or cardiac rehab. We are often excluded from them because we have been able to remain at work and they are day time based. An opportunity to maintain or improve general fitness and conditioning as a disabled staff member would be very welcome.

Q12: Which site do you work on?

Answer Choice		Response Percent	Response Total
1	Adamson Hospital	4.1%	16
2	Cameron Hospital	5.7%	22
3	Cardenden Health Centre	0.5%	2
4	College of Nursing	0.8%	3
5	Cowdenbeath Dental Clinic	0.0%	0

6	Cupar Dental Clinic	0.0%	0
7	Dalgety Bay Health Centre	0.8%	3
8	Dovecot Clinic	0.3%	1
9	Glenrothes Hospital	2.8%	11
10	Glenwood Dental Centre	0.3%	1
11	Glenwood Health Centre	1.5%	6
12	Gordon Cottage Clinic	0.0%	0
13	Hayfield Clinic	0.0%	0
14	Kennoway Health Centre	0.0%	0
15	Kincardine Health Centre	0.3%	1
16	Kinghorn Health Centre	0.0%	0
17	Kinglassie Clinic	0.0%	0
18	Kirkcaldy Health Centre	2.3%	9
19	Linburn Road Health Centre	0.8%	3
20	Lynebank Hospital	16.5%	64
21	Ladybank Clinic	0.0%	0
22	Leslie Dental Centre	0.3%	1
23	Leven Health Centre	0.3%	1
24	Lochgelly Health Centre	0.8%	3
25	Masterton Health Centre	0.3%	1
26	Matthew Street Residencies	0.0%	0
27	Oakley Health Centre	0.0%	0
28	Pitteuchar Health Centre	0.0%	0
29	Queen Margaret Hospital	29.6%	115
30	Randolph Wemyss Memorial Hospital	2.3%	9
31	Rosewell Clinic	0.5%	2
32	Rosyth Health Centre	0.5%	2
33	Skeith Health Centre	0.3%	1
34	Stratheden Hospital	5.1%	20
35	St Andrews Community Hospital	4.6%	18
36	Thornton Clinic	0.0%	0
37	Valleyfield Health Centre	0.3%	1
38	Victoria Hospital	43.2%	168
39	Weston Day Hospital	0.0%	0
40	Whyteman's Brae Hospital	10.3%	40
41	Whyteman's Brae - Willow Drive	1.5%	6
42	Other (please specify):	3.3%	13
		Answered	**389**
		Skipped	**0**

Q13: On what site would you use a gym?

- Any Hospital site (13 staff)
- Any Dunfermline site (6 staff)
- Any Kirkcaldy site (6 staff)
- Adamson Hospital (8 staff)

- Cameron Hospital (17 staff)
- Cupar Health Centre (2 staff)
- Glenrothes area (9 staff)
- Kelty Health Centre (1 staff)
- Kirkcaldy area (5 staff)
- Lynebank Hospital (54 staff)
- Queen Margaret Hospital (118 staff)
- Randolph Wemyss Memorial Hospital (5 staff)
- Rosyth Health Centre (2 staff)
- Stratheden Hospital (11 staff)
- St Andrews Community Hospital (8 staff)
- Victoria Hospital (152 staff)
- Whyteman's Brae Hospital (30 staff)

Q14: Do you work shift patterns?

Answer Choice		Response Percent	Response Total
1	Yes	19.8%	77
2	No	80.2%	312
		Answered	**389**
		Skipped	**0**

Q15: When would you use the gym?

Answer Choice		Response Percent	Response Total
1	Early morning	54.7%	208
2	Lunchtime	34.2%	130
3	Late afternoon/teatime	52.1%	198
4	Evening	62.9%	239
5	Weekends	42.6%	162
6	Other (please specify):	4.2%	16
		Answered	**380**
		Skipped	**9**

Q16: Would you be willing to make a financial contribution to use the gym?

Answer Choice		Response Percent	Response Total
1	Yes	89.7%	349
2	No	10.3%	40
		answered	**389**
		skipped	**0**

2. CONCLUSION

2.1 Following analysis of the Staff Health & Wellbeing Gym Survey results, although only 36.9% of those staff who had participated in the survey currently use a gym, 93.8% indicated that they would use a gym if this was based within a hospital / healthcare setting.

2.2 Staff would like to see a variety of equipment available within an indoor gym, however, the main emphasis was on cardiovascular equipment, i.e. treadmill, cross trainer, rowing machines etc. A number of staff advised that they would like classes, with 62.1% of staff identifying the availability of personal trainers as a preference.

2.3 The option of virtual classes was also well received, with 72.8% of staff advising that they would participate in these classes, if these were available to them.

2.4 It was also noted that 89.7% of staff advise that they would be willing to make a financial contribution to use the gym facilities on site.

2.5 At a suitable point in terms of the current pandemic, consideration will be given to taking forward the suggestions and views of staff, as part of the on-going approach to improving staff health and wellbeing, reducing sedentary behaviour and improving physical activity. Feedback will also be provided to staff on the results of the survey and via the Area and Local Partnership Fora.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**29 October 2020**
Title:	**Youth Employment Update**
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 overarching aim of the youth employment section of the Workforce Strategy is to support the development of an appropriately skilled young workforce from a diverse background which will meet current and future service demands. This includes:

- Developing and implementing a range of approaches for employing young people and other underrepresented groups within the workforce in partnership with NHS Fife managers.
- Continuing the development of the Modern Apprenticeship programme, in line with NHS Fife objectives, nationally set targets, workforce plans and service redesign ambitions.
- Ensuring local management of the apprenticeship programmes in the Health & Social Care Partnership and the roll out to the Acute Services Division and Corporate Directorates.
- Promoting NHS Fife as an employer of choice by raising awareness of the broad range of jobs, apprenticeships and careers. Development of new pathways into employment for 16-24 year olds and promoting these pathways through a range of methods including: development of a suite of online careers resources; an established work experience and schools engagement programme.

This report updates the Committee on the Boards youth employment activities. A report was last provided on 30th August 2019.

2.2 Background

The overarching Workforce Strategy recognises the need to improve our employment of young people to sustain a workforce for the future. As we work to redeveloping that strategy document for 2022 -2025 we will include our provisions for youth employment and align outcomes and actions wherever possible.

This paper provides details of particular work being undertaken in this area which recognises the need to engage more effectively with young people directly and also schools and colleges in order to maximise our workforce supply in the short, medium and longer term.

We remain committed to the Scottish Government Youth Employment Strategy and Developing the Young Workforce (DYW) initiatives.

2.3 Assessment

The Covid-19 pandemic paused a number of youth employment activities; however, in the last 2 months the Developing Young Workforce Groups have recommenced their actions, focussing on the 2021 apprentice programme intake. The establishment of the Health and Social Care Young Workforce Group has created initiatives for young people to access modern apprenticeships and foundation apprenticeship opportunities. This group co-opted expertise from Fife College and Fife Council Employability Service to establish 6 Modern Apprenticeship posts and has appointed to all of them. This increases the MA opportunities in the Board to 12. We recognise this is a small number as a proportion of the total workforce, however, we anticipate starting small and getting it right to allow us to scale up the numbers in a confident and concerted way over the coming years.

The communications plan for youth employment has been completed in conjunction with our Communications team. Examples of the approach include leaflets promoting NHS Fife careers and attendance job fairs across the Kingdom before lockdown. The DYW school co-ordinators are engaged accessing local and national online careers information and career pathway information.

The successful project with St Andrews High School, Auchmuty High School and Queen Anne High School , supported by the DYW Board saw over 200 S4, S5 and S6 pupils receiving training in applying for jobs, and preparing and attending interviews. This type of engagement and involvement with young people will continue and will be developed for teams-based delivery.

In recognition that the youth employment/developing the young workforce agenda is increasing, and to continue to support this work, funding for a dedicated post within the Workforce Directorate was agreed in 2019. Whilst the funding has been established the post was not recruited to before the pandemic, however work has been initiated to progress this and it is a priority for completion in early 2021. Responsibilities are primarily in supporting:

- the continued increase in Modern Apprenticeships, Foundation Apprenticeships and Graduate Apprenticeships
- the work of the DYW Board and links to the 18 DYW school co-ordinators, the interface between managers and Fife Council employability team, Fife College, DWP and job centres.

The role will also be responsible for delivering initiatives in partnership with the third sector such as Princes Trust. We are committed to establishing an “introduction to work” initiative

for 30 young people in Fife who are supported by the Princes Trust and have had difficulties in getting into the job market. There are different approaches to this type of initiative, but typically there is 4 to 6 weeks of supported learning and work experience with the opportunity of a guaranteed interview at the end.

The principles of the *apprentice first* proposal remain important to significantly attracting and retaining younger staff. The intention remains to have a default position that all bands 2 and band 3 vacancies are assessed by managers for suitability as apprenticeship opportunities prior to recruitment. The process will require managers to adopt the practice that all band 2 and 3 vacancies will be filled by an apprentice and seek support from recruitment and the Employability Manager to fill the apprenticeship from a pool of prospective young candidates. We recognise that in some instances a post at band 2 or 3 may not be suitable as an apprenticeship opportunity and it is for the recruiting manager, via vacancy management approval documentation, to set out the reasons for pursuing an alternative recruitment campaign.

The current ambition is to increase NHS Fife's apprenticeships to 50 by 2022 Autumn academic intake. This will have to be reviewed and it is likely the date will move by one year, i.e. to "by 2023 Autumn academic intake", given the impact of the pandemic

2.3.1 Quality/ Patient Care

Enhancing our workforce through apprenticeships across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The Workforce Strategies for both NHS Fife and Fife Health and Social Care Partnership and the Youth Employment Strategy, support NHS Fife's aims as an exemplar employer.

2.3.3 Financial

Funding in principal was agreed in 2019 for a full-time permanent Band 7 post within the Workforce Directorate.

2.3.4 Risk Assessment/Management

Over time, the advancement of our Youth Employment Strategy has the potential to mitigate some of our recruitment and retention challenge.

2.3.5 Equality and Diversity, including health inequalities

Making provision for youth employment within our overarching Workforce Strategy has significant benefits in seeking to redress social inequality and offer young people who have had difficulty entering employment in NHS Fife greater access.

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 Director of Workforce and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Information** – the Committee is asked to **note** the content of the Youth Employment Strategy update.

3. List of Appendices

- N/A

Report Contact
Bruce Anderson
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NHS Fife

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 29 October 2020
Title:	South East Payroll Services Consortium Business Case
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Bruce Anderson, Head of Workforce

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 NHS Scotland quality ambition(s):

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The attached Business case at Appendix 1 sets out the preferred option for payroll services in the South East (SE) Payroll Services Consortium which aims to deliver a service that is sustainable, efficient and cost-effective, and to a quality that is consistent and nationally agreed.

2.2 Background

The South East Payroll Consortium is made up of seven Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS) and from April 2020 the new public body, Public Health Scotland. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis.

The business case provides an analysis of payroll services in the South East (SE) and sets out to explain issues affecting the services. The reasons for change are highlighted and the subsequent Options Appraisal process detailed. The case for a regionalised 'Single Employer, Multiple Base' solution is proposed as a preferred option and details are explored on how this proposed service model could be implemented from a day one perspective.

2.3 Assessment

An Option Appraisal exercise was carried out with the preferred option of a 'Single Employer and Multiple Base' from both the non-financial and financial appraisal perspectives. The main benefits for a single employer within the SE will enable a robust governance structure and provide more flexible and resilient management arrangements. A single employer will also help with workforce planning, identify skill gaps and support the creation of career paths. Multiple bases will support recruitment and retention of staff with a potential for staff to remain in their existing base or have the opportunity to move to another base.

NHS Lothian and NHS NSS formally expressed interest in becoming the Single Employer. Formal submissions were received and an independent panel was convened on January 10th 2020. Following an evaluation of the submissions and presentations from both boards the panel reached a decision. The preferred single employer is National Service Scotland. The appointment of a Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the four other NHS Boards to transfer the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014) - TUPE.

2.3.1 Quality / Patient Care

A single employer payroll service will deliver a consistent and efficient payroll provision to staff providing services to patients and services.

2.3.2 Workforce

Implementing a regional payroll model will have an impact on the workforce roles and responsibilities with a new model potentially offering a career progression framework.

2.3.3 Financial

The new service delivery model will be fully funded from within the existing NHS Fife budget for payroll services.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

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

Discussions have taken place within the East Regional Payroll Consortia.

2.3.8 Route to the Meeting

This paper has been considered by EDG on 22 October 2020.

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 the Business Case which has now been approved by the Consortia.

3. List of Appendices

- **Appendix 1 – South East Payroll Services Consortium Business Case**

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South East Payroll Services Consortium

Business Case v1.0

10 January 2020

Document Control

Title:	South East Payroll Services Consortium
Date:	26th November 2019

Version History

Version	Date	Author(s)	Comments
0.1	26/11/19	Laura Dodds	1st draft
0.2	11/12/19	Donald Boyd	2nd Draft – following review by SE Payroll Services Consortium Board
0.3	16/12/19	Donald Boyd	3rd Draft – Further review by Programme Working Group
0.4	30/12/19	Donald Boyd	4th Draft – Updated changes made from SE Payroll Services Consortium Board
1.0	10/01/20	Donald Boyd	Version 1.0

Executive summary

The South East Payroll Consortium is made up of seven Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). From April 2020 the new public body, Public Health Scotland will also be included. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis.

This report provides an analysis of payroll services in the South East (SE) and sets out to explain issues affecting the services. The reasons for change are highlighted and the subsequent Options Appraisal process detailed. The case for a regionalised 'Single Employer, Multiple Base' solution is proposed as a preferred option and details are explored on how this proposed service model could be implemented from a day one perspective.

Issues

The report summarises the main issues driving change. This includes the sustainability of the payroll services workforce, the Scottish Government 'Once for Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand. .Changes to staff terms & conditions which have had an impact in 2019/20 include new pay protection arrangements, the continuing implementation of eESS and changes to the 'Pay As If At Work' calculations during periods of annual leave.

Findings

An Option Appraisal exercise was carried out with the preferred option of a 'Single Employer and Multiple Base' from both the non-financial and financial appraisal perspectives. The main benefits for a single employer within the SE will enable a robust governance structure and provide more flexible and resilient management arrangements. A single employer will also help with workforce planning, identify skill gaps and support the creation of career paths. Multiple bases will support recruitment and retention of staff with a potential for staff to remain in their existing base or have the opportunity to move to another base.

Vision

An assumption within the Scottish Government Framework highlights that effective regional working could deliver on 1% of productivity savings. The preferred option could provide further savings through advances in technology. There are also opportunities to share technical capabilities and service knowledge, for example, gains in productivity such as reduction in unnecessary manual keying and the introduction of electronics payslips and eESS.

Next Steps

NHS Lothian and NHS NSS formally expressed interest in becoming the Single Employer. Formal submissions were received and an independent panel was convened on January 10th 2020. Following an evaluation of the submissions and presentations from both boards the panel reached a decision. The preferred single employer is National Service Scotland.

The appointment of a Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the four other NHS Boards to transfer the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014) - TUPE.

Contents

1. Strategic Context

1.1 Introduction

This Business Case sets out the preferred option for payroll services in the South East (SE) Payroll Services Consortium which aims to deliver a service that is sustainable, efficient and cost-effective, and to a quality that is consistent and nationally agreed.

1.2 Drivers for change

There are three main drivers for why change is required:

- The sustainability of the payroll services workforce
- The Scottish Government's expectation for a 'Once for Scotland' approach
- Issues and limitations with existing technology and systems

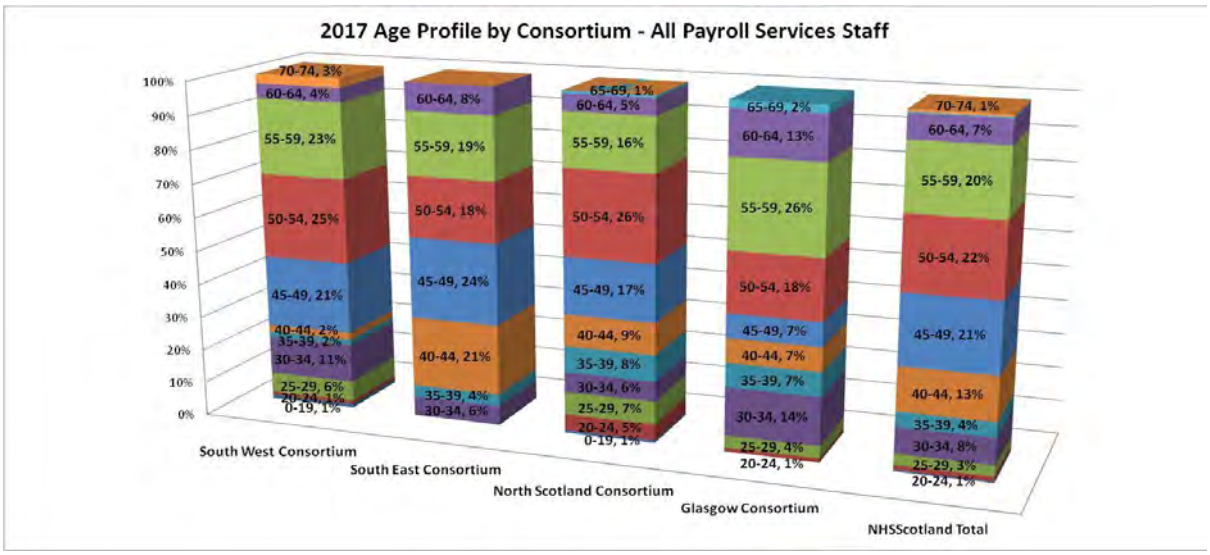
1.3 Workforce Sustainability

The main driver for change within the payroll services community is to address issues in relation to workforce sustainability.

- **Age Profile**

In 2017, 50% of all NHS Scotland Payroll Services staff were over the age of 50 and 28% of all NHS Scotland Payroll Services staff were over the age of 55[1]. Within the South East Consortium, the figures were 45% and 27% respectively.

Figure 1 Age profile of Regions



The age profile for Payroll Services in the South East Consortium has been updated in 2019 and shows that this upward trend is continuing with 52% of the workforce now aged 50 and over whilst only 4% are under the age of 30.

[1] Since 2017, the number of consortia has reduced to three (North, West and South East).

- **Recruitment and Retention**

  Another workforce sustainability issue within the SE Consortium is staff recruitment and retention. This has been particularly the case within NHS Lothian where a nationally agreed Recruitment and Retention Premium (RRP) is in place for Payroll Officers until August 2020 in an attempt to address this issue.
  From April 13 – April 18 NHS Lothian lost 16.13 WTE experienced payroll administrator staff, which is equivalent to 76% of their total payroll administration team. The majority left to go to other employers in the Edinburgh area where they would receive a higher annual salary than NHS Lothian were able to offer.
  The inability to retain payroll staff and the struggle to recruit experienced payroll staff has a substantial impact on the sustainability of the payroll service within NHS Lothian.
  NHS Lothian has developed a 2 year training programme and along with a Recruitment and Retention Premium (RRP) there is an expectation of a reduced turnover of staff within the payroll team and an improvement in the quality of applicants expressing an interest in any future vacancies.

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  Following years of workforce stability, NHS Fife has also experienced three members of staff leaving in 2019 which equates to a 20% turnover. Whilst Fife has not experienced any significant difficulty recruiting into these posts, it illustrates that any individual team can be affected by retention issues. This has a an immediate impact on the remaining workforce in covering the 'gaps' to meet ongoing service demand whilst recruitment is underway and then training new members of staff who are subsequently recruited into the team. Since August 2018 4 staff have left NHS Lothian, 2 due to retirement, 1 to NHS Greater Glasgow and Clyde and the other due to ill health. No one has left NHS Lothian to go to the private sector.

- **Managing Demand and Capacity**

  The existing service model (five teams with separate processes) also significantly contributes to the inability to flex capacity to meet peaks in demand; for example, the Doctors and Dentists in Training intake in NHS Lothian and NHS National Services Scotland (NSS).

1.4 Scottish Government 'Once for Scotland' approach

The second key driver for change is in response to the Scottish Government's 'Once for Scotland' approach.

- **Health and Social Care Delivery Plan**

In December 2016, the Scottish Government Health and Social Care Delivery Plan confirmed the Government's continued 'Once for Scotland' direction of travel stating:

> 'We will...build on the work that has already taken place through a 'Once for Scotland' approach to provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis...Our territorial and patient facing national boards such as the Ambulance Service and NHS 24 must be allowed to focus on delivery of the "triple aim" of better care, better health and better value.'

The plan subsequently set out the following action with implications for payroll services:

'Ensure that NHS Boards expand the 'Once for Scotland' approach to support functions – potentially including human resources, financial administration, procurement, transport and others. A review will be completed in 2017, and new national arrangements put in place from 2019.'

- **Payroll Services Response**

In response to the 'Once for Scotland' agenda and following on from previous attempts to develop a shared approach to payroll services, a national Payroll Services Programme Board, reporting to the NHS Chief Executives Group, was established in 2016.

The Board aims to provide national strategic direction and oversee the approach to payroll services across Scotland with service delivery developed through regional models in the three consortia. Whilst operating regionally, it is expected that services deliver a consistent and sustainable approach to payroll, SSTS and expenses for NHS Scotland.

The South East Payroll Services Consortium is one of the three consortia in Scotland and its Project Board was formally established in 2017, reporting to the South East Consortium Directors of Finance at key decision points and to the national Payroll Programme Board for professional endorsement.

1.5 Limitations with Technology

The third driver for change is the limitations of existing technology, in particular the national payroll systems that all payroll services teams in Scotland use. The need to replace the existing national systems is well recognised and is being taken forward as part of the wider national Business Systems Strategy programme.

Whilst this is not within the direct remit of the South East Payroll Services Consortium, it is acknowledged that a new payroll system has the potential to support the full realisation of the benefits of moving to a regional service model.

1.6 Scottish Government Financial Framework

Whilst the main driver for payroll services is to develop a more sustainable service, this needs to be set within the context of the Scottish Government Medium Term Health and Social Care Financial Framework.

The Scottish Government Financial Framework (October 2018) highlights the need for continued savings and sets out the following assumptions:

- Regional Working – it is assumed that productivity savings of just over 1% could be delivered through effective regional working.
- Once for Scotland – 0.25% reduction in cost is assumed, to reflect potential savings.

The Framework also states that these savings estimates could increase further in the future through advances in technology which, in the case of payroll services, is recognised both in relation to national systems and local technology improvements. This could lead to future long term savings. (see Section 8).

2. Overview of Payroll Services

2.1 Payroll Services in Scotland

There are 13 payroll services for 22 Boards across Scotland. Payroll services most commonly consist of the following functions: payroll, expenses and SSTS (see Appendix A for further information).

Whilst payroll services staff mainly undertake the same tasks, they do not always have the same working practices and processes. There are also differences in staffing structures in the 13 departments.

Payroll services teams utilise national systems which are part of the national IT contract with Atos. These include the payroll system, expenses system, SSTS and the Electronic Employee Support System (eESS). In addition to these national systems, there are a number of other systems used on an individual Board basis, for example, helpdesk and document storage and retrieval systems.

2.2 Payroll Services in the South East

The SE Payroll Services Consortium is currently made up of seven Boards: NHS Fife, Forth Valley, Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS).

There are five payroll teams within the SE Consortium with NSS providing a service to HIS and NES through a Service Level Agreement arrangement. In April 2020, NSS will also take on the provision of the payroll service for the new public health body – Public Health Scotland, increasing the number of Boards within scope to eight.

The teams have a combined staff headcount of 86 (77.51 WTE); this includes some existing shared management arrangements.

Table 1 Headcount by board – December 2019

NHS Board	Head Count	WTE
Fife	16	13.88
Forth Valley	13	11.65
Lothian	40	35.51
NSS	10	10
SAS	7	6.5
Total	86	77.51

Within the SE Consortium, there are approximately 70,000 employees (including bank staff); and in 2018/19, just under one million payslips were generated; 165,000 expenses claims processed; and nearly 50,000 employees were administered through SSTS[2].

[2] NHS Scotland Payroll, Expenses & SSTS 2018 Baseline Data

In May 2019, NHS Borders formally confirmed it would no longer be participating in the SE Consortium Programme due to the need to prioritise initiatives that will help address its financial challenges; NHS Borders indicated that it could not commit to implementing changes unless the programme had a focus on savings.

2.3 Payroll Services Demand

- **Statutory and Legislative Requirements**

The administration of payroll services has increased in complexity due to statutory and legislative changes as well as revised terms and conditions of service which has led to increasing demands on the service. Whilst national workforce systems have been developed to accommodate such changes there requires an enhanced level of preparatory work and system control on an ongoing basis to ensure compliance.

Examples include pension auto re-enrolment, secondary pension scheme (NEST); HMRC Real Time Information; Agenda for Change Payment As If At Work (PAIAW) and significant increase in protection arrangements being put in place.

- **NHSScotland Workforce**

Demand on payroll services has also increased as a direct result of an increase in the NHS workforce. There have been seven consecutive years of growth and whilst the growth has slowed in recent years (June 2016 0.5%; June 2017 0.6%; June 2018 0.1%), the latest census[3] shows a higher rate of annual growth. At 30 June 2019, there were 163,617 staff employed by NHSScotland representing an increase of 0.8%, compared to the previous year.

From August 2018, employment arrangements for Scotland's junior doctors have also affected demand. Under the new arrangements, trainees continue to work in different Board areas, but for administrative purposes, the 22 health board employers has been reduced to four, with trainees benefitting from having one employer for the duration of their training programme. Two of the four lead employers are within the SE Consortium: NHS Lothian for the East Region and NES (delivered by NSS) for GP trainees across Scotland

In relation to future demand, NHS boards are required to provide workforce projections based on staff in post whole time equivalent (WTE). Within the SE, NHS workforce projections for 2019/20 project a continued increase, with the biggest increase due to NES taking on responsibility for national programme trainees.

[3] NHSScotland Workforce Quarter ending 30 June 2019 - A National Statistics publication for Scotland (NHS National Services Scotland Information Statistics Division, Publication date: 03 September 2019)

Table 2 Workforce Projections

NHS Board	Board baseline 31 March 2019	31 March 2020 Projections	Projected Change	Projected Change %
Fife	7,356.5	7,550	194.3	2.6%
Forth Valley	5,382.3	5,554.2	171.8	3.2%
HIS	408.6	416.5	7.9	1.9%
Lothian	20,644.0	20,847.8	203.8	1.0%
NES	1,628.3	2,201.1	572.8	35.2%
NSS	3,238.2	3,438.4	200.2	6.2%
SAS	4,672.0	4,759.4	87.4	1.9%
Total	**43,329.90**	**44,767**	**1,437.1**	**3.3%**

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It should be noted that the figures above do not include:

- Bank staff (in the SE, on average, approximately 4,000 bank staff are paid weekly and 10,000 paid monthly[4])
- 280 NHS Health Scotland employees who, along with a number of existing staff from NSS, will form the new Public Health body receiving payroll services from NSS from April 2020.
- The introduction of the lead employer model for Dentists in Training expected to be implemented in 2020 that will, in the main, sit with NES.

2.4 Payroll Service Capacity

Whilst the increase in demand above has been incremental and relatively small there is a cumulative impact; it should also be considered within the context of a reduction in payroll services capacity.

Since 2011, there has been a reduction in payroll services staffing levels in the SE Consortium of 21.63 WTE (22%) from 97.85 WTE to 76.22 WTE. The table and graphs below shows that whilst all payroll teams have shown a reduction, the biggest reductions have been in NSS, Lothian and Fife.

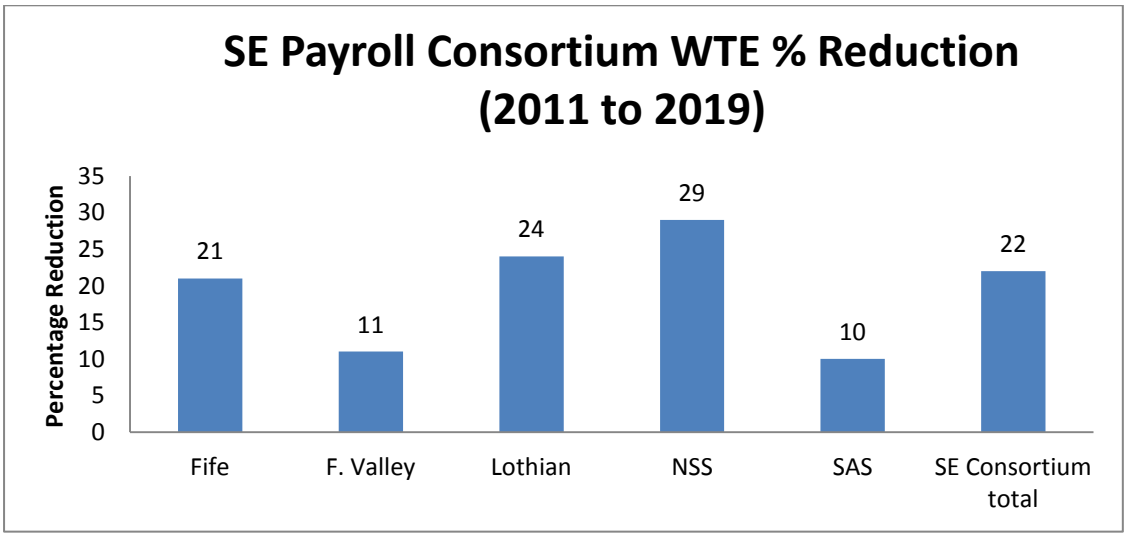
Table 3 Payroll staffing levels

NHS Board	2011	2012	2013	2014	2015	2016	2017	2019*	WTE Reduction since 2011
Fife	17.6	16.98	17.08	16.08	16.08	15.92	15.21	13.88	3.72 (21%)
F. Valley	13.11	12.79	12.74	12.14	12.14	12.13	11.45	11.65	1.45 (11%)
Lothian	45.94	39.22	39.37	36.7	37.05	36.62	36.74	35.51	11.04 (24%)
NSS	14	14.1	13.15	13	12	11.5	10	10	4 (29%)
SAS	7.2	6.4	6.4	7.33	6.4	6.5	6.5	6.5	0.7 (10%)
Total	**97.85**	**89.49**	**88.74**	**85.25**	**83.67**	**82.67**	**79.9**	**77.51**	**21.63 (22%)**

*2019 data correct at December 2019; historical data from national baseline activity reports.

Figure 2 WTE% reductions (2011-2019)

[4] South East Consortium Demand and Capacity Modelling (January 2019)



Similar to the SE, there has been a reduction in payroll services staff WTE across Scotland; these reductions have been translated into cost savings:

- Since 2010 there has been a net reduction in Payroll Services Staff (Payroll, Expenses and SSTS) of 90.22 WTE with an overall reduction in cost of £345,244.
- Taking into account annual pay awards and the increase in employer costs, in today's terms the cost savings of 90.22 WTE would equate to £2,958,772.

2.5 Payroll Services Costs

In 2018/19, the total payroll services budget in the SE Consortium was in excess of £3.6 million. Over 75% of this budget is comprised of staff costs (at £2.8 million).

It should be noted that these figures differ from the cost of the 'Status Quo' Option 1 included in the Economic and Financial Appraisals. The costing exercise (see Section 5) considers the full cost of delivering the Payroll Service which includes Atos National Payroll Systems costs. These costs are dealt with differently by Boards, with some Boards capturing this cost within IT budgets.

2.6 Key Performance Indicators (KPI)

There is a 99.5% accuracy KPI set at a national level. The consortium board members consistently perform above this and it is to be noted that the KPI accuracy rate is not considered in the case for change. It is anticipated the boards will continue the high performance in the new proposed model.

3. Non-financial Option Appraisal

3.1 Engagement

Non-financial option appraisal workshops were held in 2018 and were attended by a range of participants including staff and staff-side representatives (see Appendix B).

3.2 Benefit Criteria

Participants developed and agreed seven (non-monetary) benefit criteria for a future SE Consortium payroll service, defining the criteria in service or output oriented terms; avoiding overlap; relating them closely to service objectives and performance measures; and defining so the Status Quo option could be given a score other than zero.

Participants then ranked and weighted the criteria, achieving a high level of consensus. Although it was recognised that all the benefit criteria are important, the second column in the table below shows the *order* of importance and the third column shows how important the benefit criteria are *in relation to each other*; this was done by agreeing what weighting to give the benefit criteria out of a total of 100.

Table 4 Benefit Criteria ranking

Benefit Criteria	Ranking	Weighting
Sustainability	1	23
Staff focus and experience	2	20
Service quality	3=	15
Efficiency and productivity	3=	15
Customer focus and experience	5	12
Strategic fit	6	8
Technology and innovation	7	7

3.3 Option Generation

Options for how payroll services could be set up across the SE were generated using the following principles: option generation should be open, transparent and accessible; initial thinking should lead to a 'long list' of options; people should be encouraged to think creatively; shortlisting against specified criteria may be required; the shortlist should include the 'status quo' as a benchmark option.

Participants were given a framework to help guide option generation discussions and generated an initial long list of options (see Appendix A).

3.4 Non Short listed Options

The long list of options was reviewed using the following principles: in theory, all options could be scored - in practice, a shorter list would be more manageable; a high level of consensus should be reached, and a robust rationale given, if not shortlisting an option; the Status Quo to be shortlisted to act as a benchmark.

A high level of consensus was reached in relation to not shortlisting the following options as well as agreeing the rationale for that decision:

Table 5 Non short listed options

Long List Reference	Description	Rationale for Not Shortlisting
Status Quo & Opportunistic Collaboration (2)	This option would take advantage of team changes e.g. staff leaving, with an assessment to consider workload re-allocation within the consortium. This would rely on 'goodwill' rather than a formal arrangement.	• Will not deliver a sustainable service model. • Is not in line with national payroll services strategic direction.
Status Quo & Formal Resource Allocation (3)	This option would see a formal arrangement between Boards across the Consortium so, when appropriate and/or necessary, resource is re-allocated between boards. Examples could include cover for high absence levels, Doctors and Dentists in Training.	• Will not deliver a sustainable service model. • Is not in line with national payroll services strategic direction.
Outsourcing (4)	Outsourcing is an agreement that would contract the internal payroll services activity to an external company.	• Does not fit with Scottish Government workforce commitments. • Is not in line with national payroll services strategic direction. • Would not be supported by Trade Unions.
Extended role (5)	Staff would have an extended role to include wider HR transactions e.g. recruitment contracts. There could also be a separate option where staff have a wider Finance service role beyond payroll.	• HR shared service discussion timeframe does not align with payroll; this option would negatively impact on agreed timescales. • There would be merit in revisiting this option following payroll service model implementation but current focus should be on the payroll service.

3.5 Remaining Options

The remaining long list of options included Single and Multiple Employer options and Single and Multiple Base options. There was *mixed views* as to whether Multiple Employer options and Single Base options should be shortlisted and therefore, in line with the shortlisting principles above, it was agreed that these options should not be ruled out at this stage.

The remaining long list of options also included potential high level service structure options, however it was recognised that more time was required to fully develop, discuss and debate service structure and process flow detail.

3.6 Shortlisted Options

Taking all of the above into account, there was agreement that *all* shortlisted options should include:

Table 6 Shortlisted Options aspects

Aspect	Agreement
Boards	NHS Borders*, Fife, Forth Valley, Lothian, NSS, HIS, NES and SAS
Functions	Payroll, SSTS and Expenses functions
Structure	A Consortium wide Single Management Structure (as a minimum)
Reporting Line	Finance

*NHS Borders has withdrawn from the Consortium since the non-financial option appraisal stage.

Car Leasing was also considered for inclusion and while some car leasing related tasks are undertaken in most payroll services teams, only one team has full responsibility for the overall function; it was therefore decided that car leasing would be considered out of scope.

It was agreed that discussions about the detailed service model design would come later and the key differences in the shortlisted options related to Employer and Service Base. The shortlisted options were subsequently re-numbered as below:

Table 7 Shortlisted Options

Shortlisted Option	Description
Option 1	Status Quo (Current Service)
Option 2	Single Employer, Single Base
Option 3	Single Employer, Multiple Base
Option 4	Multiple Employer, Single Base
Option 5	Multiple Employer, Multiple Base

3.7 Scoring

25 out of a possible 32 participants took part in the scoring exercise, giving a participation rate of 78%. Participants individually scored the shortlisted options against the benefit criteria using the scoring scale below and outlining the reasons for their score.

Table 8 Scoring Criteria

Scale	Definition
4	Fully delivers the benefit criteria
3	Mostly delivers the benefit criteria
2	Moderately delivers the benefit criteria
1	Slightly delivers the benefit criteria
0	Will not/ unlikely to deliver the benefit criteria

3.8 Overall Results

The table below shows the options in results order of total combined individual scores, both unweighted and with the weighting applied.

Table 9 Shortlisted Options Results

Options (in results order)	Total Score	Total Weighted Score
Option 3 - Single Employer, Multiple Base	600	8741
Option 2 - Single Employer, Single Base	491	6695
Option 5 - Multiple Employer, Multiple Base	352	5130
Option 4 - Multiple Employer, Single Base	333	4642
Option 1 – Status Quo (Current Service)	267	3843

Analysis of the individual scores demonstrated the following areas of consensus:

- 23 out of 25 (92%) participants scored Option 3 as their preferred option; the remaining two participants scored Option 3 first equal with Option 2.
- 20 out of 25 (80%) participants scored Option 2 as their second preferred option (as above, two scored Option 2 first equal with Option 3).
- 13 out of 25 (52%) participants scored the Status Quo as their least preferred option; a further six participants scored it second last or equal last with other options.

3.9 Results by Benefit Criteria

The highest possible score for each benefit criteria is 100 (25 participants X maximum score of 4). The table below shows the total (unweighted) score for each benefit criteria, with the highest scoring option highlighted in green and the lowest scoring option highlighted in red.

Table 10 Total Score of Benefit Criteria

Benefit Criteria	Option 1	Option 2	Option 3	Option 4	Option 5
Sustainability	19	59	93	38	47
Staff Focus	40	49	89	40	49
Service Quality	59	76	84	53	60
Efficiency & Productivity	40	82	86	58	52
Customer Focus	71	65	90	51	70
Strategic Fit	3	88	86	40	31
Technology & Innovation	35	72	72	53	43

- Option 3 (Single Employer, Multiple Base) scored highest (or equal highest) for six out of seven benefit criteria, and second highest for the remaining benefit criteria.
- Option 1 (Status Quo) scored lowest (or equal lowest) for five out of seven benefit criteria, and second lowest for one of the remaining benefit criteria.

- Option 4 (Multiple Employer, Single Base) scored lowest (or equal lowest) for three out of seven benefit criteria.

3.10 Results by Stakeholder Group

Individual total scores were analysed by Stakeholder Group. As suggested in Section 3.8 there was a high level of consensus across all stakeholder groups in relation to both the preferred option (Option 3) and the second preferred option (Option 2).

There was also consensus across Stakeholder Groups in relation to the ranking of the Status Quo in the bottom three of the five options. However, Deputy/ Associate Directors of Finance and payroll managers were more likely to score it as their least preferred option than payroll staff and trade union representatives.

3.11 Scoring Rationale

This section summarises the scoring rationale for Option 1 – Status Quo as well as the Employer and Service Base aspects of the remaining shortlisted options. Appendix E summarises the main reasons given for participant scores for each of the shortlisted options individually. For ease of reference, total scores (out of a possible 100) have been rated as High (67 or over); Medium (34-66) or Low (33 or less).

- **Option 1 – Status Quo**

The current service scored High in relation to the Customer Focus benefit criteria in recognition of the experienced and knowledgeable staff in the service and a generally responsive and accessible payroll service.

This option achieved a Medium score for Staff Focus because of a lack of dedicated training and development and limited career progression opportunities. The current service also had a Medium score for Service Quality, Efficiency and Productivity, and Technology and Innovation because whilst there is a high level of service accuracy there is a lack of process standardisation and consistency in application of best practice and technology solutions.

The option scored Low on Sustainability because of the lack of flexibility and the age profile and recruitment and retention issues in some payroll teams. It is also scored Low in terms of Strategic Fit because it is not in line with the ‘Once for Scotland’ approach or the national payroll services programme agenda.

- **Employer Status**

Options 2 and 3 scored higher than the Status Quo and the Multiple Employer options partly because of the Single Employer aspect of both these options.

It was considered that a Single Employer for all SE payroll services staff would deliver a more robust governance structure and provide more flexible and resilient management arrangements.

Under one management team, it would be possible to ensure a more joined up and seamless approach to workforce planning, that would enable early identification of resource and skills gaps, facilitate staff learning and development planning and support the creation of career pathways which would provide wider opportunities for staff to develop and progress within the Single Employer organisation.

It was also felt that a Single Employer would increase opportunities to streamline and digitalise systems and processes and thereby deliver a greater consistency and standardisation of service to all customer Boards.

- **Service Base**

The other main difference in the shortlisted options is in relation to bases, with some Single Base and Multiple Base options.

The main benefits of a Single Base option are it would support the management of and communication across the team. It is also likely that it would be easier to develop a team identity if team members were able to interact face to face on a frequent basis. Under a Single Base, developing, implementing and monitoring best practice would also be easier.

However, whilst there are obvious benefits of a Single Base option, significant risks were also identified (see Section K).

The main benefits of a Multiple Base option are in relation to Sustainability and Staff Experience. Multiple Bases could support recruitment and retention; if there are issues recruiting to one base, there would be the opportunity to recruit in an area where these issues either do not exist or are not as extensive. This is most likely to be in Kirkcaldy and Falkirk, where a flexible, Multiple Base option could also improve local employment opportunities as a result. In terms of Staff Experience, the potential to remain in their existing base or have the opportunity to move to another base was scored highly compared to a Single Base.

3.12 Non-financial Preferred Option

Following the non-financial option appraisal process, **Option 3 – Single Employer, Multiple Base,** is the non-financial preferred option for payroll services in the South East.

4. Risk Assessment

A formal assessment of the risks associated with the Status Quo and the two highest scoring options was undertaken. A summary of the outcome of this assessment can be found below (see Appendix K for further details)

4.1 Option 1- Status Quo Option

Seven key risks were identified with Option 1 – Status Quo: three scored Very High and four scored High before mitigation; with one of the Very High risks reducing to High following mitigation.

Very High Mitigated Risks:

- There is a risk that staff recruitment and retention issues in NHS Lothian payroll team are not addressed.
- There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda

High Mitigated Risks:

- There is a risk that the increasing age profile of the workforce across the Consortium is not addressed.
- There is a risk that payroll teams across the Consortium continue to be unable to flex capacity to meet increasing demand/ changes in demand.
- There is a risk that there is insufficient capacity to train and develop staff fully to support them in their current roles.
- There is a risk that there are limited opportunities for career progression in payroll services in the NHS for staff who wish to progress.
- There is a risk that the service is not as efficient and cost-effective as it could be.

Potential Impact

Continuing with the Status Quo option will not address the issues and risks facing the service currently, resulting in the potential for insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay) and subsequent reduced staff morale and negative customer experience. The current serviced model will also not address continuing budgetary pressures or deliver on strategic direction.

4.2 Option 2 – Single Employer, Single Base Option

Twelve key risks were identified with Option 2 – Single Employer, Single Base; three Very High, seven High; one Medium and one Low before mitigation; with three High risks reducing to Medium and one Medium risk reducing to Low following mitigation.

Very High Mitigated Risks:

- There is a risk that some payroll staff are unable to travel to a single base and choose not to transfer to the Single Employer.
- There is a risk that some payroll staff do not support a shared service model following TUPE transfer.

- There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.

High Mitigated Risks:

- There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.
- There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.
- There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.
- There is a risk that there is a reduction in productivity as a result of the impact of change on staff.

Potential Impact:

Under the Single Employer, Single Base option, it is almost certain that there would be wide scale disruption to the existing workforce due to an anticipated high staff attrition rate. Overtime working would be required to ensure the workload is met whilst new staff are recruited and adequately trained.

It is anticipated that it would take a minimum of 12 months to train new staff. The cumulative impact of organisational change, overtime and training new staff over a 12-18 month period would be an unacceptable burden for existing staff. A further practical consideration would be the additional management time required to recruit and support the training of new staff.

In relation to the potential location of a single base service, the only existing payroll team base that would be able to accommodate 78 WTE payroll services staff is Gyle Square. This location would not only lead to the unacceptable risk above but would also not address existing recruitment and retention issues more prevalent in Edinburgh.

4.3 Option 3 – Single Employer, Multiple Base Option

Thirteen key risks were identified with Option 3 – Single Employer, Multiple Base Option; one Very High, nine High, two Medium and one Low before mitigation; with the one Very High risk moving to High; seven High risks moving to Medium, and one Medium risk moving to Low.

High Mitigated Risks:

- There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.
- There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.
- There is a risk that some payroll staff do not support a shared service model following TUPE transfer.

Potential Impact:

Under the Single Employer, Multiple Base Option, the potential impact of the risks identified could be that the Business Case is not approved; the benefits of a shared service model are not fully delivered; staff do not engage or buy-in to the model leading to low morale reduced service quality and productivity.

4.4 Preferred Option – Risk Mitigation

The risks and associated impact of Option 3 as the Preferred Option, are recognised and some of the key mitigating actions required are outlined in terms of implementation considerations in Section 7.

5. Economic Case

5.1 Monetary Costs and Benefits

Costs have been valued on an opportunity cost basis at current market prices[5]. A whole life costing approach has been applied when considering the costs and benefits relevant to the options. Sunk costs have been excluded from the economic appraisal[6]. The total cost approach has been adopted for this appraisal, as recommended by Scottish Government guidance[7].

Costs are net of VAT and subsidies. The standard discount rate of 3.5% has been applied.

The costs produced have been used to produce the economic costs for each option and determine value for money. These have been incorporated in to the cost-benefit analysis to determine the preferred option (Section 5.6), and the financial costs for use in the affordability analysis (Section 5.5). Finally, a sensitivity exercise has been undertaken to identify possible risks in terms of potential variability of identified costs.

5.2 Short listed Options for Costing

A long list of options was identified as part of the non-financial option appraisal stage in the programme. The following options were then subsequently short listed and subject to an indicative costing exercise.

Table 11 Financial Appraisal Options

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employers Multiple bases Existing staffing structure
Option 2	Single employer Single base – Gyle Square, NSS

[5] Opportunity costs are the valuation of assets based on the higher of the best value that could be obtained for its current use and the most valuable feasible alternative use.
[6] Sunk costs are costs which have already been incurred and are irrevocably committed.
[7] The total cost approach concerns the total resource consequences of all options (including option 1 – do minimum).

	Proposed new service model
Option 3	Single employer Multiple bases – retain 4 existing pay department sites Proposed new service model

5.3 Single Base Option

The five Consortium pay departments occupy the following premises:

Table 12 Premises of Consortium departments

Health Board	Pay Department Location
NHS Lothian and SAS	Waverley Gate, Edinburgh
NSS	Gyle Square, Edinburgh
NHS Fife	Flexspace, Kirkcaldy
NHS Forth Valley	Falkirk Community Hospital, Falkirk

It is likely that NSS is the only Consortium Health Board who could practically accommodate the whole South East payroll function under the Single Base option (see Appendix F). Under this option, NHS Lothian, SAS, NHS Fife and NHS Forth Valley employees would be entitled to excess travel expenses for four years.

In recognition that it is unlikely all staff would be retained under a single base option, an attrition rate of 50% for NHS Fife and NHS Forth Valley employees has been assumed. It has also been assumed that it is more likely for lower graded staff to terminate their employment.

5.4 Proposed New Staffing Model

A new staffing model has been agreed and the required posts and staffing numbers identified (See Section 7). The proposed staffing model is a 'Day One' staffing model following an Organisational Change process that will be the responsibility of the Single Employer. It is anticipated that as the service embeds there may be changes to staffing in future years.

Table 13 Future Staffing

Proposed New Staffing Model – Indicative Bands			
Role	**Band**	**WTE**	**Year 1 2020-21**
Payroll Assistant	Band 3	4	117,259
Payroll Officer	Band 4	57	1,853,593
Technical Officer & Training Officer	Band 5	5	207,559
Payroll Services Team Manager	Band 6	8	413,129
Assistant Head of Services	Band 8a	3	212,488
Head of Payroll Services	Band 8c	1	95,009
TOTAL		**78**	**2,899,037**

5.5 Economic Analysis

Table 14 Options Costs

Option	Equivalent Annual Charge	Average Annual Revenue Cost	Rank
Option 1 Status Quo	4,690,563	4,978,884	**3**
Option 2 Single employer, single base, new service model	4,619,176	4,836,792	**1**
Option 3 Single employer, multiple bases, new service model	4,638,598	4,928,994	**2**

The table above shows that, in terms of pure economic cost, Option 2 is the most affordable option. However these options have been subject to an economic appraisal which considers the overall value for money of each option. The results are presented in section 5.6 below.

5.6 Economic Appraisal

The economic appraisal considers the benefits, costs and risks of the shortlisted options to inform a value for money assessment and arrive at a rank order of the options in terms of value for money.

The economic appraisal is shown in the table below:

Table 15 Economic Appraisal

Option	BENEFITS	COSTS	Costs per Benefit	Costs per Benefit	RISK	Costs per RISK Benefit	
	Weighted Benefit Score	Equivalent Annual Charge	£000 / Points	Rank Order (lowest cost per benefit first)	Median risk quotient	% of Total	% of Total
	Points	(£)	(£)			%	%
Option 1 Do nothing (status quo)	3,843	4,676,689	1,217	**3**	16	70	73
Option 2 Single employer, single site, new service model assumed 50% Fife & FV attrition rate	6,695	4,619,176	690	**2**	10	39	45
Option 3 Single employer, multiple bases, new service model	8,741	4,638,598	531	**1**	6	30	27

Full breakdowns of the figures listed above are included in Appendix L: Financial and Economic Appraisals.

Subsequent to the economic appraisal, the option of a single base was formally reviewed in greater detail and this option has been ruled out due to the assessment of risk in terms of business continuity (see Section 3.4).

5.7 Sensitivity Analysis

The sensitivity analysis was undertaken using the 'switching values' approach. This 'what if' scenario indicates how much a variable would have to change to impact upon the choice of the preferred option.

As shown in the economic appraisal table above, Option 3 (Single employer, multiple base, new service model) has been given the highest rank order in terms of cost per benefit. To test the sensitivity of this outcome, analysis has been performed to determine the increase in costs or decrease in benefits required to amend the rank order of the options.

- The cost per benefit of Option 3 would have to increase by a minimum of 30% before the rank order would change with Option 2 becoming the higher ranking option. This shows that, in terms of cost, the options are not very sensitive to fluctuation.
- The benefits gained from Option 3 would have to decrease by a minimum of 24% before the rank order is changed to favour Option 2. The represents a large decrease and shows that, in terms of benefits, the option is not very sensitive to fluctuation.

5.8 Preferred Option

The preferred option has therefore been identified as **Option 3** – **Single Employer, Multiple Base, New Service Model**. The economic appraisal shows that this option is the higher ranking option based on benefits versus expenditure. It also carries a medium risk profile. The sensitivity analysis has demonstrated that this option is not very sensitive to fluctuation in terms of cost and benefits.

6. Financial Case

A full financial appraisal of all short listed options has been undertaken to determine the anticipated costs associated with implementation. This section is not concerned with the theoretical cost indicators used in the economic appraisal, but with actual forecast costs, including VAT, and their affordability in relation to the funding streams likely to be available.

6.1 Non Recurring Revenue Costs

Table 16 Non Recurring Costs

Option	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Option 1	-	-	-	-	-	**-**
Option 2	184,533	84,533	84,533	84,533	-	**438,130**
Option 3	100,000	-	-	-	-	**100,000**

6.2 Recurring Revenue Costs

Table 17 Recurring Revenue Costs

Option	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Option 1	4,704,271	4,831,112	4,961,443	5,095,364	5,232,974	**24,825,164**
Option 2	4,198,056	4,725,076	4,810,335	4,939,715	5,072,648	**23,745,832**
Option 3	4,651,510	4,776,760	4,905,454	5,037,687	5,173,559	**24,544,970**

A detailed breakdown of these costs is included in Appendix F

6.3 Assumptions

Detailed costing assumptions and costing methodologies are included in Appendix F .

7. Preferred option – 'Day One' Proposed Service Model

This section of the Business Case outlines the service model that has been developed following staff engagement and demand and capacity modelling.

It is recognised that it is a 'Day One' service model i.e. the model that would be implemented following TUPE transfer of staff and as part of the subsequent organisational change process.

The Single Employer will be responsible for developing a full Target Operating Model (see Appendix G for a potential framework); for supporting the service to embed and implementing any associated longer term changes (see Section 8 for potential opportunities).

7.1 Proposed Service Model Overview

The table below provides an overview of the 'Day One' service model.

Table 18 'Day One' Service Model

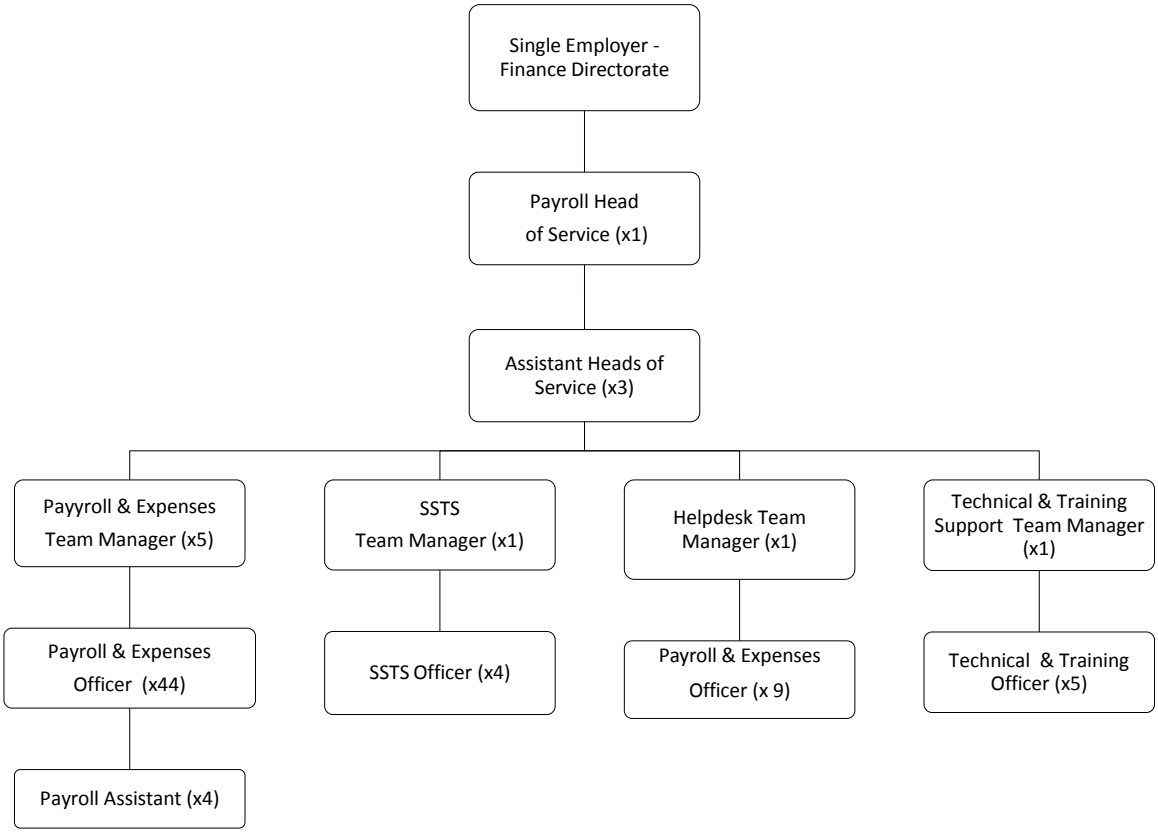
Aspect	Description
Boards in scope	• Three territorial Boards: Fife, Forth Valley, Lothian • Four national Boards[8]: National Services Scotland; NHS Education for Scotland; Healthcare Improvement Scotland; Scottish Ambulance Service
Employer Status	• Single Employer for Payroll Services Staff
Reporting Line	• Within the Finance Directorate of the Single Employer Board • Formal Service Level Agreements (SLA) established with remaining Boards • Principle of equitable service to all Boards
Payroll Functions	• In scope: Payroll, SSTS, Expenses • Out of scope: Car leasing and extended role functions (HR and finance)
Structure Overview	• Single management structure • Consortium wide Enquiry Management Helpdesk Service • Consortium wide Training Function • Consortium wide Technical Support Function • Dual function Payroll & Expenses Teams • Single function SSTS Team(s)
High Level Process Flow	• Processes to be electronic where possible • Payroll services enquiries to be managed by Helpdesk Service Team • Information flow into payroll service from eESS system • Hybrid model of individual and team allocation of activity • Peer based checking where appropriate • Lead checking for more complex activity
Location	• The service model to operate from multiple bases.

[8] NSS will provide payroll services to the Public Health Scotland body to be established in April 2020.

7.2 Service Model Structure

The proposed service model has a single management structure sitting within the Finance Directorate of the Single Employer. The structure below the management team consists of dual function payroll and expenses teams and a single function SSTS team; a Consortium wide enquiry management helpdesk service function and a training and technical support function.

Figure 3 Service Model Structure



The model proposes a dual function payroll and expenses role and separate SSTS role (as opposed to single function or triple function roles) for the following reasons:

- The non-compatible nature of payroll and SSTS functions due to conflicting time pressures; the division of responsibilities and duties; and a different knowledge base for the two functions.
- A logical fit between payroll and expenses functions (expenses are technically a payment).
- Expenses as a standalone function, introduces a potential single point of failure due to the relatively low volumes of activity and subsequent small staffing levels.

7.3 Service model Roles and Activities

How the key payroll service roles and activities would be split across the teams:

Table 19 Key Payroll Service roles and activities

Function	Primary Role	Key Activities
Single Management Team	Responsible for the management and delivery of the payroll service within the South East Consortium	• Strategic direction • Service management • Performance management • Reporting and governance • Professional advice and guidance e.g. new policies • External stakeholder liaison e.g. HMRC, HR, audit • Customer Board engagement e.g. SLA management • Workforce planning and development • National & regional activity
Helpdesk Service	Enquiry and support service to users	• Responding to enquiries (online, telephone) • Recording enquiries • Reporting on trends and issues • Appropriately escalating enquiries if required
Training function	Responsible for staff and customer training	• Payroll services staff training & development • External 'customer' education and training
Technical support function	Technical support for the service and customer support needs	• System administration: complex user & authoriser set up (payroll & expenses only) • Payroll reporting: national, regional, local, customers • Service improvement activity • Freedom of Information enquiries
Payroll & Expenses Teams	Responsible for day to day payroll and expenses processing and checking	*Payroll* • Processing • Checking • Post payroll activity (e.g. balancing, recovery of advances) • Pensions • User support (escalated by helpdesk team) *Expenses* • Processing (paper claims, study leave claims) • Random/ spot check of expenses & receipts • User support (escalated by helpdesk team)
SSTS Team	Responsible for day to day SSTS activity	• System administration – user & authoriser set up • Reassignment/ alerts– highlight changes on payroll • System configuration (roster set up, ward codes) • Exports/ reports (including BOXI) • User support and training • Development testing
Support staff	Responsible for administrative tasks	• Assistance with aspects of payroll processing • Filing, scanning, incoming mail, payslip distribution

7.4 Staffing Levels

Service demand and capacity modeling has been undertaken and the following staffing levels proposed as part of the 'Day One' model. See Appendix H for more detailed information on Payroll Officer 'Sustainable Caseload' modeling and national benchmarking.

Table 20 Staffing Levels for 'Day One' model

Role	WTE
Head of Payroll Services	1
Assistant Head of Services	3
Payroll Services Team Manager	8
Technical Officer & Training Officer	5
Payroll Officer	57
Payroll Assistant	4
Total	**78**

Activity to develop draft job descriptions has enabled indicative bands to be assigned (see Section 5.4); it is planned to further develop the draft job descriptions prior to TUPE transfer which will act as a strong foundation for the Single Employer to build on.

7.5 Process Flow

- ***Long Term Vision***

The longer term vision for payroll services is to move to next record processing (shared work pool). This would remove the need for individually allocated payrolls and would support a more equitable workload distribution enabling staff to work through requests from receipt to completion, without impacting on the subsequent report generated for other areas.

However, it is also acknowledged that this vision would be aided (but not fully dependent) on a new system because the current national payroll system is based on Group Code/ Pay Points. A new payroll system will be considered under the auspices of the wider national Business Systems Strategy; this is at a relatively early stage but has the potential to support the delivery of the vision above.

- ***Hybrid Model***

A hybrid model would be adopted in relation to process flow as part of a 'Day One' model. This would include next record processing or team allocation for:

- Enquiries
- User set up
- Expenses
- Pensions
- XML data provision services (ODEX files)

On 'Day One', remaining activity (mainly payroll processing) would be processed as it is currently (three out of four teams on an individual allocation basis and one team on a team allocation basis). A service improvement approach (e.g. process mapping, tests of change)

would be applied to establish how next record processing (shared work pool) could apply to payroll processing at scale.

- ***Enquiry Management Helpdesk Service***

The service model includes a consortium-wide helpdesk service provided by dedicated staff with payroll knowledge to be able to respond accurately and timeously to at least 75% of enquiries without the need for escalation. Agreement is required as to how the helpdesk will be staffed and the evaluation from the NHS Lothian helpdesk pilot will help to inform decisions.

- ***Training and Technical Support***

The service model includes dedicated staff with payroll knowledge and technical and training expertise to be able to support service improvement, internal staff and customer training and education as well as address technology issues and develop technology solutions.

- ***Payroll checking***

A principle of peer based checking is proposed with an assumption that 75% of checking will be peer based with escalation to Team Manager level for some of the more complex calculations. The exact threshold for escalation for Team Manager checking will be determined following further professional discussion and judgement and taking account of audit requirements.

7.6 Service Location

On 'Day One', the service would continue to be based in existing bases: Edinburgh (Gyle Square and Waverley Gate), Falkirk and Kirkcaldy. In the future, it is anticipated that the Single Employer would explore the benefits and risks of moving to a Single Base in Edinburgh in addition to the continuation of bases in Falkirk and Kirkcaldy.

7.7 Delivering the Benefit Criteria

The assessment of the high level shortlisted options against the non-financial benefit criteria (Section 3) highlights the benefits of a Single Employer, Multiple Base option. The subsequent service model outlined in this section has also been qualitatively assessed in relation to its potential to deliver against the benefit criteria (see table below).

It is recognised that benefits realisation is dependent on an implementation phase that is planned and fully resourced and that takes account of wider considerations (see Section 12 for more detail). It should also be noted that although it is anticipated that the service model will deliver economies of scale, these will take time and will require service improvement activity and, ultimately, a new national system to be fully realised.

Table 21 Service Model Benefits

Benefit Criteria	Qualitative Assessment of Service Model
Sustainability	Delivers all descriptors with the following in place: • Sufficient staff capacity, training and education • Standardised processes • Accurate information into service to support cross cover and business continuity (points of contact for inaccuracies).
Staff focus & experience	Delivers due to: • Training function to support staff training and development and succession planning • Initial hybrid model of processing to balance staff experience and customer needs • Dedicated helpdesk service to provide more uninterrupted time for processing activity.
Service quality	Delivers due to: • Standardised processes promoting best practice • Dedicated training function to maintain staff knowledge Service quality is also dependent on accuracy of information coming in.
Efficiency & productivity	Delivers due to: • Standardised and more streamlined processes • Technical function to maximise the use of systems capabilities A more efficient and productive service will also result from service improvement activity that is not service model dependent.
Customer focus & experience	Delivers due to: • Dedicated helpdesk service • Customer education and training and technical support.
Strategic fit	Delivers due to: • Service model in line with national payroll strategic direction • Service model in line with Scottish Government 'Once for Scotland' approach • Single employer aspect will simplify governance and management arrangements.
Technology & innovation	Delivers due to: • Role of dedicated technical support function • Helpdesk technology • Training function supporting staff and customers to maximise technology. This benefit will also be delivered through service improvement activity that is not service model dependent.

8. Preferred Option – Potential Opportunities

As part of the Single Employer decision-making process, prospective Single Employer Boards have been asked to state their vision for payroll services in the South East and outline how they will realise the potential non-financial benefits as well as any financial benefits or implications as a result of moving to a shared service model.

Whilst it is recognised that this will be the Single Employer's responsibility, some current and potential service improvement and redesign opportunities have been identified and, where possible, quantified as part of the process to date.

This is not an exhaustive list with some activities not service model dependent and some beyond the control of the payroll service. However it illustrates the real potential for a Single Employer board to deliver a more sustainable, efficient and cost-effective service when considered along with process standardisation and the economies of scale that will result from becoming a single service.

8.1 Unnecessary Manual Keying

There are a range of activities that result in changes to employee pay that need to be entered into the payroll system to ensure correct payment. Payroll teams receive this information from other departments where it has often been typed into a spreadsheet. Traditionally, this information has been printed off and then manually keyed into the payroll system. However, some payroll teams are using national payroll system import uploads to reduce manual keying where beneficial to do so and within system limitations.

SE payroll teams use upload facilities to a varying degree and, even within teams, there is variation depending on the skill set of individual staff tasked with ensuring the changes are entered into the system. SE payroll managers identified the main manual keying activities where there are opportunities to share technical capabilities and service knowledge or test the potential to reduce manual keying. These include nurse bank hours; GP out of hours; Allocate for non-nursing staff; financial code uploads; permanent allowance uploads; TVS import files.

The main benefits are a productivity gain; reduction in miskeying errors; and financial savings from reduced printing. To achieve these benefits, there needs to be a sufficient volume or frequency of changes to achieve economies of scale from setting up an upload facility rather than continuing to manually key in. This will depend on the activity itself as well as the size of the Board.

The main risks from continued manual entry are miskeying leading to under or over payment and print outs going missing. The main risks from using upload facilities are potential for errors when combining spreadsheets in preparation for upload (the system only allows one upload facility at a time which then runs overnight) and lack of technical knowledge and skills to be able to test and use across all Boards. The latter risk will be mitigated under the new service model with the establishment of a training and technical team.

An illustrative example of the potential productivity gain is nurse bank hours entry in NHS Lothian; previously this would have taken 30+ hours a week and now takes approximately 10-15 minutes a week.

8.2 Electronic Payslips

The opportunity for staff to access electronic payslips via the payroll system was introduced approximately three years ago. Employee uptake has been low in most Boards across Scotland despite initial awareness raising. An Internet based payslip initiative was planned to be introduced during 2018 which would have provided an opportunity to promote uptake, however, higher than anticipated initial costs resulted in the decision to put the development on hold.

Part of the reason for this decision was because NHS Forth Valley and NHS NSS were cited as examples of Boards that have successfully achieved a relatively high uptake with existing access and it was felt that other Boards could adopt a similar approach to realise the benefits. Since then within the SE, NHS Lothian has also proactively taken steps to increase uptake and SAS and Fife have demonstrated an incremental increase:

Figure 4 Monthly ePayslips Percentage Uptake by Health Board

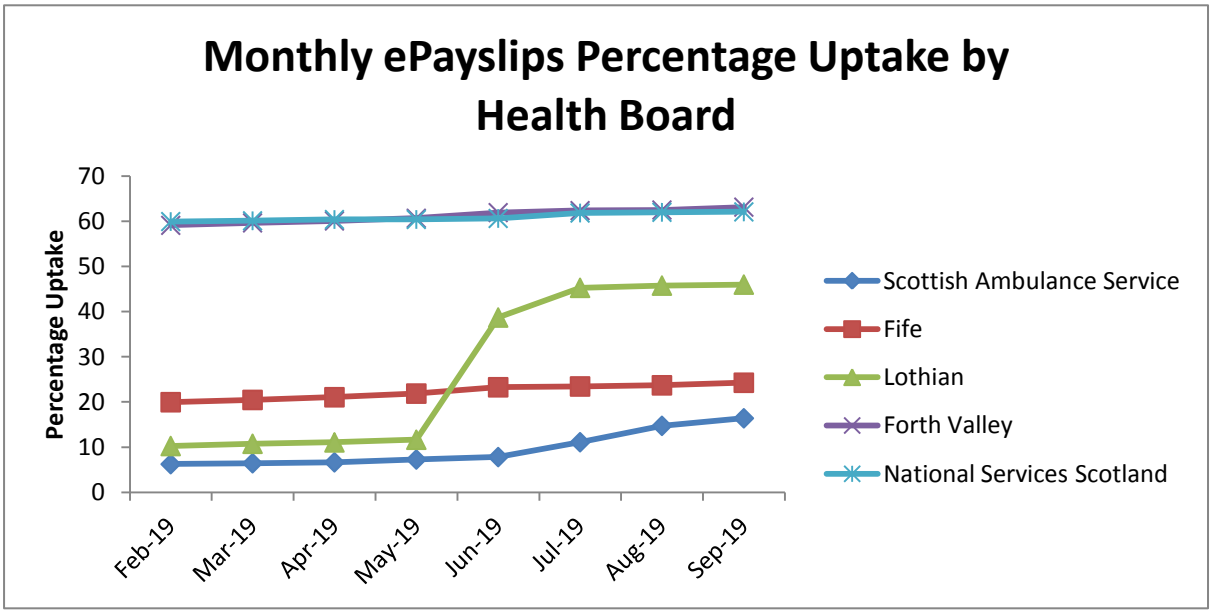
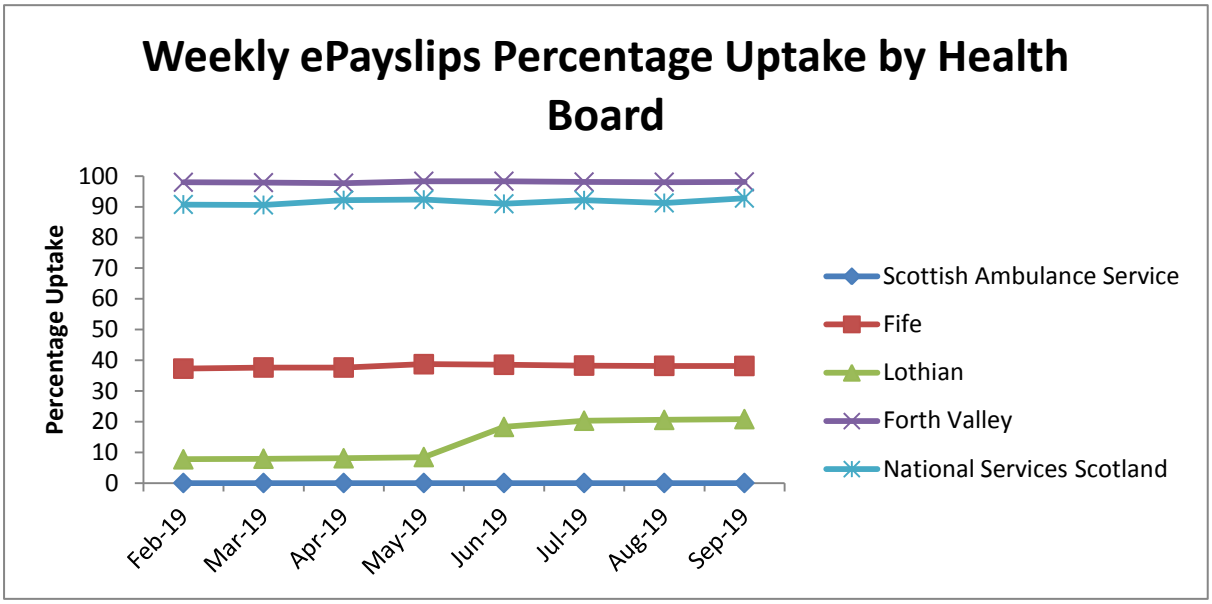


Figure 5 **Weekly ePayslips Percentage Uptake by Health Board**



The main benefits of electronic payslips are financial savings from ATOS service costs and, where applicable, postage costs; time saved in the payroll department arranging distribution of paper payslips; and a reduction in the likelihood of payslips being delayed or going missing.

The reduction in Atos service costs relates to the number of payslips produced which are then passed on to the individual Board. Whilst each payslip costs 26p to produce, the saving is not immediate because of the way Atos costs are set but will positively impact on service costs in the following financial year.

Across the South East, the average uptake is now 42-44% for weekly and monthly paid staff.

Table 22 **ePayslips Uptake**

South East Payroll Services Consortium	Number of staff*	Payslips generated per annum	% uptake – Sept 19 (Feb 19)
Monthly paid staff	53193	638,316	44% (25%)
Weekly paid staff	18474	312,000**	42% (35%)

*VME Users on Atos Payroll System
**Includes bank staff, approximately 6,000 paid weekly x 52 pays per annum

It is recognised that whilst access to e-payslips remains only available through the Intranet, there will be a limit to uptake with some exempted staff groups such as facilities staff.

However, even with a modest increase in staff uptake to 65% across the SE, this would result in 200,000 fewer paper payslips; £52,000 production cost saving; £26,000 postage cost saving (for staff bank payslips); and 40-50 days of payroll services staff time per annum.

8.3 Introduction of eESS

NHS Fife, Forth Valley, NSS, HIS and the Scottish Ambulance Service are live users of the Electronic Employee Support System (eESS) / Payroll interface. The other Boards within the consortium are due to go live with the interface in 2020, with NHS Lothian in March 2020.

There are a number of benefits expected from the implementation of eESS and the interface to payroll in each Board. However, to date, the anticipated benefits have not yet been fully realised due to various operational issues having arisen relating to the interface, which have impacted on the ability of eESS and payroll teams to be operating in a Business As Usual mode. The extent of the issues experienced has varied across different payroll teams.

The primary anticipated benefit is a productivity gain from the reduced data keying requirement. Instead of receiving new start, termination and change forms which require payroll teams to key the data into the payroll system, with the interface in place, the data electronically appears on the screens within the payroll system, where the payroll teams can accept the data with a mouse click or have the ability to amend the data before accepting it.

Around 80% of change form data changes come through the interface with the other 20% coming to payroll teams in paper report form from eESS for the payroll teams to manually input. It should be noted that payroll teams are still required to key in data items in addition to the data that comes through the interface, depending on the type of change that has been received e.g. tax, superannuation and national insurance related data for a new start form. Payroll teams are also still required to undertake any supplementary work related to change details received through the interface, such as any recalculations required where a backdated data change has been received.

Based on the experience of payroll teams to date using tests of change and professional judgement, the only transaction identified to have a material potential time saving is New Starts where it is estimated that 2-3 minutes per new start, at most, can be saved. SE payroll teams process, on average, 800 new starts per month giving a potential time saving of 1600 – 2400 minutes i.e. 25 - 40 hours per month or the equivalent of up to 0.3 WTE.

There are also other potential benefits to be realised in due course, such as reduced scanning and storage costs due to the reduction in paper forms. Use of the interface is also expected to reduce delays in payroll teams receiving data changes, because there will be no requirement to transport paper forms between departments; this should result in a reduction in the late delivery of data changes, which in turn could reduce the number of advances required and/or late terminations which result in overpayments.

8.4 Weekly to Monthly Pay

An area where both time and money could be saved within payroll services would be to move all weekly paid staff to monthly pay. It is recognised that the decision making regarding this lies beyond the payroll service and with individual boards and that this would have a potentially negative impact on clinical service delivery.

Across the SE, there are approximately 75,000 staff, 19,758 of whom are weekly paid staff; of these, approximately 15,000 are bank staff of whom around 4000 are paid each week.

Table 23 Monthly/Weekly paid staff per Board

NHS Board	Weekly	Monthly
Fife	3210	8862
Forth Valley	4226	6915
Lothian	12292	25503
NSS	30	3666
NES	0	4836
HIS	0	501
SAS	0	5236
Total	19758	55519

This means there are 52 payrolls each year for approximately 6,000 staff. The implication of this is that there are 64 full payroll process runs each year as opposed to 12 if all staff were paid monthly.

The total estimated time spent across South East payroll services, processing all aspects of weekly payroll (per week) is 148.5 hours. This effectively means that 4 WTE payroll staff are engaged on the production of weekly payroll. If all weekly staff transferred to monthly pay it is estimated that approximately 50% of this time would be saved; work to pay these staff would still be required however the number of processes would be significantly reduced. There is also a financial saving from fewer payslips if these continue to be paper based.

In addition to the time saving for payroll teams quantified above, the move would support workload planning and annual leave management within the payroll service. Beyond the payroll service, there would be a positive impact on finance departments as the 52 additional sets of data coming through eFinancials could potentially be avoided and it would also free up some resource for clinical service managers in terms of SSTS.

However, it is critical to note that, as highlighted earlier, there is a significant potential risk to clinical service delivery which would negate any benefits. This is because the ability to deliver a staff bank service is partly dependent on staff taking bank shifts because of the benefit of being paid weekly; without this, NHS staff banks would be less able to compete with agencies who pay weekly as a minimum frequency.

The extent to which weekly pay influences staff 'sign up' for bank shifts has not been fully explored. It should also be recognised that NHS Grampian successfully moved weekly paid staff to monthly pay ten years ago by taking a phased approach, starting with substantive staff and then moving to bank staff and with the option for employees to have a loan advance to support the transition.

8.5 Workforce Redesign

The service model has 4 Payroll Assistant WTE posts; it is envisaged that these posts would support aspects of payroll processing, as appropriate, as well as undertake administrative duties to support the service.

There is the potential to consider further skill mix redesign by increasing the ratio of Payroll Assistants to Payroll Officers. This would release Payroll Officer capacity; provide the potential for career progression for Payroll Assistants; and reduce the overall cost of the service.

Whilst this idea has not been explored in detail, some of the existing teams have introduced a Payroll Assistant role and it is a successful model in a wide range of other NHS services.

8.6 Productivity Stretch Target Projections

As detailed in Appendix X, the staffing levels of 57 Payroll Officers WTE on 'Day One' equate to a Payroll Officer caseload of 17,384 payslips per Payroll Officer WTE (based on SE current annual payslips of 916,132).

If the SE payroll service reached the highest 'payslips per WTE Payroll Officer' in the SE currently (20,462 in NHS Lothian*), this would equate to a potential 18% reduction in Payroll Officer WTE capacity.

Table 24 Productivity Stretch Target Projections

Payslip caseload 'stretch target' projections	Payroll Officer WTE
PO WTE Required if 18000 Payslips Per PO WTE	50.9
PO WTE Required if 19000 Payslips Per PO WTE	48.2
PO WTE Required if 20000 Payslips Per PO WTE	45.8
PO WTE Required if 20462 Payslips Per PO WTE*	44.8
PO WTE Required if 21000 Payslips Per PO WTE	43.6

9. Integrated Impact Assessment

A full integrated Impact assessment (IIA) was carried out and approved by the SE Payroll Consortium Board.

Whilst the importance of payroll services is recognised, the proposed changes in the preferred option do not impact on patients and the general public due to the 'back office' nature of payroll services.

The main change will be a move from five employers to a single employer for payroll services staff in NHS Fife, NHS Forth Valley, NHS Lothian, NHS National Services Scotland (NSS) and the Scottish Ambulance Service.

The IIA looked at the impact the proposed model would have on -three areas.

9.1 Equality, Health and Wellbeing and Human Rights

Positive
No differential impact.
Negative

No differential impact.

9.2 Environment and Sustainability

Positive
Minimal impact; the objectives of the proposals are to ensure a service that is as sustainable, efficient and cost-effective as possible. This includes improving the carbon footprint within the service by encouraging resource efficiency e.g. use of dual screens to reduce printing. This is in line with, and builds on, existing operational management activity within individual departments.
Negative
Minimal impact; the proposals may lead to a marginal increase in travel at the management level but it is recognised that under the current service model, payroll managers are required to travel as part of their role.

It is anticipated that, in line with existing NHS Board travel policies, sustainable forms of transport will be encouraged. It is also expected that increased use of technology will be used as an alternative means of communication when appropriate e.g. VC, Office 365.

9.3 Economic

Positive
Minimal impact; the preferred option will maintain local employment opportunities and may also support improving local employment opportunities. This is because the service may recruit to non-Edinburgh bases to help address the existing recruitment and retention challenges experienced the Edinburgh based services, particularly NHS Lothian.
Negative

No differential impact

It is acknowledged that the Single Employer will be responsible for mitigating any negative impacts and enhancing positive impacts that may arise as the proposals are further developed. It is recommended that the Single Employer undertakes a further IIA at the appropriate time.

10. Communication and Engagement

Stakeholder communication and engagement has been key to achieving a high degree of consensus in agreeing the preferred option and the detailed service model within the Business Case.

10.1 Consortium Staff Briefings

Two series of face to face payroll services staff briefings have been held with all payroll teams; firstly, in advance of the non-financial workshops and, secondly, following the development of the service model. The sessions used a standard presentation to ensure consistency of message, followed by an open Question and Answer session to give staff the opportunity to ask questions or raise any concerns they may have. The briefings were well attended and the questions raised were developed into a detailed Question and Answer document for staff.

10.2 Workshop Participation

Along with Consortium Project Board members, payroll services staff representatives participated in the non-financial option appraisal workshops. To ensure all staff were kept informed and had the opportunity to contribute, local staff sessions were also held with payroll teams prior to the workshops and a written update was shared with all payroll services staff after each workshop. Payroll managers and staff representatives also participated in the workshops held to develop the detail of the proposed service model.

10.3 Staff Side Engagement

As well as two nationally nominated staff side representatives on the Consortium Project Board (UNISON and Unite), local staff side representatives have had the opportunity to participate in the staff briefings and the non-financial option appraisal workshops.

10.4 Programme Updates

South East Consortium Board Directors of Finance, HR Directors and Employee Directors have been kept informed throughout the process with written updates provided regularly; more detailed information, along with a request for formal confirmation of support for the direction of travel, has also been distributed at key milestones.

Regular written updates have also been shared with the National Payroll Services Programme Board and appropriate East Region groups.

10.5 Customer Feedback

Interviews were held with payroll services customers (for example, managers, employees, HR and finance staff members) from across all Consortium Boards. This has provided an insight into what is important to staff who regularly use payroll services and will help provide the start of a baseline to build on.

10.6 Future Engagement

Ongoing communication and engagement will be critical to support the next phase of the programme with some activities where staff engagement will be key already agreed and, in some cases, commenced:

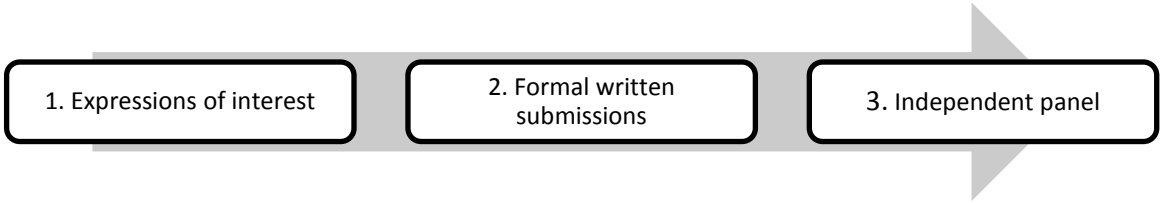
- Web Portal for staff to access key programme information
- Office 365 pilot with South East Payroll Services
- Process harmonisation
- Organisational Development (OD) sessions with Consortium Project Board and payroll managers and staff

11. Single Employer Decision

This section outlines the Single Employer decision-making process and outcome – a key aspect of the preferred option.

11.1 Overview of Process

The flowchart below outlines the three main stages that were followed to decide on the Single Employer:



The process was underpinned by the following principles:

- Transparent and sufficiently robust to be able to stand up to scrutiny
- Not led by any of the Consortium member Boards
- Allows sufficient time for interested parties to participate

11.2 Expressions of Interest

The Chair of the South East Payroll Services Consortium Project Board (Senior Responsible Owner) wrote to the Directors of Finance for each of the Consortium member Boards asking for their formal position in relation to initial expressions of interest in becoming the Single Employer.

In May 2019, NHS Lothian and NHS National Services Scotland (NSS) formally expressed interest in becoming the Single Employer. All other Boards in scope confirmed that they did not wish to be considered as the Single Employer.

11.3 Formal Submissions

The two Boards that expressed an interest were asked to submit a formal application using a standard template (see Appendix I) based on agreed Single Employer Responsibilities (Appendix J).

11.4 Independent Panel

An independent panel was convened to review the formal submissions received. The review took the form of a Board presentation followed by a question and answer session by the panel. Submissions were formally assessed using an agreed methodology.

The panel consisted of members that were independent, experienced and senior within their field of expertise and did not include individuals from within the South East Payroll Services Consortium:

12. Implementation Considerations

Subject to Business Case approval, the following aspects will require due consideration as part of the implementation phase. It should be noted that some of the activities are within the control of the SE Payroll Services Consortium and others will involve external buy-in and support.

12.1 Transfer of Undertakings Protection of Employment Regulations 2006 (TUPE)

As a result of the Single Employer aspect of the preferred option, payroll staff employed in the other NHS Boards in scope will transfer to the NHS Board that has been selected as the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014). This means that the staff will transfer to the single employer on their existing terms and conditions of employment and continuous NHS service record.
In accordance with TUPE, this will require a Formal Consultation process to be undertaken within each impacted NHS Board to agree transfer arrangements

12.2 Implementation of the New Model of Service Delivery and New Organisational Structure

Following the TUPE transfer of payroll services staff, the Single Employer will commence an organisational change process to implement the new model of service delivery for South East Payroll Services.

12.3 Conditions for Change

One of the most important implementation considerations is creating the conditions for change by developing, resourcing and implementing a robust change management plan to be able to fully realise the agreed benefits.

This is anticipated to include an assessment of the readiness for change (at an individual and service level) as well support for the service to develop a shared vision; common values and behaviours; strong leadership and informed and engaged staff.

12.4 Workforce Planning

As part of the development of the Business Case, workforce planning for the service model commenced using the Scottish Government 6 steps workforce planning methodology[9].

The completion of this process will help to support the identification of workforce requirements; workforce gap analysis and a subsequent action plan which will include staff training and development.

[9] http://www.knowledge.scot.nhs.uk/workforceplanning/resources/six-steps-methodology.aspx

12.5 Process Standardisation

Activity will be required to standardise payroll processes across the service, supported by service improvement expertise to reach agreement in relation to best practice and the development of associated service standards.

Process standardisation will need to take account of parallel national payroll services programme activity. It is anticipated that this activity will be partly enabled by the ongoing programme to update national PIN guidelines.

Local points of contact and 'how to' guides will be developed where processes cannot be standardised to enable payroll services staff to provide a service across all Boards.

12.6 Technology

The service model is based on the assumption that information will flow into the service through the eESS payroll interface. All SE Boards have eESS in place with the exception of NHS Lothian and NES. NHS Lothian is due to Go Live with eESS in March 2020.

The Office 365 Cloud and Computing programme, a further 'Once for Scotland' approach, will also support the proposed service model because of its cloud based collaborative nature. The South East Payroll Service Consortium has been identified as a pathfinder programme and discussions are underway to implement O365 within payroll in the South East in spring 2020. This will also help to support activity under 12.4.

The national Business Systems Strategy programme will also impact on payroll services in the South East and across Scotland in the following ways:

- The outcome of the live tendering process for a national eRostering system is anticipated to have an impact on the service model SSTS function and team.
- The proposal to explore how best to replace the existing national payroll system.

12.7 Information Governance

Data sharing and data transfer arrangements will be required to support the development and implementation of a shared service model.

12.8 Benefits Realisation and Management

A measurement framework will need to be developed prior to TUPE transfer to ensure there is comprehensive baseline data to support and monitor benefits realisation and management.

This will include a combination of qualitative and quantitative process, outcome and balancing measures drawing from staff imatter surveys; customer feedback; national baseline data; further demand and capacity modelling and SE workforce data analysis.

13. Appendices

Appendix A - An overview of payroll services functions[10]

Payroll

The main tasks include the input of individual employee data into the payroll system, input of temporary data for each weekly and monthly payroll, checking of payroll system output reports, completion of pension application forms, distribution of payslips and responding to employee and department manager enquiries.

The word 'temporary' is used in the payroll community to differentiate from 'permanent' changes. Permanent changes are the type of changes to data that are permanent on employee records, such as change forms, new start forms. Temporary changes relate to an individual's pay for any given pay period, such as overtime, weekend hours, on call, any additional hours to be paid.

Expenses

The main tasks include reviewing and processing of paper expenses claims, updating system records with amended expenses claimant data, amending current data where required, undertaking various audit checks to ensure that claims submitted electronically by employees directly into the expenses system are in line with terms and conditions of service and local Board policies, and responding to employee and department manager enquiries.

SSTS

The main tasks include undertaking training sessions for all users of the system as appropriate, arranging system exports of payroll related data to the payroll system on a weekly and monthly basis to ensure employees are paid accurately, ensuring that rosters are completed appropriately and timeously by departments to ensure accurate payment, providing system reports as required and responding to enquiries from system users.

[10] A significant number of other tasks undertaken are not included in this overview.

Appendix B – Non-Financial Option Appraisal Workshop Participants (May-June 2018)

Board/Organisation	Number of People Work shop 1 Attendance	Number of People Work shop 2 Attendance	Number of People Work shop 3 Attendance
Borders	5	5	1
Fife	5	4	5
Forth Valley	3	3	3
HIS	1	1	1
Lothian	4	4	4
NES	1	1	1
NSS	5	5	5
SAS	5	5	4
UNISON	1	1	1

Consortium Board Members

Craig Marriott	NHS Lothian Deputy Director of Finance (SRO)
Craig Black	Scottish Ambulance Service Payroll Manager
Donald Boyd	NHS Lothian Senior Project Manager
Robert Clark	NHS Forth Valley Employee Director
Helen Denholm	NHS Fife Head of Payroll Services
Laura Dodds	NHS Lothian Senior Project Manager
Mark Doyle	NHS Fife Assistant Director of Finance (Financial Services)
Simon Dryburgh	NHS Forth Valley Deputy Director of Finance
Jo Edmiston-Mann	NHS Lothian Project Support Manager
Sam Fearnley	NHS National Services Scotland (NSS) Senior Specialist HR Adviser
Paul Govan	NSS Head of Payroll Services
Graham Haggarty	NHS Forth Valley & NHS Lothian Payroll Manager
Doreen Howard	NHS Lothian Head of Financial Control
Laura Howard	Interim Associate Director of Finance, NSS
Shirley Johnston	Staff side (Unite)/ Partnership Representative
Graham Laughlin	NSS Associate Director of Finance
Maria McFeat	Scottish Ambulance Service Deputy Director of Finance
Tom Riddell	National Staff-Side Representative (UNISON)
David Rhodes	Head of Finance and Procurement Healthcare Improvement Scotland (HIS)
Janice Sinclair	Head of Financial Service NHS Education for Scotland (NES)

Appendix C – Non-Financial Benefit Criteria

Benefit Criteria	Description
Sustainability	• Manages service demand and capacity • Flexibility of service provision • Supports business continuity • Encourages resilience
Staff Focus & experience[11]	• Supports staff training and development • Enables career progression (for staff that would like to progress) • Supports succession planning • Positive impact on staff wellbeing
Service Quality	• Supports accuracy • Supports payroll services staff to get it right first time (more often). • Reduces the likelihood of re-work • Promotes best practice, standardisation and consistency
Efficiency and Productivity	• Supports smarter/ better ways of working e.g. reduce manual intervention • Enables more output for less input
Customer[12] Focus & Experience	• The service is accessible to customers • The service is responsive to customer needs • Customer expectations are managed by applying payroll services judgement to ensure timely and prioritised response • Payroll services staff have the knowledge to address (or know who to signpost to) customer enquiries or issues. • Not about 'getting it right' but about being responsive if things go wrong.
Strategic Fit	• In line with national strategic direction for payroll services to work towards a regional model approach • Supports Scottish Government Shared Services 'Once for Scotland' agenda (Standardise, Simplify, Share) • Simplification of governance and management arrangements
Technology & Innovation	• Maximises local technology solutions • Encourages innovation e.g. apps, helpdesk • Not about improvements to existing national systems or new payroll system

[11] The importance of valuing and recognising staff (and the vital role of payroll services in the NHS) has emerged as a theme during workshop discussions whatever service model option is agreed.

[12] Customer is used as a term to cover individuals and organisations that interact with payroll services e.g. individual employees and managers, Finance colleagues, HR colleagues, SPPA, HMRC etc.

Appendix D - South East Payroll Services – Initial Long List of Options

Option	Name
1	Status Quo
2	Status Quo & Opportunistic Collaboration
3	Status Quo & Formal Resource Allocation
4	Outsourced Payroll Services
5	Extended Role Service (Human Resources)
6a	Hub & Spoke Model (Single Employer)
6b	Hub & Spoke Model (Multiple Employers)
7a	Single Consortium Service (Single Employer & teams split by payroll services function and all located in one base)
7b	Single Consortium Service (Single Employer & teams split by function and located in multiple bases)
8a	Single Consortium Service (Single Employer & teams split by Board and all located in one base)
8b	Single Consortium Service (Single Employer & teams split by Board and located in multiple bases)
9a	Single Management Structure Only with Consortium Wide specialist function teams in one base (multiple employers)
9b	Single Management Structure Only & Consortium Wide specialist function teams in multiple bases (multiple employers)
10a	Single Management Structure Only & teams split by Board and located in one base (multiple employers)
10b	Single Management Structure Only & teams split by Board and located in multiple bases (multiple employers)

Appendix E - Option 1 - Status Quo

Benefit Criteria	Score[13]	Rationale
Sustainability	Low	• Current service model is not sustainable (does not deliver the sustainability descriptors) • Lack of flexibility to manage demand and capacity • Age profile of workforce (in some areas) • Recruitment and retention issues (in some areas)
Staff Focus	Medium	• Does not support staff training and development • Does not support career progression or succession planning • Score above 0 given because of positive impact on staff wellbeing (no change required)
Service Quality	Medium	• Payroll services staff provide a high level of accuracy • Service model does not support best practice, standardisation and consistency
Efficiency & Productivity	Medium	• Lack of efficiency due to different ways of working across teams • Service model does not help to easily realise efficiency and productivity
Customer Focus	High	• Experienced, knowledgeable staff • Responsive and accessible to payroll service 'customers' locally • Limitations of service model in relation to fully delivering the customer focus descriptors
Strategic Fit	Low	• Not in line with national payroll services strategic direction • Not in line with Once for Scotland agenda • Does not simplify governance or management arrangements
Technology & Innovation	Medium	• Inconsistent across teams • Current service model does not encourage sharing of knowledge and experience

[13] For ease of reference, total scores (out of a possible 100) have been rated as High (67 or over); Medium (34-66) or Low (33 or less).

Option 2 - Single Employer, Single Base

Benefit Criteria	Score	Rationale
Sustainability	Medium	• Meets the sustainability descriptors (in theory) • Potential adverse effect on business continuity due to risk of staff leaving if move to a Single Base • Uncertainty in relation to recruitment and retention depending on Single Base location
Staff Focus	Medium	• Supports staff training and development • Supports career progression and succession planning • Single Base aspect would have negative impact on the wellbeing of existing staff e.g. disruption of relocation, excess travel time
Service Quality	High	• Single Base would facilitate best practice, standardisation and consistency • Risk to accuracy if experienced staff leave/ become disengaged due to relocation
Efficiency & Productivity	High	• Supports smarter, better ways of working – easier rollout • Risk if experienced staff leave/ become disengaged due to relocation
Customer Focus	Medium	• Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Less accessible, more remote from Board customers if Single Base
Strategic Fit	High	• Delivers descriptors
Technology & Innovation	High	• Single Base would increase ease of implementation • Payroll service would have same level of IT • Boards would continue to be working on different platforms

Option 3 – Single Employer, Multiple Base

Benefit Criteria	Score	Rationale
Sustainability	High	• Delivers descriptors (demand and capacity management, flexibility, business continuity, resilience • Likely to retain all or most experienced staff due to Multiple Base aspect of model
Staff Focus	High	• Delivers descriptors – training and development, career progression, succession planning • Single Employer aspect supports this benefit criteria • Multiple Base aspect introduces an element of logistical challenge • Positive impact on staff wellbeing due to Multiple Base aspect of model
Service Quality	High	• Promotes best practice, standardisation and consistency • Multiple Base aspect introduces an element of logistical challenge • Multiple Base aspect increases risk that individual areas do not maintain consistency of approach • Staff wellbeing more likely to lead to engaged staff wanting to 'get it right'
Efficiency & Productivity	High	• Delivers descriptors • Multiple Base aspect introduces an element of logistical challenge
Customer Focus	High	• Delivers descriptors • Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Multiple Base aspect supports more local accessibility
Strategic Fit	High	• Delivers descriptors
Technology & Innovation	High	• Single Employer aspect could support improvements and sharing of solutions • Multiple Base aspect may encourage innovation to work better together • Boards would continue to be working on different platforms

Option 4 – Multiple Employer, Single Base

Benefit Criteria	Score	Rationale
Sustainability	Medium	• Multiple Employer aspect would make flexibility/ managing demand and capacity more difficult • Adverse effect on business continuity due to high risk of staff leaving if move to a Single Base • Uncertainty in relation to recruitment and retention depending on Single Base location
Staff Focus	Medium	• Potential to support staff training and development but more complex with Multiple Employers • Multiple Employer aspect would mean different Terms and Conditions • Multiple Employer aspect would make career progression and succession planning more difficult • Single Base aspect would have negative impact on wellbeing of existing staff e.g. disruption of relocation, excess travel time
Service Quality	Medium	• Potential to support sharing of best practice more than Status Quo • Multiple Employer aspect would make promoting best practice etc more difficult but Single Base could support shared learning • Mixed views on extent of ability for this service model to meet the Service Quality descriptors
Efficiency & Productivity	Medium	• As per Service Quality rationale above
Customer Focus	Medium	• Mixed views on extent of ability for this service model to meet the Customer Focus descriptors • Less accessible, more remote from Board customers if Single Base
Strategic Fit	Medium	• Partly meets Strategic Fit descriptors • Does not simplify governance and management arrangements • Single Base would bring staff together but does not fully meet Shared Services or national payroll services agenda
Technology & Innovation	Medium	• Supports descriptors to a lesser degree than Single Employer • Single Base would increase ease of implementation • Boards would continue to be working on different platforms

Option 5 – Multiple Employer, Multiple Base

Some participants commented that this service model was closer to the Status Quo than Options 2, 3 and 4

Benefit Criteria	Score	Rationale
Sustainability	Medium	• Potential to meet but due to both Multiple Employer/ Multiple Base aspects the descriptors are unlikely to be fully realised (see rationale in previous options above). • Mixed views on extent of ability for this service model to meet the descriptors
Staff Focus	Medium	• As above
Service Quality	Medium	• As above
Efficiency & Productivity	Medium	• As above
Customer Focus	Medium	• As above
Strategic Fit	Low	• As above
Technology & Innovation	Medium	• As above

Appendix F - Costing Assumptions and Methodology

1. Short listed Options for Costing

As part of the non-financial option appraisal, the following options were short listed for costing:

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employer Multiple base Existing staffing structure
Option 2	Single employer Single base – Gyle Square, NSS Proposed new service model
Option 3	Single employer Multiple bases – retain 4 existing pay department sites Proposed new service model

There were two further short listed options (Multiple Employer, Single Base and Multiple Employer, Multiple Base); however, no significant additional costs have been identified in relation to a single employer or a multiple employer service model.

2. Estates Costs

2.1 Current Estates Costs

Estates costs are not currently charged out by Health Boards to individual payroll departments. Existing estates costs are sunk[14] as all Boards occupy properties alongside other departments. The removal of the payroll team from one site would not result in the site becoming surplus property. There may be a reduction in hard Facilities Management (FM) costs such as heat, light and power but this is not possible to quantify at this stage and will likely be a minimal reduction.

2.2 Single Employer, Single Base Option: Use of Existing NHS Estate

Payroll managers were asked by the South East Consortium to identify if any existing payroll services team estate would be able to accommodate the whole payroll function for the South East Region if the Single Employer, Single Base option was the preferred option. NHS National Services Scotland (NSS) and NHS Fife payroll department sites have capacity to accommodate the whole payroll function (78WTE). However, concerns have been raised about the physical condition of the existing property at NHS Fife. Therefore, NSS would appear to be the only site within the Consortium which could practically accommodate the new payroll team (at Gyle Square). There would be some displacement and removal costs associated with this option but these cannot be quantified at this stage.

2.3 Single Employer, Single Base Option: Use of Commercially Leased Property

This option refers to commercially leased property sites that are not existing payroll team sites; it has been discounted on the grounds that it would be unaffordable. Advice has been sought from Healthcare Facilities Scotland (HFS), a division of NSS. High level indications of

[14] Sunk costs are costs which have already been incurred and are irrevocably committed.

costs to occupy commercially leased premises range from an additional recurring revenue requirement of £500k per annum to £750k per annum. These costs include, amongst others, annual rental charges, buildings insurance, non-domestic rates and water rates, hard and soft FM.

In addition, there will be a non recurring revenue requirement ranging between £250k and £600k. This includes accommodation furniture and fixtures fit out, IT equipment fit out and dilapidation costs[15]. Costs are based on a commercially leased property occupied in December 2018 accommodating 130 WTE.

3. Staff Costs

3.1 All Options: Point on Scale

Staff costs (including employer 'on costs') have been costed at the top of the pay band. This is in recognition that many of the current payroll staff are either at the top of or approaching the top increment of their pay band. In 2020-21, 74% of the payroll staff function will be at the top point of their pay band. Assuming there is no staff turnover, this will rise to 84% in 2021-22, 92% in 2022-23 and 100% in 2023-24.

3.2 Status Quo Option: Agency Costs

Under the current arrangements, NSS recurrently recruit agency staff during summer months to manage the increased workload as a result of NHS Education for Scotland recruitment intakes. This agency cost is included on a recurrent basis for Option 1 (Status Quo) as this is an annually recurring need.

3.3 Status Quo Option: Recruitment and Retention Premium (RRP)

NHS Lothian Payroll Officers (Band 4) currently receive RRP. This was put in place to address recruitment and retention issues within the Board.

The current RRP is due to end in August 2020. It has been assumed that the RRP would be renewed if Option 1 (Status Quo) continued.

3.4 Single Employer Option (Multiple Bases): Salary Protection

A proposed new staffing model has been agreed by the SE Consortium Project Board and the required posts and staffing numbers have been identified.

In line with Organisational Change policy, protection may apply to some existing employees' salaries under the proposed model. Through initial inspection of current and proposed new bands and WTE, it appears that the following staff numbers may be eligible for salary protection:

Existing Band	New Band	WTE
Band 5	Band 4	11.87
Band 7	Band 6	3.5

[15] Dilapidation costs are the 'exit' costs to the tenant for putting the leased property back into repair and the removal of alterations on expiry of the lease.

Potential salary protection costs have been calculated on these numbers and do not make any assumptions in relation to individual staff.

3.5 Single Employer Option (Single Base): Salary Protection

This option assumes a 50% staff attrition rate for NHS Fife and NHS Forth Valley employees. Potential salary protection costs have been calculated on this basis. Through initial inspection of current and proposed new bands and WTE, it appears that the following staff numbers may be eligible for salary protection:

Existing Band	New Band	WTE
Band 5	Band 4	6.29
Band 7	Band 6	3.5

3.6 Single Employer Option (Single Base): Current Employee Excess Travel Expenses

Under the single base option, there would be a requirement to pay employee excess travel expenses for a period of four years if home to new base journey cost exceeds home to original base cost. These have been calculated based on daily travel ticket prices (rail and bus) over 45 weeks annually to allow for annual leave entitlement.

3.7 Single Employer Option (Single Base): Overtime Costs

Overtime working would be required to ensure service demand is met whilst new staff are recruited and adequately trained. Overtime costs have been included in year one (2020-21) covering 1,200 hours per month for a 12 month period. These have been calculated at the overtime rate for band 4 Payroll Officers.

4. Costing Methodology

4.1 Worst Case Costing

The costs included have been costed on a ‘worst case’ basis. For example, staff costs have been calculated at the top increment of the band. This assumes all existing staff will continue their employment. The exception to this is the Band 8c role which has been costed at mid point to reflect the fact that there are no Band 8c or above roles within the current structure.

Any newly recruited employees would likely be recruited at the bottom increment of the band which will be at a lower cost. The following table provides an indication of the difference in employer ‘on costs’ at bottom point and top point of the band.

2020-21 Annual Gross Employers ‘on costs’ per WTE

Band	Top Point	Bottom Point	Difference
3	29,315	26,763	2,552
4	32,519	29,457	3,062
5	41,512	32,690	8,822
6	51,641	41,715	9,926
7	60,851	51,818	9,033
8a	70,829	65,530	5,299
8b	85,217	79,080	6,137
8c	102,484	95,009	7,475

It has also been assumed that all staff relocated to a single base will be eligible to receive excess travel costs. This would be assessed on a case by case basis and is dependent upon the employee incurring additional financial travel costs. This is not known at this time.

There is also an allowance for salary protection included in the costs. The actual cost of this will be dependent upon the new roles assumed by existing staff.

4.2 Staffing Models

Staff costs include all employers 'on costs' (basic salary, national insurance and superannuation contributions). Costs are based on an ongoing indicative banding exercise of the new roles. Known actual costs have been used for 2020-21, in line with the 3 year NHS pay deal effective from April 2017. Staff costs from 2021-22 are estimated, with a 3% uplift applied per annum.

Year	Status Quo (78.22 WTE)	Proposed New Staffing Model (78 WTE)	Change
2020-21	3,080,273	2,899,037	↓181,236
2021-22	3,175,308	2,988,627	↓186,681
2022-23	3,273,194	3,080,906	↓192,288
2023-24	3,374,017	3,175,952	↓198,065
2024-25	3,477,864	3,273,850	↓204,014

Note: The status quo figures above include RRP for Band 4 NHS Lothian employees, which amounts to approximately an additional £85k per annum

The table above shows that the new proposed staffing model costs less than the Status Quo staffing model. However, additional costs are associated with options 2 and 3 which lead to a reduction in the savings achieved by the proposed new staffing model. Additional costs driving the reduction in savings are as follows:

Option	Additional Costs
Option 2	£100k non-recurring transition costs in year one (further detail provided in section 4.4) Salary protection payment (further detail provided in section 3.5) 4 years excess travel expenses for relocated employees (further detail provided in sections 3.6 and 4.5)
Option 3	£100k non-recurring transition costs in year one (further detail provided in section 4.4) Salary protection payment (further detail provided in section 3.4)

4.3 Recurring IT Revenue Costs

The following costs have been identified which are relevant to all short listed options, including the Status Quo option:

Cost Type	Annual Cost (£)
Document Storage and Retrieval Costs	31,000
IT Helpdesk Annual Licence Charge	5,000
Netcall Additional Solution Care	2,950
Atos National Payroll System	1,292,686
Atos SSTS System	281,862
Total	**1,613,498**

These costs are expected to reduce on the full introduction of eESS due to a reduced documentation storage requirement. The cost reduction is applicable to all options, including the Status Quo. There may be variation between total costs under the Status Quo compared to the Single Employer options; however, the difference is not expected to be material.

4.4 Non-Recurring Revenue Costs

Transitional costs will be required in relation to all the short listed options, with the exception of the Status Quo option. Exact costs are unknown at this stage. A proxy figure of £100k for transitional costs has been included at this stage. Costs will become more apparent as the programme develops and requirements can be fully established (see Section 12).

Transitional costs are included to cover a range of requirements, including but not restricted to:

- Skills gap training and development
- Communications
- Change management
- Service improvement
- Staff security passes/ID badges
- IT system transitional costs (migrating data)
- IT system set up costs (helpdesk and telephone) – initial estimates range from £27k – £32k
- Removal costs (if single base option)

There is an expectation that the majority of HR, OD and project management costs will be absorbed by the Single Employer board.

4.5 Excess Travel Expenses

Under the Single Base option, excess travel expenses will be required for existing staff for a period of four years. The only suitable location to house 78 WTE payroll employees is Gyle Square, NSS. The estimated costs for excess travel expenses are as follows:

Cost Type	Annual Cost (£)
Expenses payable to NHS Forth Valley employees	20,790
Expenses payable to NHS Fife employees	34,380
Expenses payable to SAS employees	3,915
Expenses payable to NHS Lothian employees	25,448
Total	**84,533**

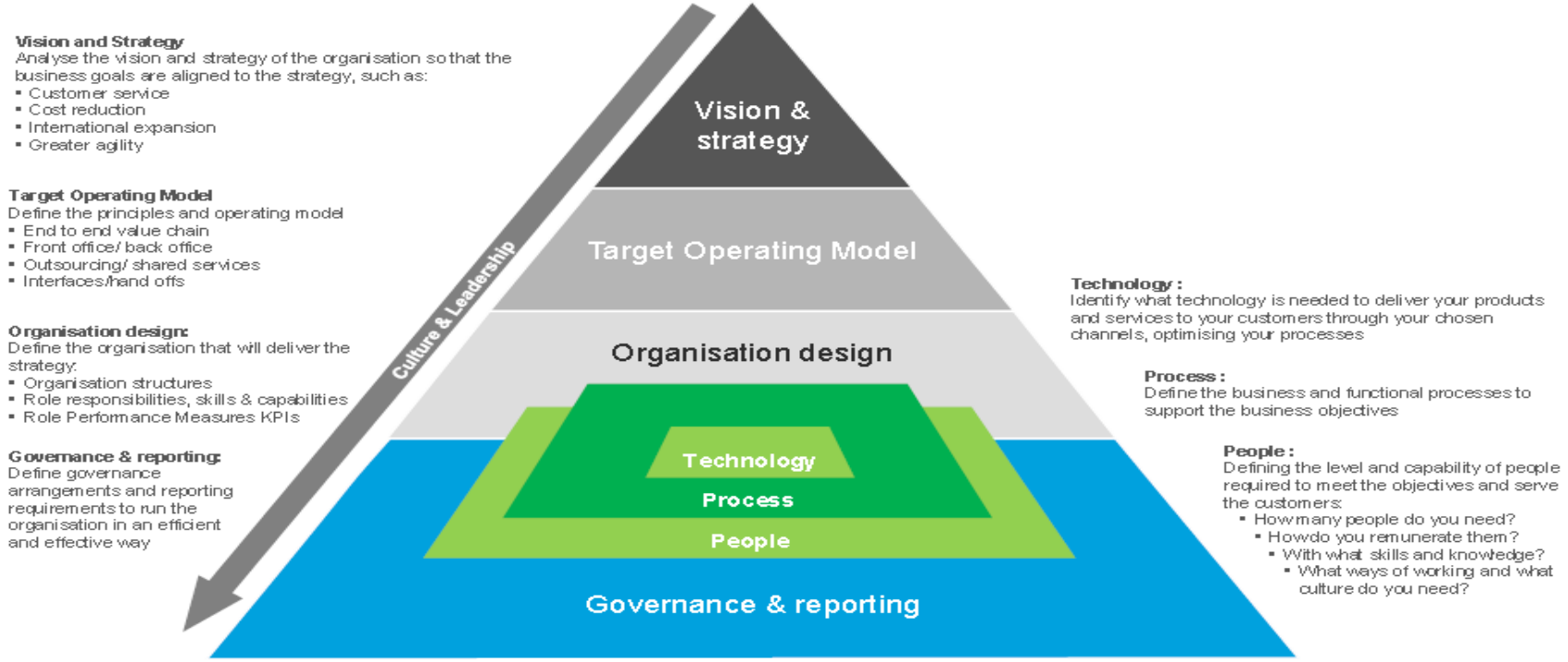
The costs above assume a 50% attrition rate for NHS Fife and NHS Forth Valley employees. Costs are based on the assumption that all staff who are entitled to receive excess travel expenses will exercise this.

Appendix G – Potential Future Target Operating Model Framework

The framework below has been used to inform Target Operating Model discussions at a national payroll services programme level.

Target Operating Model (TOM) at a glance

As illustrated below, the primary purpose of a TOM is to enable the application of a corporate strategy or vision to a business or operation. It is a high level representation of how a company can be best organised to more efficiently and effectively deliver and execute on the organisation's strategy. Moreover, it provides a common understanding of the organisation by allowing people to visualise the organisation from a variety of perspectives across the value chain as every significant element of business activity is represented. People, processes and technology are key components underlining any TOM and are critical to ensure its success.



Appendix H - Payroll Officer Sustainable Caseload Framework

A framework to agree a sustainable caseload for payroll services staff was developed to support demand and capacity modelling and the subsequent staffing levels proposed in Section 5. In this context 'sustainable' means an activity level that can be reasonably maintained and 'caseload' means activity volume per WTE Payroll Officer[16].

It is recognised that there is no exact or ideal way to 'match' payroll services capacity to demand and a sustainable caseload figure also needs to take account of:

Capacity considerations

- Payroll Officer level of knowledge and experience
- 'Hidden' capacity from the use of overtime and temporary staff to cover vacancies
- Impact of staff leave and turnover
- Potential economies of scale in larger teams

Demand considerations

- Activity associated with weekly pay, bank staff and change forms
- Range and complexity across and within NHS staff job families
- Varying rate of turnover in different staff groups
- Auto enrolment every three years
- Doctors in training intake
- Pay awards and national circulars e.g. protection, Pay As If At Work

For the purposes of the Business Case, demand and capacity was considered in three ways:

- Number of employees per WTE Payroll Officer
- Number of payslips per WTE Payroll Officer
- Number of payslips per Payroll Staff Member (for national benchmarking purposes)

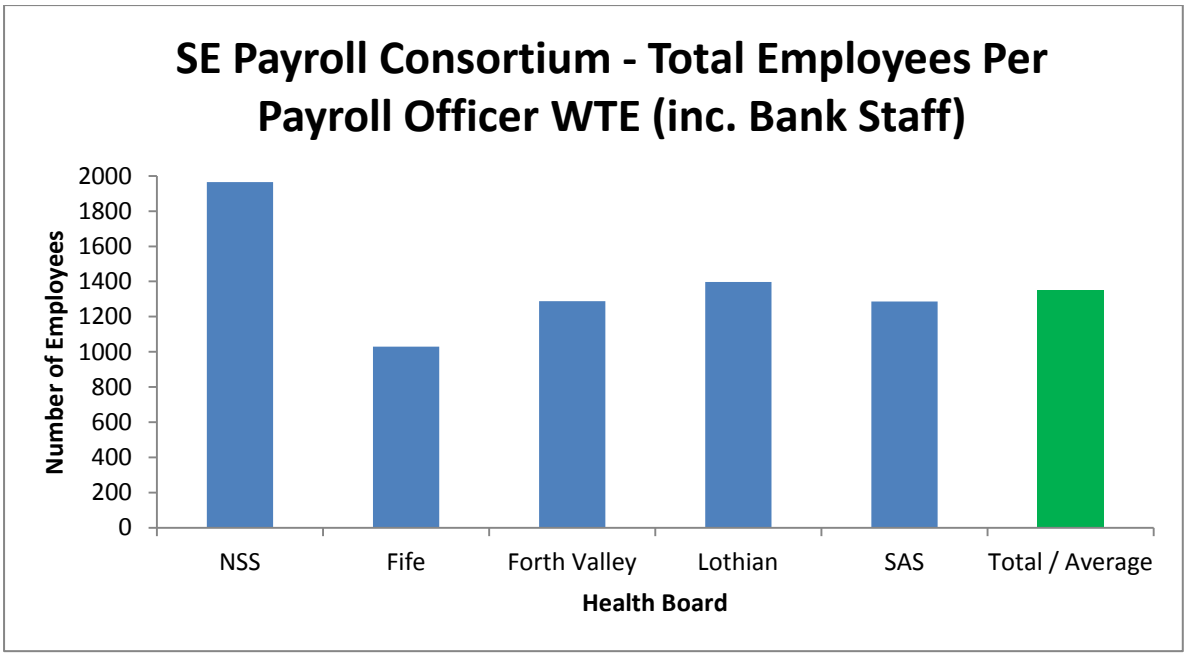
It should be noted that SE Consortium staffing figures below were correct at the time of modelling (January 2019). Staffing levels and associated costs cited elsewhere in the Business Case are based on workforce profile data from October 2019 with any differences reflecting some minimal changes.

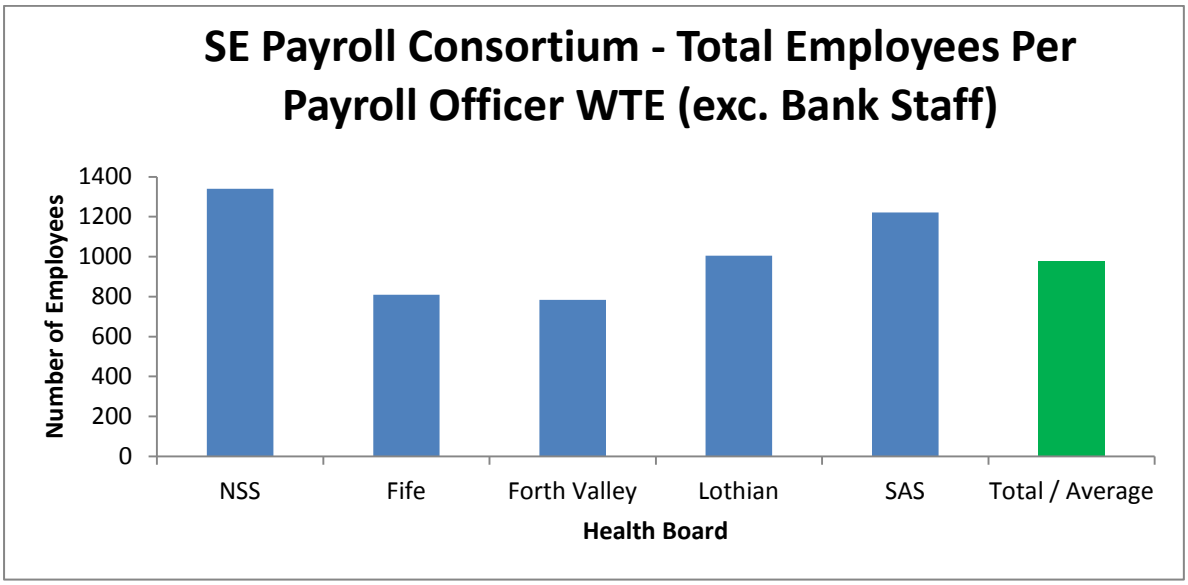
- **Number of employees per WTE Payroll Officer**

Board	Payroll Officer WTE	Total Employees Per Payroll Officer WTE	Total Employees Per P.O. (not inc. Bank) WTE
NSS	4.7	1965	1340
Fife	10.79	1030	809
Forth Valley	7.88	1288	784
Lothian*	25.27	1397	1005
SAS	4	1287	1221
Total / Average	**52.64**	**1348**	**978**

[16] SSTS Officer demand and capacity will be revisited following the e-rostering procurement exercise; Other proposed roles are emerging or, due to the nature of the associated activity, are more difficult to quantify.

The NHS Lothian figure above includes both Payroll Officer and Expenses Officer capacity to allow comparison with teams where Payroll Officers have a combined payroll & expenses role.





It should be noted that using 'number of employees per Payroll Officer WTE' as a measure of demand has two critical limitations in relation to how meaningful it is:

i) Including bank staff in employee numbers potentially overestimates demand because only a minority of bank staff work in any given week or month
ii) Excluding bank staff underestimates the predominantly weekly payroll service demand.

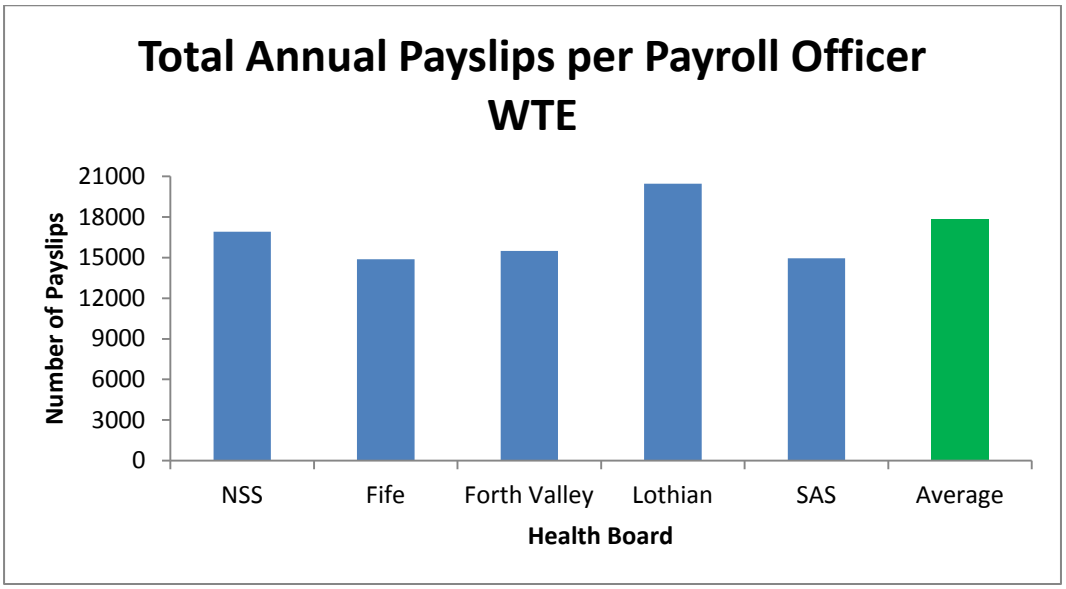
- **Number of payslips per WTE Payroll Officer**

A more meaningful measure is the 'total annual number of payslips per Payroll Officer WTE' which takes account of both monthly and weekly activity and staff bank activity.

Whilst payslip figures do not take account of the demand associated with individual employee changes, it was agreed that this measure would be used, along with professional judgement, to agree a Payroll Officer caseload figure and subsequently match capacity to demand to inform the staffing levels.

Board	Payroll Officer WTE	Total Annual Payslips	Total Annual Payslips per Payroll Officer WTE
NSS	4.7	79,472	16909
Fife	10.79	160,437	14869
Forth Valley	7.88	122,022	15485
Lothian	25.27	517,075	20462
SAS	4	59,748	14937
Average	**52.64**	**938,754**	**17833**

*Includes monthly and weekly and staff bank payslips



'Day One' Payroll Officer Caseload

The proposed Payroll Officer role includes the following activity:

- 95% of payroll processing (similar to current arrangements)
- 75% of payroll checking (a slight increase from current overall checking activity)
- Expenses activity (similar to arrangements in NHS Fife, Forth Valley, NSS and SAS)
- Pensions (similar to current arrangements)
- Transfer of enquiry management

The proposed 'Day One' service model includes 53 Payroll Officer posts consisting of 44 fulfilling four of the above five functions and a further nine WTE for enquiry management (estimated to account for, on average across the Consortium, 17% of Payroll Officer time).

Considering the proposed 53 WTE Payroll Officer resource as a whole would equate to **17,384 payslips per WTE Payroll Officer**. It is acknowledged that whilst this is above the current caseload in 4 out of 5 teams it is just below the South East Consortium average of 17, 833.

This slight increase in overall resource recognises the move to more peer based checking. Currently, across the Consortium as a whole, it is estimated that approximately 68% of checking is undertaken by Payroll Officers and 32% is undertaken at a Team Leader level.

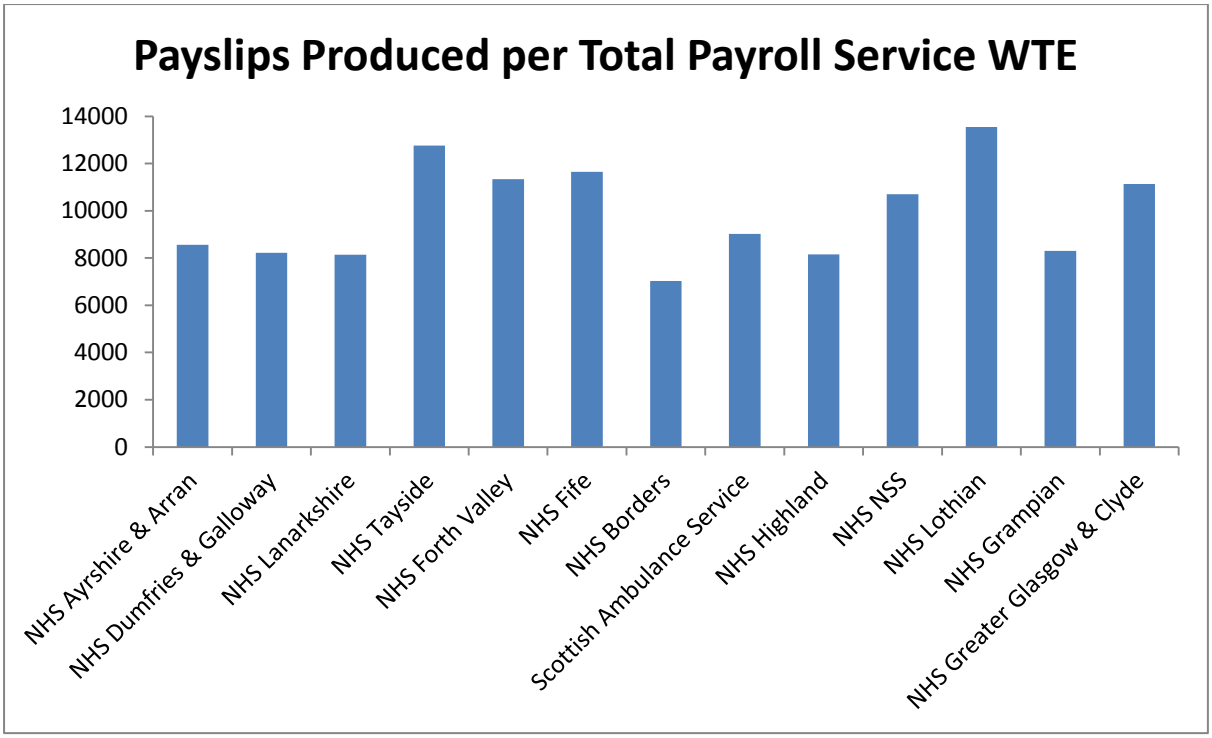
- **Number of payslips per Payroll Staff Member**

National data is included below to enable comparisons to be made between South East Consortium payroll services teams and other teams in Scotland.

The national baseline data (collated September 2018) allows comparison between payroll service provider Boards by 'number of payslips per total payroll services staff WTE' not by Payroll Officer WTE as above. The figures below may differ from data cited elsewhere in the Business Case, reflecting capacity and demand at the time of data collation.

A degree of caution is also required in the application of the national baseline data for benchmarking purposes due to the existence of different service models across Scotland.

Board	Total WTE	Payslips Produced	Payslips per Total WTE
NHS Ayrshire & Arran	19.25	164,872	8565
NHS Dumfries & Galloway	8.31	68,354	8226
NHS Lanarkshire	26.75	217,794	8142
NHS Tayside	20.33	259,460	12762
NHS Forth Valley	11.45	129,752	11332
NHS Fife	14.24	165,904	11651
NHS Borders	6.99	49,160	7033
Scottish Ambulance Service	6.50	58,636	9021
NHS Highland	21.77	177,624	8159
NHS NSS	9.30	99,584	10708
NHS Lothian	37.46	507,456	13547
NHS Grampian	28.95	240,356	8302
NHS Greater Glasgow & Clyde	79.20	881,576	11131
Total	**292.10**	**3,020,528**	**10341**



On the whole, the 2018 baseline data above shows that payroll services teams in the South East Consortium compare well with other teams in Scotland in relation to this particular aspect: three of the top four payroll teams (payslips per WTE) in Scotland are from the South East (Lothian, Fife and Forth Valley) with NSS, and SAS, sixth and seventh out of 13 respectively.

Whilst 'Payslips per Payroll Officer WTE' has been used to agree a 'caseload' figure and inform staffing levels, the above data allows the proposed total WTE for the South East payroll service to be compared against other teams in Scotland.

This confirms that the proposed total 'Day One' Payroll Service WTE of 78 which equates to 12,035 payslips per total Payroll Service WTE compares favourably; it is higher than the current South East average of 11,251 payslips per WTE and 14% higher than the national average of 10,341 payslips per WTE.

Appendix I – Single Employer Written Submissions Template

1	**Strategic direction and support**
1.1	Can you confirm your organisation's Executive Team (or equivalent senior group) is in support of becoming the Single Employer Board? *Please provide evidence.*
1.2	Can you outline how becoming the Single Employer for South East Payroll Services aligns with the strategic direction of your organisation?
1.3	What is your organisation's longer term vision for South East Payroll Services?

2	**Management and governance**
2.1	How would you integrate the South East Payroll Services function into your existing management structure and governance arrangements?
2.2	Can you confirm your organisation's Audit and Risk Committee (or equivalent) is aware of and has the capacity to assume overall audit responsibility for South East Payroll Services?

3	**Organisational capacity <u>prior</u> to implementation**
3.1	Can you confirm your organisation has capacity to provide any additional resource that may be required *following* the Single Employer decision and *prior* to TUPE transfer of staff?
3.2	Please outline how you will undertake and resource the required organisational change process, including what support will be made available to affected staff following TUPE transfer.
3.3	What timescales would you anticipate working towards to move to an initial shared service model?

4	**<u>Ongoing</u> organisational capacity**
4.1	Can you confirm your organisation has capacity to provide an HR service to payroll services staff? (It is anticipated that Boards 'local' to staff bases will provide occupational health services).
4.2	How would you integrate the South East Payroll Services function into your existing partnership arrangements for staff?
4.3	Can you confirm that your organisation would be able to meet any future IT equipment, software and access requirements?

5	Customer Board management
5.1	Please outline what your organisation would seek to include in the required Service Level Agreements with customer Boards.
5.2	Can you confirm your organisation has information governance capacity to develop and provide any necessary support in relation to the Data Sharing Agreements with customer Boards?
5.3	How will your organisation support the South East Payroll Services management team to develop and maintain positive working relationships with customer Boards?
5.4	How will your organisation seek to ensure an equitable service is provided to all customer Boards?
5.5	Thinking about your organisation's experience of providing payroll services, what added value would your organisation be able to deliver to customer Boards?

6	Benefits realisation and management
6.1	How will your organisation support and monitor the delivery of the agreed non-financial benefits of the proposed service model?
6.2	How will your organisation support and monitor the delivery of any anticipated financial benefits (or financial implications) of the proposed service model?

Appendix J – Single Employer Responsibilities

The Single Employer board will be required to consider the following information and responsibilities:

1. Staff

There are 86 total payroll staff (approximately 78.2 WTE) in the region. Staff currently sit in five teams: NHS Fife, Forth Valley, Lothian, National Services Scotland (NSS) and the Scottish Ambulance Service; NSS provide a payroll service to Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES). The Single Employer board will assume full employer responsibility for these staff under TUPE transfer arrangements.

Following TUPE transfer, the Single Employer board will be required to undertake and resource a full organisational change process to transition the individual payroll teams to the new team structure. The Consortium Project Board will endeavour to provide as much detail as possible to ease the potential burden of this process, for example initial staffing structure, numbers, role outlines and draft job descriptions.

The Single Employer board will be required to provide a full HR service to South East Payroll Services although it is anticipated that Boards 'local' to staff bases will provide occupational health services if required.

2. Payroll Production

The Single Employer board will provide a full payroll service to approximately 70,000 NHS staff in seven boards – this includes payroll, expenses and SSTS.

The Single Employer board will be required to set up and maintain Service Level Agreements with the six other boards. The abiding principle will be that each board (including the Single Employer board) will receive the same standard of service.

3. Accommodation

It is expected that all boards with current payroll teams will continue to provide desk space for payroll staff. Any costs associated with providing this accommodation would remain with the transferring boards.

These arrangements may be subject to periodic review as part of the Service Level Agreement process.

4. IT Hardware And Support

It is expected that all boards with current payroll teams will continue to make all current IT equipment available to transferring staff. Whether this remains as part of their existing IT estate or is transferred to the Single Employer board will be dependent upon the future IT set up. Any transfer of equipment ownership would be expected to be done at no cost.

It is further expected that boards would continue to provide local IT support to payroll teams. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

Future IT equipment requirements will be the responsibility of the Single Employer board, however any costs associated with this would need to be agreed with each customer board as part of the Service Level Agreement process.

5. IT Software and Access

It is expected that all boards with current payroll teams will continue to provide server space and access to required local systems. The Single Employer board will ideally be required to migrate all payroll staff onto their local network and create a means of all payroll staff accessing information by the introduction of a single storage and retrieval system. This should be partially facilitated by the introduction of Office 365 and other Internet based systems such as ServiceNow. The costs associated with this would continue to be met by the transferring boards in the first instance. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

It should be noted that the main systems used by payroll staff are national systems hosted by Atos and there will be no significant issues to make these available to all payroll staff.

6. Governance and Audit

All governance arrangements for South East Payroll Services would be the responsibility of the Single Employer board. South East Payroll Services will sit within the Finance Directorate of the Single Employer board who will agree reporting arrangements.

The Single Employer board will be required to appoint internal and service auditors for South East Payroll Services. Transferring boards will have a reduced audit requirement and, as such, it is expected that the overall cost of audit will reduce. Overall audit responsibility will sit with the Audit and Risk Committee (or equivalent) of the Single Employer board. Audit costs will be apportioned as part of the Service Level Agreement process.

7. Data sharing

The Single Employer board will require data sharing agreements with each of the customer boards. A full template for this is already in use within NSS and it is expected that this would require a straightforward review to be able to then be put in place between the Single Employer board and the customer boards.

8. Costs

It is expected that there will be some one-off costs associated with the transition to a Single Employer. These are to be determined but it is expected that these would be apportioned between all seven boards.

It is envisaged that as the benefits of moving to a single service are realised there will be some economies of scale leading to an overall reduction in the cost of the service; these will be balanced with inflationary and other costs and passed on to each board as appropriate.

Appendix K – Risks for Shot Listed Options

OPTION 1: Status Quo (Do Nothing) Option														
			Unmitigated Score						Mitigated Score					
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Commentary (PB View/ Service Experience)	
1.1	There is a risk that staff recruitment and retention issues in NHS Lothian payroll team are not addressed.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	5	5	25	Very High	Service/ Business Interruption	Overtime. Increase use of B3 roles. Recruitment & Retentia Premum.	4	5	20	Very High	Mitigation is unlikely to deliver significant or sustained impact.	
1.2	There is a risk that the increasing age profile of the workforce across the Consortium is not addressed.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	4	4	16	High	Service/ Business Interruption	Overtime. Increase use of B3 roles.	4	4	16	High	Mitigation does not address risk.	
1.3	There is a risk that payroll teams across the Consortium continue to be unable to flex capacity to meet increasing demand/ changes in demand (e.g. Doctors and Dentists in Training Lead Employer)	Insufficient payroll capacity affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of staff at periods of high demand. Negative customer experience.	4	4	16	High	Service/ Business Interruption	Overtime. Fixed term contracts.	4	4	16	High	Mitigation does not address risk.	
1.4	There is a risk that there is insufficient capacity to train and develop staff fully to support them in their current roles.	Impact on quality of service delivery. Staff experience	4	3	12	High	Staffing & competence	Continue with staff training being provided to new staff as an 'add on' responsibility for existing staff.	4	3	12	High	Mitigation does not address risk.	
1.5	There is a risk that there are limited opportunities for career progression in payroll services in the NHS for staff who wish to progress.	Staff leave for alternative opportunities impacting on service delivery. Staff remain but morale affected.	4	3	12	High	Service/ Business Interruption	Develop opportunities within existing roles to maintain employee interest e.g. service improvement or project activity.	4	3	12	High	Mitigation does not address risk.	
1.6	There is a risk that the service is not as efficient and cost-effective as it could be.	Budgetary pressures. Negative staff and customer experience.	5	4	20	Very High	Financial	Local service improvement activity. Sharing knowledge across Board boundaries.	4	4	16	High	Mitigation is unlikely to deliver significant or sustained impact.	
1.7	There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda	Non-compliance with Scottish Government Once for Scotland agenda (for payroll this was to develop national strategic direction and regional service model).	5	5	25	Very High	Objectives/ Project	Collaboration across Board boundaries.	5	5	25	Very high	Mitigation does not address risk.	
										Average	17			
										Median	**16**			

OPTION 2: Single Employer, Single Base Option

			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Commentary (PB View/ Service Experience)
2.1	There is a risk that some payroll staff are unable to travel to a single base and choose not to transfer to the Single Employer.	Insufficient payroll services staff to ensure busines continuity i.e. payment of employees.	5	5	25	Very high	Service/ Business Interruption	Overtime. Recruitment drive.	5	5	25	Very high	Service/ Project Board view that mitigation will not address risk due to the anticipated level of staff who would not relocate.
2.2	There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.	Inability to deliver a shared service model.	3	5	15	High	Objectives/ Project	Phased approach to Single Base option.	3	5	15	High	Mitigation is unlikely to reduce the risk.
2.3	There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.	Business Case not approved.	3	5	15	High	Objectives/ Project	Project Board members continue to emphasise main drivers of sustainability, cost-effectivenss and efficiency. Business Case articulates the benefits, including potential longer term financial benefits and 1% SG Financial Framework savings target.	2	5	10	High	Mitigation will reduce the likelihood.
2.4	There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.	Inability to deliver the benefits of a shared service model. Staff do not engage or buy-in to shared service model.	3	5	15	High	Objectives/ Project	OD/ change management resource to work with and support management.	2	5	10	High	Mitigation will reduce the likelihood.
2.5	There is a risk that some payroll staff do not support a shared service model following TUPE transfer.	Staff transfer to Single Employer but morale low/ productivity affected. Inability to deliver the benefits of a shared service model.	5	5	25	Very high	Objectives/ Project	OD/ change management resource to work with and support payroll services staff.	5	5	25	Very high	Mitigation will not address risk due to cumulative impact of Risk 2.1 on remaining staff and lack of staff support for Single Base option.
2.6	There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	5	5	25	Very high	Service/ Business Interruption	Overtime. Increase use of B3 roles. Recruitment & Retentia Premium. Site Single Base out of Edinburgh.	5	5	25	Very high	Mitigation will not address risk of Single Base option in Edinburgh. Single Base out of Edinburgh too costly/ high number of staff unable to relocate.
2.7	There is a risk that Boards are unable to harmonise end to end processes due to continuing local Board policy outwith the authority of a shared payroll service.	Inability to deliver a shared service across Board boundaries.	5	3	15	High	Objectives/ Project	Engagement with non-payroll services within Customer Boards. Link with other Shared Services/ Once for Scotland HR agenda. Ongoing activity to update PIN guidelines nationally. Development of local policy reference guides for payroll staff.	3	2	6	Medium	Mitigation will help address likelihood and impact (although some mitigation activity is outwith the control of the programme).
2.8	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	3	4	12	High	Objectives/ Project	Continue to link with O365 implemenation colleagues.	2	4	8	Medium	O365 as a tool will support shared services approach and work has commenced to roll out.
2.9	There is a risk that there is insufficient support (OD, HR, project management, service improvement) to support the implemention of a shared service model.	Inability to fully realise the benefits of a shared service model. Staff do not transfer/ leave the service impacting on morale & productivity.	2	5	10	High	Objectives/ Project	Single Employer to evidence that has sufficient resource as part of decision-making process.	1	5	5	Medium	Need to ensure resource requirements are fully identified to support staff readiness for change.
2.10	There is a risk that there is a reduction in productivity as a result of the impact of change on staff.	Impact on quality of service delivery.	4	4	16	High	Service/ Business Interruption	OD/ change management resource to support staff. Phased implementation of change.	4	3	12	High	Mitigation will not fully address because of the move to a Single Base.
2.11	There is a risk that the North and West Scotland payroll consortia do not establish a regional service model.	Disconnect between direction of travel within payroll services across Scotland.	2	1	2	Low	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress.	2	1	2	Low	View that this is not a significant dependency for South East Payroll Services.
2.12	There is a risk that the national payroll services programme continues not to make significant progress.	Disconnect between direction of travel within payroll services across Scotland. Inability to fully deliver the benefits of a shared service model because of what is required at a national level to support a regional model approach.	3	2	6	Medium	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress. Use South East as a pathfinder for national activity. Escalate if progress continues to be limited.	3	1	3	Low	View that this is not a significant dependency for South East Payroll Services.
										Average	12		
										Median	**10**		

OPTION 3: Single Employer, Multiple Base Option

			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Commentary (PB View/ Service Experience)
3.1	There is a risk that there is insufficient office accommodation to be able to increase the number of payroll staff in non-Edinburgh bases where able to more easily recruit.	Staff experience if insufficient space. Inability to manage recruitment and retentiion issues in Edinburgh.	2	2	4	Medium	Objectives/ Project	Confirmation that there is room to increase workforce (to an extent) in non-Edinburgh offices.	2	2	4	Medium	Service view that there is room to accommodate an increase in staff as part of a multiple base service model.
3.2	There is a risk that payroll services staff do not engage in developing a shared service model following TUPE transfer because of perception that continuity of multiple bases equates to the status quo.	Inability to deliver the benefits of a shared service model.	3	5	15	High	Objectives/ Project	Single Employer to evidence has sufficient resource to support change.	1	5	5	Medium	Acknowledgment that there will be a need to work with and support the service.
3.3	There is a risk that some Boards do not approve the Business Case and withdraw from the consortium.	Inability to deliver a shared service model.	3	5	15	High	Objectives/ Project	Business Case articulates the benefits for all Boards.	1	5	5	Medium	
3.4	There is a risk that the there is a disconnect between the expectation that the programme will deliver financial savings and the payroll service driver to develop a sustainable service.	Business Case not approved.	3	5	15	High	Objectives/ Project	Project Board members continue to emphasise main drivers of sustainability, cost-effectivenss and efficiency. Business Case articulates the benefits, including potential longer term financial benefits and 1% SG Financial Framework savings target.	2	5	10	High	Mitigation will reduce the likelihood.
3.5	There is a risk that there is insufficient payroll management buy-in to, and a collective vision of, a shared service model.	Inability to deliver the benefits of a shared service model. Staff do not engage or buy-in to shared service model.	3	5	15	High	Objectives/ Project	OD/ change management resource to work with and support management.	2	5	10	High	Mitigation will reduce the likelihood.
3.6	There is a risk that some payroll staff do not support a shared service model following TUPE transfer.	Staff transfer to Single Employer but morale low/ productivity affected. Inability to deliver the benefits of a shared service model.	4	5	20	Very High	Objectives/ Project	OD/ change management resource to work with and support payroll services staff.	3	5	15	High	
3.7	There is a risk that the shared service model will not address the current sustainability issues e.g. workforce retention in Edinburgh based boards; increasing workforce age profile.	Insufficient payroll services staff affecting business continuity and service delivery (e.g. late or inaccurate employee pay). Impact on morale of remaining staff. Negative customer experience.	3	4	12	High	Service/ Business Interruption	Ensure appropriate/ targetted recruitment.	2	4	8	Medium	
3.8	There is a risk that Boards are unable to harmonise end to end processes due to continuing local Board policy outwith the authority of a shared payroll service.	Inability to deliver a shared service across Board boundaries.	5	3	15	High	Objectives/ Project	Engagement with non-payroll services within Customer Boards. Link with other Shared Services/ Once for Scotland HR agenda. Ongoing activity to update PIN guidelines nationally. Development of local policy reference guides for payroll staff.	3	2	6	Medium	Mitigation will help address likelihood and impact (although some mitigation activity is outwith the control of the programme).
3.9	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	3	4	12	High	Objectives/ Project	Continue to link with O365 implemenation colleagues.	2	4	8	Medium	O365 as a tool will support shared services approach and work has commenced to roll out. Multiple bases adds some complexity but surmountable.
3.10	There is a risk that there is insufficient support (OD, HR, project management, service improvement) to support the implemention of a shared service model.	Inability to fully realise the benefits of a shared service model. Staff do not transfer/ leave the service impacting on morale & productivity.	2	5	10	High	Objectives/ Project	Single Employer to evidence that has sufficient resource as part of decision-making process.	1	5	5	Medium	Need to ensure resource requirements are fully identified to support staff readiness for change.
3.11	There is a risk that there is a reduction in productivity as a result of the impact of change on staff.	Impact on quality of service delivery.	4	4	16	High	Service/ Business Interruption	OD/ change management resource to support staff. Phased implementation of change.	3	3	9	Medium	Risk not as significant as single base option.
3.12	There is a risk that the North and West Scotland payroll consortia do not establish a regional service model.	Disconnect between direction of travel within payroll services across Scotland.	2	1	2	Low	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress.	2	1	2	Low	View that this is not a significant dependency for South East Payroll Services.
3.13	There is a risk that the national payroll services programme continues not to make significant progress.	Disconnect between direction of travel within payroll services across Scotland. Inability to fully deliver the benefits of a shared service model because of what is required at a national level to support a regional model	3	2	6	Medium	Objectives/ Project	Continue to link with Consortia Leads/ national Programme Board to support progress. Use South East as a pathfinder for national activity. Escalate if progress continues to be limited.	3	1	3	Low	View that this is not a significant dependency for South East Payroll Services.
										Average	7		
										Median	**6**		

Appendix L: Financial and Economic Appraisals.

Appendix L - SE Payroll Financial Appr

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 29 October 2020**
Title:	**Workforce Planning Guidance Update**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Rhona Waugh, Head of HR**

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to a:

- Government policy / directive and legal requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper provides an update for the Staff Governance Committee on the Workforce Planning requirements following receipt of the Scottish Government Circular DL (2020)27 - Update on Revised Workforce Planning Guidance, attached at Appendix 1.

2.2 Background

Members of the Committee will be aware that revised Workforce Planning for Scotland guidance[1], received in December 2019, detailed changes to the existing arrangements across NHS Boards, Integrated Authorities and Local Authorities.

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

[1]An integrated Health and Social Care Workforce Plan for Scotland – Workforce Planning for Scotland Guidance published in December 2019

As a consequence of the COVID-19 pandemic, with the formal Workforce Planning arrangements paused and / or suspended due to the pandemic and in recognition that the commitments detailed within the national Health and Social Care Workforce Plan ("An Integrated Health and Social Care Workforce Plan for Scotland" December 2019 ISBN: 978-1-78781-323-6) required to be re-assessed and reprioritised within the context of the 'new normal' and the feasibility of introducing the revised 3 yearly workforce planning cycle across NHS Scotland in 2021.

2.3 Assessment

Recognising this, the Scottish Government has, in discussion with its key partners and stakeholders, decided to amend the submission timelines and process to better reflect the current circumstances and COVID-19 related priorities. The attached guidance was issued by the Scottish Government on 15 October 2020. Similar guidance was issued to Integrated Joint Boards in the form of Scottish Government Circular DL (2020)28.

The guidance sets out a plan for the introduction of a new submission timescale for Workforce Plans and delays the publication of the first version of the three year Workforce Plans, originally outlined in the revised workforce planning guidance published in December 2019.

The specific actions for the Board are to ensure that:

- a 3 year Workforce Plan is developed no later than 31 March 2022
- the plans should cover the period April 2022 until 31 March 2025
- NHS Board Workforce Plans are published on organisations' websites by 31 March 2022.

In addition, the DL sets out the expectation that ongoing work is completed in the interim including:

- delivery of a clear picture of local level workforce planning activity;
- that this is capable of aggregation at regional and national levels; and
- allows fully informed responses to ongoing scrutiny requirements for Parliamentary and audit purposes.

Evidence of the above will be captured in a template workforce plan document, to be submitted to Scottish Government no later than 31 March 2021.

Locally, the Strategic Workforce Planning Group is now meeting virtually and this important priority is complemented by the introduction of an Operational Workforce Planning Group.

The operational group will focus on the significant changes since the extant Workforce Strategy and associated action plans were prepared, which will require to be refined to take account of any changes in models of service delivery and in line with the requirements and timetabling set out within the DL at Appendix 1.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce
The Board and the Health & Social Care Partnership will make arrangements to comply with the provisions set out in the DL attached at Appendix 1.

2.3.3 Financial
N/A

2.3.4 Risk Assessment / Management
N/A

2.3.5 Equality and Diversity, including health inequalities
This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect specific individuals or groups. 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 by Workforce Leadership Team and the Director of Workforce as part of its development and their feedback has informed the development of the content presented in this report.
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2.4 Recommendation

Staff Governance Committee members are asked to **note** the content of this paper for information and will be provided with an update on progress at the next meeting in Janaury 2021.

3. List of Appendices

Scottish Government Circular DL (2020) 27 Updated Revised Workforce Planning Guidance.

Report Contact: Rhona Waugh, Head of HR
email: rhona.waugh2@nhs.scot

Scottish Government
Health Workforce, Leadership and Service Reform Directorate
Health Workforce Directorate

Scottish Government
Riaghaltas na h-Alba
gov.scot

DL(2020)27

15 October 2020

Dear Colleagues,

UPDATE ON REVISED WORKFORCE PLANNING GUIDANCE

Purpose

1. This letter informs NHS Chief Executives, Directors of Human Resources, Workforce Planning Leads and other relevant stakeholders about changes to the publication timescales for local NHS Board Workforce Plans laid out in the Revised Workforce Planning Guidance published by the Scottish Government. These changes recognise the significant ongoing challenges faced by NHS Boards during the pandemic in modifying the current requirement to develop and deliver a 3 year Workforce Plan, while continuing to ensure practical, robust and effective workforce planning arrangements remain in place.

Background

2. As part of the first Integrated Health and Social Care Workforce Plan, published in December 2019, the Scottish Government's Health and Social Care Workforce Planning Unit issued revised guidance[1] for NHS Scotland Health Boards and Integration Authorities (IAs) on how workforce planning should be undertaken.

3. The purpose of the revised guidance was to support an approach to workforce planning which considered the needs of an integrated health and social care workforce, including the impact of third and independent sector care provision as part of an overall planning process.

4. In addition to the above, a key aim of the revised guidance was to co-ordinate operational service developments and financial planning processes with the workforce planning arrangements set out in the guidance. Workforce plans are intended to closely link to Annual Operational Plans (AOPs) submitted by Health Boards, providing Scottish Government with confirmation that NHS Boards and their partners' plans are in place and demonstrating how they would continue to deliver safe, high quality and accessible care. AOPs are required to be aligned to local Integration Authorities' strategic commissioning plans, and reflect ongoing work on service transformation and regional planning.

Addresses

For action

NHS Chief Executives
NHS Director of Human Resources; NHS Workforce Planning Leads; NHS Directors of Planning, Regional Workforce Planning Leads

For information

National Workforce Planning Group Members; National Workforce Planning Programme Board; COSLA; SSSC; SPDS

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[1] Integrated Health and Social Care, Workforce Planning for Scotland: Guidance

Covid-19 – Changes Required to the Development of Local Workforce Plans

5. The Scottish Government recognises that the Covid-19 pandemic has radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance.

6. The pandemic will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of Covid -19 for the workforce become more fully understood.

7. These circumstances create a series of potential challenges for local NHS Boards and Integration Authorities (IAs) in delivering the first of the 3 year workforce plans under the existing publication schedule. Recognising this, the Scottish Government has, in discussion with its key partners and stakeholders, decided to amend the submission timelines and process to better reflect the current circumstances and Covid-19 related priorities.

8. **As a result we are introducing a new submission timescale and are delaying publication of the first version of 3 year Workforce Plans, originally outlined in the revised workforce planning guidance published in December 2019.**

9. The rationale for this approach is that:

- A deferred publication date should provide additional time for NHS Boards/IAs to emerge from the Covid-19 pandemic, reflect arrangements for remobilisation of services and reconstitute local workforce planning groups, including stakeholders from primary care and the third and independent sectors;
- Having exited the Covid-19 pandemic period, NHS Boards/IAs should be able to fully reflect service remobilisation and redesign developments within their first 3 year plans, and this should improve the quality of their workforce plans;
- The new publication timescale should enable 3 year workforce plans to align with the next 3 year National Financial Planning cycle which is due to commence in April 2022; and
- The new timescale should also align with the current rolling 3 year Annual Operating Plan submission timescale

NHS Chief Executives, Directors of Human Resources and Workforce Planning Leads should note the actions below:

Actions for Health Boards
• **NHS Boards are now requested to ensure that a 3 year Workforce Plan is developed no later than 31st March 2022** • **These plans should cover the period 1st April 2022 until 31st March 2025** • **NHS Board Workforce Plans should be published on organisations' websites by 31st March 2022, and a link to each Plan should be forwarded to the Scottish Government's National Health and Social Care Workforce Planning Programme Office WFPPMO@gov.scot by this date.**

Interim Workforce Planning Arrangements

10. It is recognised that now, more than ever, workforce planning is a key part of the work underway across NHS Boards, Integration Authorities and other Primary Care and 3rd and Independent Sector organisations to address the challenges presented by Covid-19.

11. In the period prior to the new publication date for the first 3 year plan, it will still be necessary for organisations to provide workforce information which supports Scottish Ministers' decisions on health and social care services in understanding planned future models of care; assessing actual and likely supply and demand factors; and gauging and addressing the potential impacts of these factors on their continued efforts to recruit, train, deploy and retain a skilled and sustainable workforce.

12. The new arrangements set out in this letter should ensure that ongoing work:

- continues to deliver a clear picture of local level workforce planning activity;
- is capable of aggregation at regional and national levels; and
- allows fully informed responses to ongoing scrutiny requirements for Parliamentary and audit purposes.

13. In recognising the significant ongoing challenges presented by the Covid-19 pandemic to stakeholders involved in workforce planning, a **Short Life Working Group - comprised of representatives from the Scottish Government, the National Workforce Planning Group, NHS Boards and wider stakeholders - will be established to develop a template workforce plan document to cover the period 1st April 2021 to 31st March 2022.**

14. The template workforce plan document will allow NHS Boards and IAs to produce consistent workforce planning documents that, while shorter and more concise than full 3 year workforce plans, are sufficient to meet the purposes set out in paragraph 12 outlined above.

15. The Short Life Working Group will convene in October 2020 and will issue a template workforce plan in December 2020 for completion and submission by Health Boards and IAs no later than 31st March 2021.

16. The December 2019 guidance noted that a small number of Integration Authorities had already published 3 year workforce plans which did not directly align with the original publication timescale (i.e. publication of the first 3 year workforce plan in March 2021). In such cases, the guidance advised that the relevant HSCPs should maintain their existing workforce plan publication schedule.

17. The new publication date of March 2022 should remove this as an issue and in effect should mean that all HSCPs' workforce plan publication timescales now align. Clarification on the publication schedules for Integration Authority Workforce Plans is being sought via Chief Officers.

Actions for NHS Boards
Chief Executives, Directors of Human Resources and Workforce Planning Leads are requested to • **Note the establishment of a Short Life Working Group and the associated timescales for development of a template Workforce Plan to cover the period 1st April 2021 to 31st March 2022**

Third and Independent Sector/Primary Care

18. While the new publication timescale for workforce plans directly affects Health Boards and Integration Authorities, there are strong interconnections between strategic commissioning, service procurement and workforce planning, as previous guidance has noted.

19. Third and Independent Sector social care service providers are typically commissioned, primarily by Local Authorities or IAs, to deliver a service for a fixed period of time. This process can make longer-term, proactive workforce development and planning difficult for Third and Independent care providers as employers.

20. To support longer term workforce planning, Third and Independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required in order that they can plan and develop their workforce appropriately.

21. **NHS Boards and IAs should therefore ensure that representatives from Third and Independent Sector and primary care partners continue to be included as key stakeholders in the development of their workforce plans.**

Future Actions

22. As well as the revised timelines and processes referred in this letter, we will also consider any further changes which may be required in future to reflect the impact of Covid-19 pandemic on other policy initiatives and commitments referenced in the December 2019 workforce planning guidance. These include:

- Introduction of the Health and Care (Staffing) (Scotland) Act;
- Development of the TURAS Data Intelligence Platform;
- Refinement of the NHS Board Workforce Projections process;
- National commitments to build further workforce planning capacity.

23. Any further revisions will also reflect work under discussion with service and financial planning colleagues to develop a whole-system approach to planning recognising the complex and ongoing interactions between three strands.

Yours sincerely,

Sean Neill
Director for Health Workforce, Leadership and Service Reform

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 29 October 2020**
Title:	**East Region Recruitment Transformation**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Sandra Raynor, Senior HR Manager**

1. Purpose

This is presented to Staff Governance Committee members for:

- Discussion

This report relates to an:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Recruitment Service Transformation is a national initiative supported by NHS Scotland Chief Executives to provide a National Recruitment Service model delivered regionally (East, West and North) underpinned by a single national recruitment IT system, Jobtrain with a national standardised process and practice.

2.2 Background

In September 2014 the National Shared Services Programme Board agreed that work should be undertaken on the options of national and regional shared services for recruitment. An East Region Recruitment Transformation Programme Board chaired by Janis Butler, Head of HR & OD, NHS Lothian has been created and the programme board are responsible for ensuring the East Region Recruitment Transformation programme and its constituent projects achieve the required outcomes.

2.3 Assessment

Non financial option appraisal workshops have taken place which took forward discussions about potential regional delivery models of recruitment services to the 6 Boards aligned to the East Region Recruitment collaboration.

Overall there is a recognition that an East Region Recruitment Service would lead to an increase in collaboration, improve communications and an increase in effectiveness. It was also noted there is general risks regarding equity of Board's priorities, recruitment staff roles and responsibilities and how local knowledge and relationships will be preserved.

Following the financial appraisal, a Business Case has been developed, attached at Appendix 1, which advises local Boards of the preferred service model option identified, includes the benefits, risks and costs of the preferred option and details of the proposed service model.

2.3.1 Quality / Patient Care

A regional recruitment service will enhance the candidate experience and streamline the recruitment process leading to an improved filling of vacancies for the Board.

2.3.2 Workforce

Implementing a regional recruitment model will have an impact on the workforce roles and responsibilities with a new model potentially offering a career progression framework.

2.3.3 Financial

The new service delivery model will be from within the existing financial window of the Board's current costs for a recruitment function.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

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

Discussions have taken place within the East Regional Recruitment Transformation Programme Group. Previous papers have been shared with the Area Partnership Forum, Staff Governance Committee and the Executive Director's Group within the Board.

2.3.8 Route to the Meeting

This paper has been considered by the groups named in 2.3.7, 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 the Business Case which has now been approved by the Executive Directors Group, Area Partnership Forum and Area Partnership Forum Staff Side members and its impact for NHS Fife.

3. List of Appendices

- **Appendix 1 – East Region Recruitment Transformation Business Case**

Report Contact: Sandra Raynor, Senior HR Manager
Email: Sandra.Raynor@nhs.scot

East Region Recruitment Services

Business Case v.0.4

Date July 2020

Document Control

Title:	Recruitment Transformation Programme – East Region
Date:	7th February 2020

Version History

Version	Date	Author(s)	Comments
0.1	7.2.20	Belinda Wilson	1st draft
0.2	27.5.20	Belinda Wilson	Post Covid Edit
0.3	14.7.20	Belinda Wilson	Draft Review for Programme Board
0.4	28.7.20	Belinda Wilson	Economic and Financial case updated

Executive summary

The East Region Recruitment Services Consortium is made up of 6 boards: NHS Lothian; NHS Fife; NHS Borders; Healthcare Improvement Scotland (HIS); NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to recruitment services on a regional basis.

This report provides an analysis of recruitment services in the East region and sets out to explain issues and variations between the services. The reasons for change are highlighted and the subsequent Options Appraisal process detailed. The case for a regionalised 'Single Employer, Multiple Base' solution is proposed as the preferred option and details are explored on how this proposed service model could be implemented from a day one and phased perspective.

Issues

As described in the NHS Scotland Shared Services Recruitment – Strategic Proposal Paper (12th June 2018), NHS Scotland delivers world class healthcare to the population of Scotland through a workforce which is person centred and focused on high quality services. NHS Scotland Boards were not experiencing the labour market pressures observed within other areas of the UK. However, that position changed, and a recognised need to make our employment opportunities attractive for a new generation whose expectations of job opportunities are values based.

In addition, with an increase in hard to fill posts across NHS Scotland; this is both an opportunity and a challenge to think differently as to where services are delivered with more scope to work across Board boundaries, particularly with an evolving Regional approach and a need to explore different roles within patient pathways. This has led to exploring different approaches to recruitment not only through the digital market, but also by recognising a wider supply chain than the local market. This in itself can bring expert challenge as the pathway for recruiting outwith the UK, particularly for professional posts can be lengthy and at times unclear to ensure all the requirements are articulated and actioned appropriately to enable candidates to remain onboard. The increasing complexity and volume has led to increasing demand and imbalance within boards.

The report summarises the main issues driving change. This includes the sustainability of the recruitment services workforce and variations in approach to recruitment services across the 6 boards, the Scottish Government 'Once for Scotland' approach and other national and local drivers.

Findings

A series of Option Appraisal exercises were carried out with the preferred option of a 'Single Employer, Multiple Base' from both the non-financial and financial appraisal perspectives. The main benefits for Single Employer, Multiple Base' are:

Single Employer and Multiple Base

- The main benefits for a Single Employer and Multiple Base within the East Region will enable a robust governance structure and provide more flexible and resilient management arrangements.
- A single employer will create one collective HR resource targeting the full weight of the East Region recruitment service where and when it is needed to optimise the service to customers, whether these are Boards, service users or applicants.
- A single employer will also help with workforce planning, identify skill gaps and support the creation of career paths, in relation to recruitment staff.
- Multiple bases will support recruitment and retention of staff with a potential for staff to remain in their existing base or have the opportunity to move to/work from another base.
- Multiple bases will allow local knowledge to be retained and other locations could pick up other work if system issues occur or manpower vacancies or gaps occur.

Vision

Effective and efficient recruitment services have a key role to ensure we facilitate change in a competitive employment market, locally, nationally and internationally. The following proposal has been developed to support the delivery of high quality, person centred service ensuring we can attract, retain and provide appropriate opportunities for our workforce within health and social care. A shared regional recruitment service model will allow sharing of expertise, experience and allow workloads to be distributed across recruitment teams to address strategic workforce issues. It will provide improved alignment of workforce, service and financial plans leading to better service planning and better intelligence about future demands which in turn will improve user experience and better collaboration.

The aim and vision of Recruitment Transformation is to ensure that as advances in recruitment services continue to grow, a new and innovative service model to enable staff and users to obtain maximum benefit will be developed.

The preferred option for delivery could provide further savings through technological advances providing a streamlined service across boards optimizing gains in productivity through the use of an online enquiry platform such as Service Now which will reduce the time spent answering initial enquires through current phone and email methods. There are also opportunities to share valuable expertise, knowledge and skills that exist across the six Boards current resource, to the benefit of the regional service provision.

Currently, due to the Covid-19 pandemic the recruitment services across the 6 boards have had to quickly mobilise to respond to the demands of the crisis and provide their services remotely and virtually. Analysis and feedback from the teams during this period has demonstrated that these services were implemented at pace utilising the available technology, and provided the service with a unique opportunity to test out alternative models of delivery. The pandemic also lessened the requirement for a single physical location to house an East Region recruitment service as Boards have maintained service provision by remote and virtual means due to necessity during the pandemic. Along with the roll out of Microsoft Teams this has enabled the recruitment services across the 6 boards to deliver services with improved efficiencies and flexibility for both staff and candidates in line with the original vision of a modern and innovative East Region Recruitment service model.

Value of a Regional Service

A shared regional service will enable effective collaboration and sharing of knowledge, skills and experience, to develop into a robust, efficient, quality driven recruitment service. Leading by example and building on the work that has already taken place through a **'Once for Scotland'** approach, to provide efficient and consistent delivery of functions including;

- opportunities for increased efficiencies and productivity through consistency in approach to standardised processes, recruitment services and continuing embedment of JobTrain
- increased flexibility to meet capacity and demand, particularly around peak demands where increased levels of staff are required for increased vacancies and where staffing gaps are identified
- increased career development opportunities for staff with more opportunity to succeed in a variety of roles within the recruitment service and the service will be able to attract and support entry level positions such as apprenticeships
- capacity to be more fluid within roles, enabling staff to learn new skills to enhance career development potentially leading to increased wellness and job satisfaction which will benefit the regional service

Next Steps

Engagement work will be completed to obtain informal notes of expression from boards interested in becoming the Single Employer, Multiple Base'. The formal process will be followed once decisions are received from each board. This will be completed following the appropriate process and guidelines for a prospective Single Employer Board.

The appointment of a Single Employer of Recruitment Services across the East Region Recruitment Consortium will require that recruitment staff employed within the 5 other NHS Boards transfer to the new Single employer board. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014) - TUPE.

Contents

1. Strategic Context

1.1 Introduction

This Business Case sets out the preferred option for recruitment services in the East Region Recruitment Services Consortium which aims to deliver a service that is sustainable, efficient, cost-effective, person centred and to a high quality, that is consistent and regionally agreed.

1.2 Drivers for change

National Drivers for change

The focus of a future Shared Recruitment Service is on allowing NHS Scotland the agility and flexibility needed to respond to changing needs now and in the future. The way services are delivered in NHS Scotland is changing, with a drive to deliver on a 'Once for Scotland' basis and improved collaborative working. As the delivery of health and social care integration intensifies, our resourcing needs will continue to shift and increase in complexity. As set out in the NHS Scotland Shared Services Recruitment – Strategic Proposal Paper (12th June 2018) The National Drivers for change include:

- **Health and Social Care Delivery Plan** – aiming for: Better Care; Better Health; and Better Value. A move to a shared service in recruitment supports the aims of: Developing collaboration of regional services to support the delivery of clinical services regionally; Designing services that meet the needs of local/regional communities; Obtaining better value through use of resources; Developing the once for Scotland approach in areas where it will be most impactful.

- **2020 Vision "Achieving sustainable quality in Scotland's healthcare", September 2011 -** Recruitment is key to supporting clinical services and patient care in terms of ensuring that NHS Scotland attracts staff and selects individuals who will deliver person centred care.

- **Scotland's NHS Workforce: The current picture - Audit Scotland Report 2017** - Recruitment services face increasing workload and pressure due to each of the issues highlighted. Addressing inefficiencies and improving 'time to hire' through standardised services, processes and systems while utilising NHS Scotland's shared Recruitment expertise will help to address these issues.

- **National Health & Social Care Workforce Plan -** Moving to a regional shared recruitment service is key in supporting the recruitment and retention aims of the workforce plan by sharing expertise in tackling the challenging recruitment and workforce issues facing NHS Scotland.

Local Drivers for change

- **Service model & local variations -** Minimising variances and introducing best practice where appropriate is required in the move to an optimal model of service delivery. An optimal model of service delivery would embrace “Once for Scotland” – one NHS Scotland, vision, process, IT system, and data set, targeting the full weight of NHS Scotland’s recruitment service where and when it is needed to provide the best service possible to customers.

- **Candidate experience -** Having a joined up approach, with streamlined consistent processes, support and information throughout would lead to an improved candidate experience and recruitment journey from day one. Moving to new services supported by advanced consistent IT will enable recruitment services across Scotland to build on areas where customer satisfaction is high and identify and remedy areas where improvement is required.

- **Varying levels of performance -** Improving productivity and achieving efficiency savings, by moving to an optimal model of service delivery, would ensure improved performance of services across NHS Scotland.

- **Supporting Strategic recruitment interventions -** Shared or expertise and experience in recruiting hard to fill roles would also benefit those areas who face these challenges currently.

- **Service resilience -** Recruitment services need to be strengthened and shared to help address future resourcing challenges, and make best use of the Recruitment capability across Scotland.

- **Shared Knowledge & Continuous improvement -** There are areas of expertise across Scotland which could be shared and developed further to benefit NHS Scotland as a whole. This would lead to increased opportunities for staff to develop skills and expertise, to work collaboratively, and to develop their careers in new structures on a continuous improvement basis.

- **Branding & Marketing -** A national or regional approach to branding and marketing would build expertise of new approaches including social media, and a greater ability to market NHS Scotland as an employer as a whole, in an increasingly competitive marketplace.

- **Reporting & Data -** Having a consistent approach to technology and processes would lead to enhanced functional, analytical and reporting ability for recruitment services across NHS Scotland.

1.3 Workforce & Service Evolvement

The current position is that while there is some collaboration between Health Boards, particularly in relation to medical recruitment, recruitment is still a function that is largely carried out by Boards on an individual basis. The current scope and structure of Recruitment services across Scotland provide a variety and range of services, which cannot always enable the most efficient service to be provided.

It is recognised that Boards have made efficiencies through the recent implementation of JobTrain. However the absence of a consistent Regional approach is a barrier to driving out any real level of efficiency or productivity savings within the existing arrangements. Moving to an optimal model of service delivery will enable a more sustainable and cost effective Recruitment service to be developed, which in turn will contribute to the overall sustainability of wider NHS Scotland services.

NHS Scotland needs to be able to attract the best candidates and have a “world class” Recruitment Service, that is easy for candidates to use and access vacancies across NHS Scotland. The changing aspirations and expectations of the new generation workforce requires Recruitment services to be flexible and adaptable in their approach to service delivery, with creative engagement and attraction strategies in response to changing customer expectations, whilst making best use of modern technology to be competitive in this fast-paced digital age.

Improving and standardising services, process and technology would reduce the time to hire, and release significant resources, as the traditional hiring manager panel and selection process becomes more efficient. Boards are beginning to identify efficiencies through the recent implementation of JobTrain. However the absence of a consistent Regional approach is a barrier to driving out any real level of efficiency or productivity savings within the existing arrangements. Moving to an optimal model of service delivery will enable a more sustainable and cost effective Recruitment Service to be developed, which in turn will contribute to the overall sustainability of wider NHS Scotland Services.

- **Managing Demand, Function and Capacity**

The existing service model (6 boards with separate levels of recruitment service) also significantly contributes to the inability to flex capacity to meet peaks in demand with increased vacancies requiring increased staff. Regional recruitment services will build on the work that has already taken place through a **'Once for Scotland'** approach to provide efficient and consistent delivery of functions.

- **East Region Recruitment Transformation Programme Board**

The NHSS Shared Services Recruitment Strategic Proposal Paper, approved by the Chief Executives Group in June 2018, outlined next steps and recommendations for work to be undertaken on the options of national and regional shared services for recruitment. The East Region Recruitment Transformation Board was established in February 2019, to progress the programme of transformation for the East Region configuration, comprising of the 3 territorial boards within East and 3 national boards. The programme board is responsible for ensuring the East Region Recruitment Transformation programme and its constituent projects achieve the required outcomes. The Programme Board oversees the delivery of the programme, reporting to the National Recruitment Steering Group and National HR Directors on related outcomes, benefits and risks.

The objectives of the programme board align to the 6 recommendations of the Shared Services Strategic Proposal agreed by NHS Scotland Chief Executives in June 2018 **(Appendix 1).** These recommendations are based on a national recruitment service model delivered regionally, underpinned by a single national recruitment IT system (Jobtrain) and a national standardised process and practice.

1.4 Limitations and variations with existing services

Jobtrain has been fully implemented in the East Region and version updates and continuous improvement is in place to ensure that Jobtrain delivers the best available service to the recruitment service. Similarly, standardised recruitment processes have been developed nationally, for adoption and implementation by local Boards, with services working to the appropriate set of guidelines and model of practice across the recruitment service. However, variations remain between Boards within the East Region Recruitment configuration, both in terms of the degree to which Boards are currently utilizing Jobtrain functionality, and in their application of the national standardised recruitment processes. The East Region Recruitment Service presents an opportunity to reduce variances further and progress service improvement towards delivering a first class recruitment service across the 6 boards.

In terms of Operating Model, there continues to be significant operating variances between recruitment teams across Boards currently in terms of policies and the application of national standardized recruitment processes and adoption of Jobtrain functionality. These variances impact on levels of productivity and the efficiency of recruitment services as follows:

- Performance metrics such as ‘time to hire’ varies significantly across Boards. This variance is underpinned by differing processes and systems and suggests that that improvement is possible with the right infrastructure and sharing of resources.
- Currently knowledge isn’t pooled across Boards or Regions. In some areas there is also limited scope for career progression, inter Board collaboration or developing best practice
- Recruitment staffing across the East region and similarly across Scotland is a mixed model with some Boards having dedicated teams specialising in recruitment where demand determines this is the correct approach and other Boards including recruitment as a component of their generalist HR service. This results in varying levels of expertise and an ill defined career path for recruitment professionals who often have to look outside the service for promotion opportunities.
- Currently each local Board is responsible for marketing themselves to potential candidates, which leads to multiple Boards marketing their opportunities independently through the same media channels and events. This creates confusion for candidates when applying for roles in different areas, is an inefficient use of resources and a missed opportunity to achieve economies of scale.
- Currently there are variances in the levels of data around recruitment services Boards are able to produce to report on internal KPIs and for wider stakeholders including Scottish Government
- Currently there are various approaches and systems in place across the Boards, for handling customer service enquiries, from individual staff phone/email contacts to a system where all enquiries are received via a single contact centre enquiries system to respond triage and manage telephone enquiries or the HR/Recruitment enquiries email box. With the Hiring Manager and existing NHS Scotland candidate guidance held on local Board intranet sites to help manage enquiries through self service.

2. Overview of Recruitment Services

2.1 Recruitment Services in Scotland

Recruitment services are currently provided by 21 NHS Boards on behalf of all 22 NHS Boards in Scotland.

Recruitment services most commonly consist of the following functions: Campaign strategies; advertising vacancies; redeployment searches; receiving applications; shortlisting candidates; confirming interviews/assessments; candidate regret/feedback; issuing and completing interview packs; contract offers; prepare for on boarding. Selective boards recruitment teams also have direct involvement with bank staff and agency staff recruitment.

Traditionally, particularly in relation to medical recruitment, recruitment was a function that was largely carried out by Boards on an individual basis and they did not always have the same working practices, processes and staffing structures. As part of the wider transformation of Recruitment Services, collaborative actions are already in place as part of the move to standardized process, practice and system.

Regionally however, larger Health Boards have dedicated recruitment sections, with staff having this as their sole function. In other areas staff will carry out recruitment activities as one of a number of other functions. There are still significant variances in the levels of recruitment activity carried out by different boards and this is reflected both in the numbers of staff carrying out the function and in the way that function is organised and managed.

2.2 Recruitment Services in the East Region

The East Region Recruitment Services Consortium is currently made up of six Boards: NHS Fife, NHS Lothian, NHS Borders, Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS).

There are 6 recruitment teams across 10 sites in 5 geographical locations within the East Region Consortium.

Based on the National Recruitment Baseline Data Survey 2018-2019 **(Appendix 2),** the recruitment staffing employed across the East Region Boards was approximately 63 whole time equivalent, with an annual figure of 9417 vacancies, 81190 applications received; 17253 invite to interviews issued, with an average of 50 vacancies filled per recruitment WTE.

2.3 Recruitment Services Demand

Based on the National Recruitment Baseline Data Survey 2018-2019, the figures below show the demand for recruitment services activities across the East Region during that period:

Table 2 Current Demand – East Region

Current Demand - East Region	Activity	No.
	No of Vacancies processed (annually)	9417
	No of Vacancies processed(weekly)	181
	Average Time to Hire (weeks)	17
	Number of vacancies likely to be processed in each time to hire period	3079
	Total WTE required to deliver	63
	Available Annual Capacity (hours)	122850
	Hours taken to deliver each vacancy	13.05

Demand on recruitment services has also increased as a direct result of an increase in the NHS workforce. There have been seven consecutive years of growth and whilst the growth has slowed in recent years (June 2016 0.5%; June 2017 0.6%; June 2018 0.1%), the latest census[1] shows a higher rate of annual growth. At 30 June 2019, there were 163,617 staff employed by NHS Scotland representing an increase of 0.8%, compared with the previous year.

2.4 Recruitment Services Costs

The Baseline costs as at 31st March 2020 (at top end of scale) for recruitment staff are reflected in the table below with a comparison with projected costs for 2021-2022:

Table 3 Recruitment baseline costs

Band	WTE	2020-21	2021-22
2	1.85	49,278	50,819

[1] NHSScotland Workforce Quarter ending 30 June 2019 - A National Statistics publication for Scotland (NHS National Services Scotland Information Statistics Division, Publication date: 03 September 2019)

3	19.41	568,998	586,719
4	17.51	569,411	587,081
5	8.04	283,081	291,844
6	2.75	120,292	123,993
7	1.50	80,947	83,426
8a	0.50	32,765	33,765
8b	0.40	31,632	32,594
ESM B	1.00	91,468	94,246
Total	**52.96**	**1,827,872**	**1,884,486**

The economic and financial case considers the full cost of delivering the Recruitment Service which includes the introduction of Service now and call handling kits, IT equipment along with the use of Microsoft teams and technology to support delivery of the East Region Recruitment Service from across multiple locations.

3. Non-financial Option Appraisal

3.1 Engagement

Non-financial option Discovery and Appraisal workshops were held in April and May 2019 and were attended by a range of staff from across the 6 boards **(Appendix 3).** The key outputs of the workshops were:

- Benefit criteria generation, ranking and weighting
- Risks generation
- Operating model option development (from long list to subsequent shortlisting)
- Scoring the aspects against the agreed benefit criteria

3.2 Benefit Criteria

The sequential workshops were carried out between April and May 2019, where benefits of a regional recruitment model were generated at each local engagement session. The benefits were matched against the national benefit criteria and descriptions, of which the only additional input was to add 'increase and widen candidate talent pool' in the description of Efficiency and Effectiveness in Service Delivery criteria.

Participants agreed the 5 benefit criteria as below:

- Standardise/Simplify and Share
- Finance
- Efficiency and Effectiveness in Service Delivery
- Customer Experience
- Recruitment Staff Experience

The Benefit Criteria was used for scoring an agreed shortlist of service model options at the option appraisal stage **(Appendix 4)** from a list of model options **(Appendix 5).**

3.3 Option Generation

Options for how recruitment services could be set up across the East region were generated using the following principles: option generation should be open, transparent and accessible; initial thinking should lead to a 'long list' of options; people should be encouraged to think creatively; short listing against specified criteria may be required; the shortlist should include the 'status quo' as a benchmark option.

Participants were given a framework to help guide option generation discussions and generated an initial long list of options **(Appendix 6).** The process for option generation is detailed in **Appendix 7**.

3.4 Shortlisted Options

A shortlist of 5 model options generated through the Discovery Workshop were agreed to be taken forward to the non-financial Options Appraisal Workshop.

Table 4 Shortlist of Model Options

	AGREED PROPOSED SHORTLIST OF MODEL OPTIONS
Short List Ref	**Model Option Description**
1	Status Quo (baseline measure)
2	Single Employers, Single Management, Single Location
3	Single Employers, Single Management, Multiple Locations
4	Multiple Employers, Single Management, Single Location
5	Multiple Employers, Single Management, Multiple Locations

At the workshop, participants individually scored each aspect of the model options against the benefit criteria.

Option 4 (Multiple Employers/Single Location) scored the lowest across all five benefit criteria and was also scored the lowest by all Stakeholders. On this basis, the proposal to remove option 4 from further consideration and to progress options 2, 3 and 5 forward to the next stage of the appraisal process was approved by the East Region Recruitment Transformation Programme Board.

4. Risk Assessment

Local engagement sessions were carried out to generate the risks of a regional recruitment model. A formal risk assessment workshop was carried out to score the risks against each shortlisted option and the status quo and the outcomes of this assessment logged **(Appendix 8).**

4.1 Option 1 – Status Quo option

4 key risks were identified with the status quo with 3 scoring High and 1 scoring Very High prior to mitigation. Following mitigation, 3 risks were reduced with 2 scoring High moved to Medium and 1 scoring Very High reduced to High.

High mitigated risks:

- There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda.
- There is a risk of lack of governance around standardisation.

Potential Impact

Continuing with the Status Quo option will not allow the service to be reactive to a better service. This could lead to a loss of innovation and wider collaborative opportunities. The lack of improvements and investment in electronic processes could pose reputational risks with the service and keeping the status quo would mean non-compliance with the Scottish Government “Once for Scotland” agenda.

4.2 Option 2 – Single Employer, Single Location

6 risks were identified under the single employer, single location option. Prior to mitigation, 2 risks scored Very High, 3 risks scored High and 1 risk scored Medium. Following mitigation, 1 Very High risks was reduced to High, 3 High risks were reduced to Medium, 1 Medium risk reduced to Low and 1 Very High risk remained unchanged.

Very High Risks:

- Financial risks - Single location could be costly and redeployment/relocation to staff could be costly.

High Risks:

- Disruption to existing staff and team.

Potential Impact

Under the single employer, single location option, there is a risk of a loss of direct customer service leading to loss of local knowledge and geographically could present geographical challenges impacting service delivery and a loss of invested candidate interest. It is certain that moving to a single employer, single location will lead to disruption to staff routines with relocation and potential redeployment leading to low staff morale impacting attrition rates. There are financial risks as the cost of a single location is costly as is the high cost of relocation and redeployment of staff and it is unlikely that one existing location could support the new regional recruitment service.

4.3 Option 3 – Single Employer, Multiple Locations option

6 key risks were identified prior to mitigation. 4 Medium risk and 2 High risks. Following mitigation, 1 risk was reduced from High to Medium and 1 risk remained High.

High Risks:

- There is a risk that technology solutions to support any shared service model are not consistently available or resourced.
- There is a risk of uncertainty for those with mixed job roles within a shared regional service.

Potential Impact

Under the single employer, multiple locations option, there are identified risks that a regional shared service on multiple locations could lead to a variance and lack of equity across working processes and practices, workloads, roles and bandings. Potentially, if technology solutions were not available and resourced effectively this could lead to an inability to deliver a shared service across board boundaries. It was identified that a single employer, however, would lead to singular clarity of roles and that effective governance would reduce any variations in interpretations around processes, roles and bandings.

4.4 Option 5 – Multiple Employers, Multiple Locations

7 key risks were identified with Option 3, Multiple employers, Multiple locations. Prior to mitigation there were 5 High risks and 2 Medium risks. Following mitigation, 3 High risks were reduced to Medium status, 2 High risks and 2 Medium risks remained unchanged.

High risks:

- There is a risk that technology solutions to support any shared service model are not consistently available or resourced.
- There is a risk that the governance of tasks will not be controlled.

Potential Impact

Under the multiple employer, multiple location option, there is a risk that there will be a lack of equity across roles and workloads that could lead to conflict of duties. Whilst the new delivery model will clarify roles, it could still lead to a singular way of working at various locations losing sight of workloads and leading to a lack of interpersonal contact between staff. Lack of continued progress towards electronic technology solutions could lead to an inability to deliver a shared regional service.

4.5 Preferred Option – Risk Mitigation

The risks identified for the preferred option Single Employer, Multiple base, have been mitigated and actions logged for implementation considerations in section 7.

4.6 Removal of Single Employer, Single Location Option

During the Covid crisis, the Recruitment services from the 6 boards within the East region moved from physical sites to home working or rota based home/office working. Key challenges were witnessed at the beginning of the pandemic but within a short few weeks the majority of the recruitment services had moved to working effectively from home and have arrangements in place to fully support home based working as opposed to office based working in line with the current Scottish government guidelines. The majority of recruitment activities and tasks are able to be completed remotely and through digital means and this has maximised the efficiencies of the service and increased flexibility in the service for both employees and candidates.

The majority of workers within the recruitment services of each of the 6 boards are able to work from home and able to carry out normal recruitment activities digitally. There is a very minimal requirement for office based staff to attend any physical sites and if this is required it is being carried out on a rota basis in line with social distancing guidelines. Staff have a laptop to carry out electronic recruitment activities, interviews can be

held more flexibly and quickly via Microsoft Teams and the previous geographical challenges are no longer present for potential candidates from across the country or from overseas.

Feedback was obtained from the recruitment leads of each board on the approach of each board towards the Covid crisis and analysis carried out. This analysis has produced key opportunities for the East Region Recruitment service to adapt their approach into providing an agile and digitally progressive recruitment service.

The learning and reflections from Covid gathered from the Boards, suggested that the single location model is no longer fit for purpose as an option for the foreseeable future. It is no longer relevant given the 6 boards agile response to the Covid crisis and the ability to provide an efficient service from a remote base rather than a physical office based location for a workforce circa 89 heads.

Further discussions took place during June 2020 with each board's HR Directors to gain feedback and perspective on the validity of the Single location option as a delivery model for the East Region Recruitment services. Consensus from these discussions was conclusive across all boards with each HR Director in agreement that the Single Location option was no longer a practical and viable option and supported the recommendation to remove it from the model options appraisal leaving the 2 remaining options below to be submitted for financial appraisal. This recommendation as subsequently approved by the East Region Recruitment Transformation Programme Board on 16th July 2020.

5. Economic Case

5.1. Monetary Costs and Benefits

Costs have been valued on an opportunity cost basis at current market prices[2]. A whole life costing approach has been applied when considering the costs and benefits relevant to the options. Sunk costs have been excluded from the economic appraisal[3]. The total cost approach has been adopted for this appraisal, as recommended by Scottish Government guidance[4].

Costs are net of VAT and subsidies. The standard discount rate of 3.5% has been applied.

The costs produced have then been used to produce the economic costs for each option and determine value for money. These will be incorporated in the cost-benefit analysis to determine the preferred option, and the financial costs for use in the affordability analysis. Finally, a sensitivity exercise was undertaken to identify possible risks in terms of potential variability of identified costs.

5.2. Short listed Options for Costing

The costs included within the financial appraisal are inclusive of VAT, subsidies and other indirect costs. This is required to demonstrate the affordability of the options.

A long list of options was identified as part of the non-financial option appraisal stage in the programme. The following options were then subsequently short listed and subject to an indicative costing exercise:

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employers Multiple bases Existing staffing structure
Option 2	Single employer Multiple bases – retain existing bases Proposed new staffing model
Option 3	Multiple employers Multiple bases – retain existing bases

[2] Opportunity costs are the valuation of assets based on the higher of the best value that could be obtained for its current use and the most valuable feasible alternative use.
[3] Sunk costs are costs which have already been incurred and are irrevocably committed.
[4] The total cost approach concerns the total resource consequences of all options (including option 1 – do nothing).

	Proposed new staffing model

5.3. Proposed New Staffing Model

A proposed new staffing model has been agreed by the East Recruitment Programme Board the required posts and staffing numbers have been identified. The new staffing model has been agreed and the required posts and staffing numbers identified using a capacity and demand framework (**Appendix 9).** It should be noted that the proposed staffing model is a 'Day One' staffing model following an Organisational Change process that will be the responsibility of the Single Employer. A maturity model approach is proposed that is likely to lead to changes to staffing in future years.

Band	Existing WTE	Proposed WTE	WTE Movement	Existing Model 2021-22 Cost	Proposed Model 2021-22 Cost	Cost Movement
Band 2	1.85	0	↓ 1.85	50,819	-	↓ 50,819
Band 3	19.41	4.43	↓ 14.98	586,719	133,909	↓ 452,811
Band 4	17.51	34.42	↑16.91	587,081	1,154,045	↑566,964
Band 5	8.04	6	↓2.04	291,844	217,794	↓ 74,050
Band 6	2.75	2	↓0.75	123,993	90,176	↓ 33,816
Band 7	1.5	2	↑0.5	83,426	111,235	↑27,809
Band 8a	0.5	1	↑0.5	33,765	67,530	↑ 33,765
Band 8b	0.4	0	↓0.4	32,594	0	↓ 32,594
Exec & Senior Manager B – *(similar to proposed costed at AFC B8c)*	1	1	No change	94,246	94,246	No change
Total	**52.96**	**50.85**	**↓ 2.11**	**1,884,486**	**1,868,934**	**↓ 15,552**

5.4. Economic Analysis

Option	Equivalent Annual Charge (£)
Option 1 Status Quo	2,063,793

Option	Equivalent Annual Charge (£)
Option 2 Single employer, multiple bases, new staffing model	2,096,488
Option 3 Multiple employers, multiple bases, new staffing model	2,096,488

The table above shows that, in terms of pure economic cost, **Option1** is the most affordable options. However these options have been subject to an economic appraisal which considers the overall value for money of each option. The results are presented in section 6 below.

The additional cost associated with options 2 and 3 is mainly driven by potential salary protection entitlements included within the costs. These are discussed in further detail in **Appendix 10 - Costing Assumptions and Methodology, Section 4.2.** Removal of these costs would result in the Equivalent Annual Charge for options 2 and 3 reducing to £2,050,361 which would result in both options being more affordable than option 1. The salary protection payments included in the costing have been costed as 'worst case' scenario. The costing assumes all potential salary protection payments would be incurred recurrently throughout the entire costing period. In reality, a number of the Boards current staffing compliments are made up of roles with responsibility for a mix of both in and out of scope recruitment/HR related activities. As such, it is potentially possible that an element of resource transfer may be a financial rather than staff, which may impact on the estimated protection costings. However, this would be dependent upon individual circumstances and Board discussion with minimal impact on staff, recognising too that the workforce position is likely to remain fluid until transition. In circumstances of redeployment, the employer would seek to redeploy affected staff members into another role as part of the organisational change process.

5.5. Economic Appraisal

The economic appraisal considers the benefits, costs and risks of the shortlisted options to inform a value for money assessment and arrive at a rank order of the options in terms of value for money.

The economic appraisal is shown in the table below:

Option	BENEFITS	COSTS	Costs per Benefit	Costs per Benefit	RISK	Costs per Benefit	RISK

	Weighted Benefit Score	Equivalent Annual Charge	£000 / Points	Rank Order (lowest cost per benefit first)	Median risk quotient	% of Total	% of Total
	Points	(£)	(£)			%	%
Option 1 Do nothing (status quo)	490	2,063,793	4,212	3	11	56	44
Option 2 Single employer, multiple sites, new staffing model	1,324	2,096,488	1,583	1	5	21	20
Option 3 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate	1,209	2,096,488	1,734	2	9	23	36

The above identifies that the preferred option which optimises value for money is **Option 2 - Single employer, multiple sites, and new staffing model**. The equivalent annual charge for options 2 and 3, as in no material difference in cost has been identified between a single employer and multiple employers. However, different benefits scores have impacted the value for money assessment.

5.6. Sensitivity Analysis

The sensitivity analysis was undertaken using the 'switching values' approach. This 'what if' scenario indicates how much a variable would have to change to impact upon the choice of the preferred option.

- As shown in the economic appraisal table above, **Option 2** has been given the highest rank order in terms of cost per benefit. In order to test the sensitivity of this outcome, analysis has been performed to determine the increase in costs or decrease in benefits which would be required to amend the rank order of the options.
- The cost per benefit of Option 2 would have to increase by a minimum of 10% before the rank order would change with Option 3 becoming the higher ranking option. However, it would have to increase by a minimum of 166% to result in Option 1 (the status quo) becoming a higher ranked option. This shows that, in terms of cost, the options are not very sensitive to fluctuation.
- The benefits gained from Option 2 would have to decrease by a minimum of 9% before the rank order is changed to favour Option 3. This suggests that the benefit scores for options 2 and 3 are somewhat sensitive to fluctuation. However, the benefits gained from Option 2 would need to decrease by 63% to result in Option 1 (Status Quo) becoming a higher ranked option. The represents a large decrease and shows that, in terms of benefits, the option is not very sensitive to fluctuation.

5.7. Preferred Option

The preferred option has therefore been identified as **Option 2 - Single employer, multiple sites, and new staffing model**. The economic appraisal shows that this option is the higher ranking option based on benefits versus expenditure. It also carries a medium risk profile. The sensitivity analysis has demonstrated that this option is not very sensitive to fluctuation in terms of cost and benefits.

6. Financial Case

The Financial Case

A full financial appraisal of all short listed options has been undertaken to determine the anticipated costs associated with implementation. This section is not concerned with the theoretical cost indicators used in the economic appraisal, but with actual forecast costs, including VAT, and their affordability in relation to the funding streams likely to be available.

1. Non Recurring Revenue Costs

Option	2021/22	2022/23	2023/24	2024/25	2024/25	Total
Option 1	-	-	-	-	-	**-**
Option 2	100,000	-	-	-	-	**100,000**
Option 3	100,000	-	-	-	-	**100,000**

2. Recurring Revenue Costs

Option	2021/22	2022/23	2023/24	2024/25	2024/25	Total
Option 1	1,955,779	2,009,507	2,069,997	2,132,301	2,196,474	**10,364,058**
Option 2	1,969,867	2,023,984	2,084,874	2,147,592	2,212,190	**10,438,508**

Option 3	1,969,867	2,023,984	2,084,874	2,147,592	2,212,190	**10,438,508**

The recurring revenue costs for options 2 and 3 include provision for salary protection payments. It is assumed that the full entitlement will be required throughout the five financial years costed to reflect the 'worst case' scenario. As staff members will progress and leave the recruitment service, these costs will reduce over time and will result in options 2 and 3 being more affordable than option 1. This is illustrated in the table below with reference to financial year 2024/25.

Option	Total Cost 2024/25	Less: Salary Protection Payments	Revised Cost 2024/25
Option 1	2,196,474	-	2,196,474
Option 2	2,212,190	(49,070)	2,163,120
Option 3	2,212,190	(49,070)	2,163,120

3. Assumptions

Detailed costing assumptions and costing methodologies are included in **Appendix 10- Costing Assumptions and Methodology.**

7. Preferred option – 'Day One' Proposed Service Model

This section of the Business Case outlines the service model that has been developed following staff engagement and demand and capacity modelling.

It is recognised that it is a 'Day One' service model i.e. the model that would be implemented following TUPE transfer of staff and as part of the subsequent organisational change process.

The Single Employer will be responsible for developing a full Target Operating Model (see **Appendix 11** for a potential framework); for supporting the service to embed and implementing any associated longer term changes (see Section 8 for potential opportunities).

7.1 Proposed Service Model Overview

The table below provides an overview of the 'Day One' service model.

Table 5 'Day One' Service Model

Aspect	Description
Boards in scope	• Three territorial Boards: NHS Borders, NHS Fife, NHS Lothian • Three national Boards: NHS Education for Scotland; Healthcare Improvement Scotland; Scottish Ambulance Service
Employer Status	• Single Employer for Recruitment Services Staff
Reporting Line	• Within the Human Resources Directorate of the Single Employer Board • Formal Service Level Agreements (SLA) established with remaining Boards • Principle of equitable service to all Boards
Recruitment Functions	• In scope: Recruitment Services • Out of scope: Agency Temporary workers recruitment for SAS, NHS Borders, Lothian, Fife, Staff bank recruitment for HIS, SAS, NES, NHS Lothian and Fife. Application of psychometric and online testing for ALL boards and active participation in assessment centres.

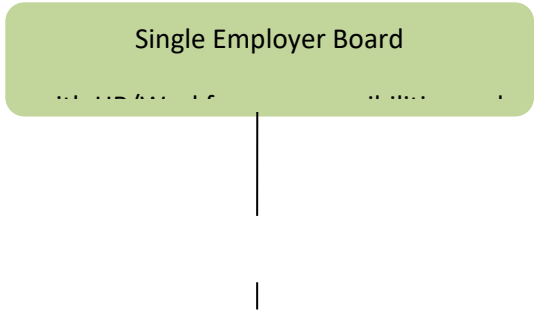
Structure Overview	• Single management structure • Customer Service • Processing Function • Bespoke Function
High Level Process Flow	• Processes to be electronic where possible • Information flow into recruitment service from JOBTRAIN system • Recruitment services enquiries to be managed by recommended service provider Service Now • Hybrid model of individual and team allocation of activity • Peer based checking where appropriate • Lead checking for more complex activity
Location	• The service model to operate from existing multiple bases.

Phased Approach

The focus of the bespoke service is relationship management between the east region recruitment service and boards in the east region. Provide customer with specialised advice and support which could include campaign, marketing and bulk/cohort recruitment. It is clear from discussion and feedback obtained from each board that there are different approaches towards bespoke recruitment services with varying complexities and activities involved in delivering bespoke recruitment across each board. In particular, each board has variances in the departments that carry out assessment centre activities and psychometric testing and the levels of resources involved in the process. There is also varying practice across the boards in terms of the current application of values based recruitment. It is essential that further assessment and evaluation on bespoke services takes place within phase one to enable the regional recruitment service to build initial relationships with Hiring managers to support and better understand, reflect upon and build on the needs and requirements of a future bespoke service for all boards. It is anticipated that phase 1 will last up to 12-18 months.

7.2 Service Model Structure

The proposed service model has a Single management structure sitting within the Human Resources Directorate of the Single Employer. The structure below the management team consists of a Service wide enquiry management helpdesk service function though existing enquiry methods with the expectation that an online helpdesk enquiry function, such as Service Now will be introduced during phase 1.



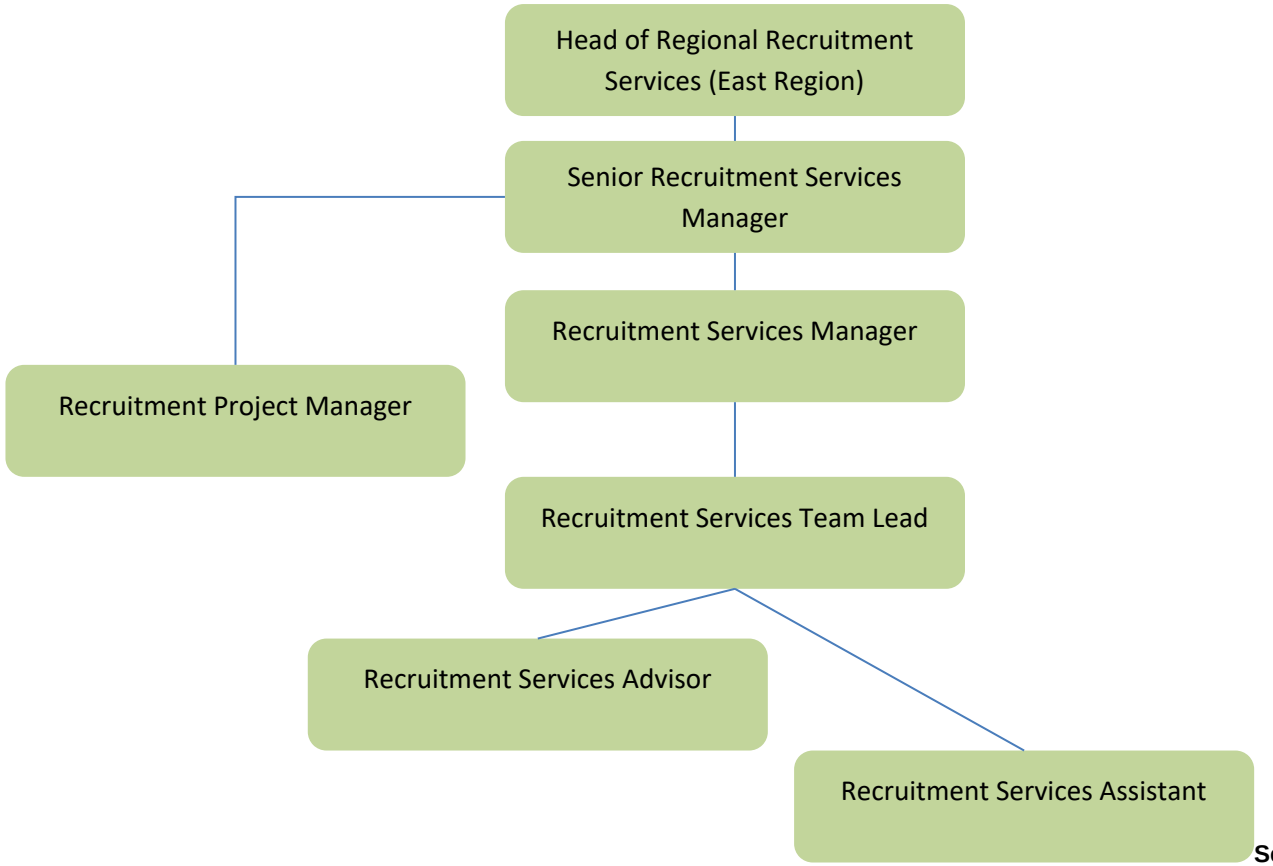


Figure1 **Service Model Structure**

A brief summary of descriptions for all projected roles and bandings are detailed in **Appendix 12**.

7.3 Recruitment Service Function and Activities

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Recruitment Service Functions
The proposed East Region Recruitment Service would consist of the following three functions:

- **Service Management**
  The service management function is responsible for the corporate governance, performance and strategic management of the Regional Recruitment Services. It will provide leadership and operational direction for the recruitment service ensuring an efficient and effective and customer focus service delivery. Create a culture of continuous learning and improvement, customer focus and service excellence within the Regional Recruitment Services Team

- **Bespoke Service**
  The focus of the bespoke service is relationship management between the east region recruitment service and boards in the east region. Provide customer with specialised advice and support which could include campaign, marketing and bulk/cohort recruitment. Support the development of continuous learning and improvement, customer focus and service excellence within the Regional Recruitment Services Team. Manage the delivery of service improvement.

- **Recruitment Customer Service**
  The service provides recruitment advice and solutions to service users on the range of recruitment process and procedures in addition to undertaking the day to day transaction of end to end recruitment process

It is expected that the Single employer will put into place a robust business continuity plan to safeguard the recruitment service functions and activities following implementation of the East region recruitment service. Following the recent Covid 19 pandemic where recruitment services were subject to major changes in it's approach to meet recruitment services in a high speed and uncertain environment, analysis was carried out to assess the impact on the current service and to gain insight into future opportunities into what benefits the East Region recruitment service could incorporate in the future. Details of the analysis can be viewed in **Appendix 13.**

7.4 Staffing Levels and Roles

Service demand and capacity modeling has been undertaken and the following staffing levels proposed as part of the 'Day One' model.

Table 6 Required Staff Structure

Role	Proposed Structure

(B3) Customer Service Assistants	4.43
(B4) Customer Service Advisors	34.42
(B5) Customer Service Team Leads (Reporting to Band 7 - span: 1 in 7)	6
(B6) Project Managers (Reporting to 8a)	2
(B7) *Service Managers (reporting to Band 8a - Span: 1 in 3)	2
(B8A) *Senior Service Managers (Span: 1 in 3)	1
Head of Recruitment	1
Total (based on 9417 vacancies)	50.86

Activity to develop draft job descriptions has enabled indicative bands to be assigned. It is planned to further develop the proposed job descriptions prior to TUPE transfer which will act as a strong foundation for the Single Employer to build on.

7.5 Process Flow

- **Long Term Vision**

The long term vision for the regional recruitment service is to support customer enquiry handling through an online enquiry helpdesk facility, to be able to respond accurately and timeously to enquiries without the need for escalation. It is expected this online enquiry platform will primarily replace the current telephone and email enquiry systems. This has the potential to reduce the resource time required for enquiry handling and support a more equitable workload distribution enabling staff work through enquiries digitally from receipt to completion. Service Now as the proposed new system, has been considered and whilst scoping is at a relatively early stage, it has the potential to support the long term vision. Initial costing and recommendations for online platform Service Now can be viewed in **Appendix 14**.

The vision is described through the following design principles:

- **Key Design Principles of the Operating Model**

1. Customers and how we serve them are at the heart of what we do and how we do business
    - Emphasis on the candidate's journey and the Recruitment Service responsibilities around this
    - Recruitment service provision is clear, easily accessible & transparent to users
    - Provides a consistent customer recruitment experience within the East Region and across the Regional Recruitment Services

2. Provide a centre of excellence, where functions will be easy to do business with and customer journeys are fluid.
    - Centre of excellence, providing expertise within the field of recruitment
    - Pro-active liaising with workforce planning & service management to plan for capacity and demand
    - Transparent recruitment process

3. Agile and adaptable service
    - A stable, resilient, responsive and pro-active service, to support the needs of both the business and the customer
    - An employer of choice for recruitment service staff, with an emphasis on staff retention and service resilience
    - Embraces change and practices continuous quality improvement.
    - Enhances the users experience through close collaboration with service partners and shared learning across the regional recruitment service
    - Proactive use of available technologies, to support and develop smarter recruitment practice and processes

4. Optimal delivery model enables a more sustainable and cost effective recruitment service to be delivered.
    - Be clear about the services offered by the East Region Recruitment Service
    - Unnecessary complexity and duplication is removed
    - Maximise the increased 'purchase and branding power' of the collective Boards within the East Region Recruitment Service

- **Hybrid Model**

A hybrid model would be adopted in relation to process flow as part of a 'Day One' model. On 'Day One', recruitment activity would be processed as it is currently. A service improvement approach (e.g. process mapping, tests of change) would be applied to establish how recruitment processing (shared work pool) could apply to regional recruitment processing at scale.

- **Training and Support**

The service model includes dedicated staff with recruitment knowledge and training expertise to be able to support service improvement, internal staff and customer training and education.

7.6 Service Location

Single Employer, Multiple Location - On 'Day One', the service would continue to be based in existing bases: Edinburgh (Gyle Square, West Port and Waverley Gate), Falkirk, Livingston, Kirkcaldy, Dundee and Melrose. In the future, it is anticipated that the Single Employer will monitor and review the benefits and risks of delivering the service from existing multiple locations on an ongoing basis from a quality and service improvement perspective.

7.7 Delivering the Benefit Criteria

The assessment of the high level shortlisted options against the non-financial benefit criteria (Section 3) highlights the benefits of a Single Employer, Multiple Base option. The subsequent service model outlined in this section has also been qualitatively assessed in relation to its potential to deliver against the benefit criteria (see table below).

It is recognised that benefits realisation is dependent on an implementation phase that is planned and fully resourced and that takes account of wider considerations (see Section 12 for more detail). It should also be noted that although it is anticipated that the service model will deliver economies of scale, these will take time and will require service improvement activity.

Table 7 Service Model Benefits

Benefit Criteria	Description
Standardise/Simplify and Share	• One NHS Scotland brand – promoting and marketing NHS Scotland as a world class exemplar employer that can hone campaigns to suit either local/national/speciality etc. on a Once for Scotland basis.

	• Once for Scotland i.e. Vision, National policy, process, IT system, data set, and SOPs for NHS Scotland recruitment promoting equity, effectiveness and branding of NHS Scotland as a world class employer • One collective HR resource - targeting the full weight of NHS Scotland's recruitment service where and when it is needed to optimise the service to customers, whether these are Boards, service users or applicants • Combined HR expertise, knowledge and skill leading to increased development and implementation of best practice across Scotland • Sustainable and resilient model of delivering an exemplar HR recruitment service. • Create a dedicated National Recruitment Service function with its own identity, which can optimise economies of scale and has an excellent customer care ethos with a primary focus on service quality
Finance	• Move to the National Recruitment Service results in resource related financial saving in terms of both the time to hire, and the cost of recruitment events. • The enhanced quality improvements and efficiency releases staffing resources, to include hiring managers' time, which could be redirected to other areas of NHS activity. • Move to the National Recruitment Service results in non-labour related financial savings e.g. advertising/marketing/IT

Efficiency and Effectiveness in Service Delivery	• Absolute Clarity: Rights, responsibilities and expectations of Boards/service users and the National Recruitment Service are clearly and consistently defined. • Service evolves to become a singular dedicated professional entity for recruitment on behalf of NHS Scotland. • Enhanced reporting and analytical capability, enabling improved performance management with KPIs and targets focussed on achieving value for money and customer satisfaction. • Service performance both improves against baseline and becomes more consistent, moving away from current high levels of variation across Scotland • Enhanced efficiency reduces duplication, streamlines and improves the quality, speed and cost of hiring. • Increased efficiency in the structure for managing recruitment across Scotland enabling Boards to focus on more effective local delivery of front line services • Increased collaboration between Boards to enhance innovation and encourage continuous improvement • National Recruitment Service transformation improves recruitment in “Difficult to recruit” specialties / occupations/areas across Scotland. • Increased and widen candidate talent pool.

Customer Experience	• One stop shop service that provides streamlined end to end recruitment and on boarding service to Managers. • Enhanced level of customer service to the hiring manager from the National Recruitment Service, to deliver the best services on a consistent basis across Scotland • Access to Centres of Excellence providing high level advice, guidance, and expertise to all service users across NHS Scotland • Easier to apply for posts e.g. One application form required for multiple posts across NHS Scotland • Slicker, more efficient and bespoke targeted service that attracts high calibre applicants to the NHS Scotland • The recruitment experience is enjoyable for applicants and our reputation is enhanced with positive downstream implications for staff retention
Recruitment Staff Experience	• Increased scale of new shared service creates increased potential for career structure and development in a shared service centre • Staff develop new skills and expertise in implementing the new service • Staff work more collaboratively to enable once for Scotland solutions on a continuous improvement basis.

8. Next Steps– Potential Opportunities

Prospective Employer Boards will be asked to informally state their vision for recruitment services in the East region and outline how they will realise the potential non-financial benefits as well as any financial benefits or implications as a result of moving to a shared service model.

8.3 Introduction of Jobtrain

All East Regions are live with Jobtrain and this is now a BAU process. Version 7 upgrade work is underway, although paused due to Covid-19, with an expected delivery date in July 2020. Training will be rolled out across all boards in relation to on-boarding/updated contracts and learning is being shared regularly through the appropriate channels.

A recent Jobtrain survey was carried out and the feedback is being reviewed and themed by the National Team. Additional benefits will be realized in due course as the system updates evolve and user knowledge increases. A regional lead role for the purposes of supporting the implementation roll out of Jobtrain across East, was introduced to support the transformation programme. This has worked well and provides the opportunity to consider such a role going forward as part of Jobtrain 'Business as Usual' systems arrangement and relationship with the East Region Recruitment Service.

8.4 Sharing Best Practice

Becoming a regional service will present opportunities to share existing workforce knowledge and expertise. Across the 6 boards there is a wealth of knowledge and skills, particularly in the area of bespoke and values based recruitment which with further evaluation could provide added value to a regional recruitment service.

8.5 Workforce Redesign

The service model has 7 Recruitment positions and indicative bandings have been evaluated through matching and consistency panels.

There is also the introduction of a Recruitment Project Manager post. It is envisaged that the Recruitment Project Manager will support the Senior Recruitment Services Manager with the delivery and implementation of agreed quality improvement and test for change projects across the Regional Recruitment Services.

There is the potential to consider further skill mix redesign as the recruitment role job descriptions continue to develop.

8.6 Standardisation

Standardisation is currently in place across the East Region boards and the regional recruitment service presents opportunities to continue work to reduce any existing variations across boards working to the “Once for Scotland” recommendations of the National Recruitment Strategic Proposal as agreed by Chief Executives and HR Directors.

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9. Integrated Impact Assessment

A full integrated Impact assessment (IIA) was carried out prior to implementation and put forward to the East Region Recruitment programme board for approval.

Whilst the importance of recruitment services is recognised, the proposed changes in the preferred option do not impact on patients and the general public due to the ‘back office’ nature of recruitment services.

The main change will be a move from six employers to a Single employer for recruitment services staff in NHS Fife, NHS Borders, NHS Lothian, NHS Health Improvement Scotland (HIS), National Education Scotland (NES) and the Scottish Ambulance Service (SAS).

The IIA looked at the impact the proposed model would have on following three areas.

- **Equality, Health and Wellbeing and Human Rights**
- **Environment and Sustainability**
- **Economic**

It is acknowledged that the Single Employer will be responsible for mitigating any negative impacts and enhancing positive impacts that may arise as the proposals are further developed. It is recommended that the Single Employer undertakes a further IIA at the appropriate time.

10. Communication and Engagement

Stakeholder communication and engagement has been key to achieving a high degree of consensus in designing and agreeing the preferred option and the detailed service model within the Business Case.

10.1 Consortium Staff Engagement Sessions

Early local board engagement sessions were held to give staff the opportunity to ask questions or raise any concerns they may have. The sessions were well attended. A communications strategy and communications action plan was developed following the engagement sessions (**Appendix 15).**

10.2 Workshop Participation

Along with Programme board members, recruitment services staff representatives participated in the non-financial option Discovery workshop prior to the non-financial Appraisal workshop. To ensure all staff were kept informed and had the opportunity to contribute, local staff sessions were also held with recruitment teams prior to the workshops and a written update was shared with all recruitment services staff after each workshop. Recruitment representatives have also been involved in appraisal design sessions held to develop the details of the proposed service model.

10.3 Staff Side Engagement

Staff side engagement has taken place through the East Region Programme board and 4 staff side representatives from across 4 boards (NHS Lothian, NHS Fife, NHS Borders & NES) participated in the non-financial option Discover and Appraisal workshops. Staff side representatives were also present at the risk workshop and Integrated impact Assessment and have also been engaged through local board communications governance and updates on the transformation programme.

10.4 Programme Updates

The East Region Consortium Board Directors of Finance, HR Directors and Employee Directors have been kept informed throughout the process with written updates provided regularly; more detailed information has also been distributed at key milestones.

Regular written updates and a quarterly newsletter have also been shared with the East Region Transformation Programme Board and appropriate East Region groups.

10.5 Customer Feedback

Wider customer feedback was gained through stakeholder participation at engagement and workshop sessions. This has provided an insight into what is important to staff who regularly use recruitment services and will help provide the start of a baseline to build on.

10.6 Future Engagement

Ongoing communication and engagement will be critical to support the next phase of the programme. It is imperative that staff, staff side representatives and all local boards feel involved, are appropriately supported and communicated with throughout the transition to a regional service. It is recognized that the transition may present challenges for people as the transition to a regional service moves forward and a robust change plan including future engagement for staff will be created to support leaders taking their people through change. To fully engage the majority of stakeholders, a variety of mediums will be used to engage staff keeping in line with all board's common values and behaviours. Planned activities for staff engagement that have either commenced or will be due to commence include:

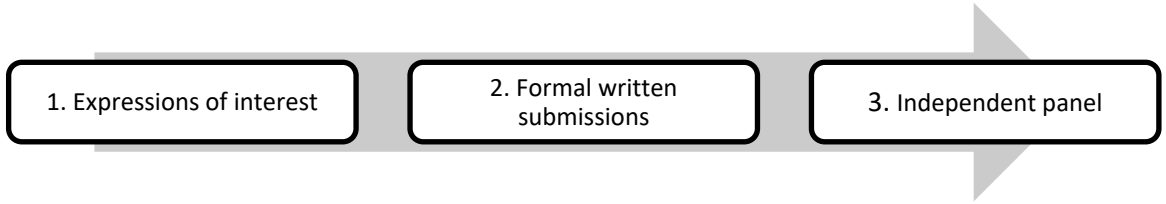
- Distribution of Quarterly Newsletter
- Newsletter Engagement survey
- Organisational Development (OD) sessions with Consortium Project Board and recruitment managers and staff
- Accessible online portal for staff to access key programme information & materials to support change and transition
- Q and A factsheets - regularly reviewed and updated
- Regular sessions with Recruitment leads to share learning experiences through the transitional period and to share feedback and best practice in methods to support staff
- Face to Face sessions when practible and permissible

11. Single Employer Decision

This section outlines the Single Employer decision-making process – a key aspect of the preferred option.

11.1 Overview of Process

The flowchart below outlines the three main stages that will be followed to decide on the Single Employer:



The process will be underpinned by the following principles:

- Transparent and sufficiently robust to be able to stand up to scrutiny
- Not led by any of the East Region member Boards
- Allows sufficient time for interested parties to participate

11.2 Expressions of Interest

Expressions of Interest will be sought by the Chair of the East Region Recruitment Transformation Programme Board (Senior Responsible Owner) and submitted to the Directors of Human Resources for each of the East region member Boards asking for their formal position in relation to initial expressions of interest in becoming the Single Employer.

11.3 Formal Submissions

The Board or Boards that express an interest will be asked to submit a formal application using a standard template based on agreed Single Employer Responsibilities.

11.4 Independent Panel

An independent panel will convene to review the formal submissions received. The review will take the form of a Board presentation followed by a question and answer session by the panel. Submissions will be formally assessed using an agreed methodology.

It is anticipated the panel will consist of members that are independent, experienced and senior within their field of expertise and do not include individuals from within the East Region Recruitment boards. The exception to this may be in the event that only 1 board submits interest where discussions will take place with all boards on the panel formation.

12. Implementation Considerations

Subject to Business Case approval, the following aspects will require due consideration as part of the implementation phase.

12.1 Transfer of Undertakings Protection of Employment Regulations 2006 (TUPE)

As a result of the Single Employer aspect of the preferred option, recruitment staff employed in the other NHS Boards in scope will transfer to the NHS Board that has been selected as the Single Employer. This transfer will be enacted in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (updated in 2014). This means that the staff will transfer to the single employer on their existing terms and conditions of employment and continuous NHS service record.

In accordance with TUPE, this will require a Formal Consultation process to be undertaken within each impacted NHS Board to agree transfer arrangements

12.2 Implementation of the New Model of Service Delivery and New Organisational Structure

Following confirmation of the Single Employer, transition to the new model of service delivery for the East Region Recruitment Service and organisational change process will commence.

12.3 Conditions for Change

One of the most important implementation considerations is creating the conditions for change by developing, resourcing and implementing a robust change management plan to be able to fully realise the agreed benefits.

This is anticipated to include an assessment of the readiness for change (at an individual and service level) as well as support for the service to develop a shared vision; common values and behaviours; strong leadership and informed and engaged staff.

All change activities will be carried out in line with organisational policy on change management and the Staff Governance Standard.

12.4 Workforce Planning

As part of the development of the Business Case, workforce planning for the service model commenced using the Scottish Government 6 steps workforce planning methodology[5].

The completion of this process will help to support the identification of workforce requirements; workforce gap analysis and a subsequent action plan which will include staff training and development.

12.5 Process Standardisation

Embedding of Process standardisation of recruitment processes and practice will continue across the service, supported by continuous service improvement expertise, to reach agreement in relation to best practice and the development of associated service standards.

Priority within the East region will be in embedding shared best practice and knowledge of process standardization and maintaining comparison and consistency with other regions. There will be a Recruitment Operational forum in place nationally to take this forward and appropriate governance around this. Representatives from the East Region Recruitment Service will be part of the Operational forum to ensure continuous improvement moves forward.

[5] http://www.knowledge.scot.nhs.uk/workforceplanning/resources/six-steps-methodology.aspx

12.6 Technology

The service model is based on the assumption that information will flow into the service through existing enquiry platforms and the introduction of a new online platform with Service Now during phase 1. All boards have implemented Jobtrain and this system will continue to develop with an updated version 7 soon to be introduced and additional functionality planned for Jobtrain to continue to improve the quality and efficiency of recruitment services.

Analysis was carried out into the recommended online platform Service Now and consultation made with NSS as provider of Service Now, for indicative costing of the service and demonstration. Further exploration and feedback was sought from existing boards using Service now (ehealth, NHS Lanarkshire) to gain a full rounded view of the service including benefits and challenges.

Currently, the Covid-10 pandemic has resulted in the recruitment services across all boards delivering their services remotely and virtually using laptop equipment and accessories. An assumption of the costs of necessary user equipment and maintenance of this equipment and accessories has been made as part of the financial appraisal. Actual projected costings for individual equipment has been sourced and can be viewed in **Appendix 16**. It should be noted that these costs would still be required outwith a regional service model should the current distancing guidelines continue for the longer term.

12.7 Information Governance

Data sharing and data transfer arrangements will be required to support the development and implementation of a shared service model.

12.8 Benefits Realisation and Management

A measurement framework will need to be developed prior to TUPE transfer to ensure there is comprehensive baseline data to support and monitor benefits realisation and management.

This will include a combination of qualitative and quantitative process, outcome and balancing measures drawing from staff imatter surveys; customer feedback; national baseline data; further demand and capacity modeling and East workforce data analysis.

13. Appendices

List of Appendices

1	Extract from Original document - 6 Recommendations of the Shared Services Strategic Proposal agreed by NHS Scotland Chief Executives
2	National Baseline Data 2019
3	List of Attendees at Options and Discovery Appraisals workshops
4	Non-Financial Benefit Criteria
5	List of Model Options
6	Initial Long List of Options
7	Scoring Rationale & Options Generation against Benefit Criteria
8	Risk Workshop Outcomes
9	Capacity and Demand Framework
10	Costing Assumptions and Methodology
11	Target Operating Model Example
12	Summary of Job Descriptions
13	Covid summary and analysis
14	Costing for Online services
15	Communications Plan
16	Technology & Equipment Costing

Extract from original document: NHS Scotland Shared Services Recruitment – Strategic Proposal Paper (12th June 2018)

Recommendations - Shared Services Strategic Proposal agreed by NHS Scotland Chief Executives in June 2018

- **Key recommendations**

Based on stakeholder engagement and the work undertaken by the Recruitment Shared Services Development Group, a number of key recommendations have been developed for a future NHS Scotland Recruitment service:

Recommendation 1: Regional service design and delivery

There is firm support across NHSScotland for a regional approach to development of a shared service in recruitment as evidenced by the stakeholder workshops. The regional models will align to the existing structures of each of the 3 territorial regions plus the inclusion of National Boards to the most appropriate region or regions for them.

A number of National Boards have intimated that their preference is to align to one main territorial region based on geography. However, other National Boards have advised that they would wish to have more detail on the scope, nature and services that the regional models will provide before coming to a definitive view.

Outcomes expected:

Regional models will be developed for recruitment service delivery which take cognisance of the recommendations of this report and ensure a best fit to the strategic intent of both the Regional Delivery Plan it supports and other relevant strategies and plans.

Statement of intent/ Design principles:

- Customers and how we serve them should be at the heart of all change
- Functions will be easy to do business with and customer journeys will be more fluid
- Un-necessary complexity and duplication will be removed, while maximising collaboration throughout.

- Our staff, Unions, customers and stakeholders will be involved in the design of services to maximise the viability of services
- Recommendations in this report will be contained in the service design
- Digital technology will be embraced
- Financial frameworks should align with section 3
- As a minimum the baseline data referred to in section 2.4 should be refreshed to current year.
-

Strategic problems addressed and benefits:

- Supports the regionalisation agenda and Regional Development Plans.
- Sharing recruitment services on regional basis will allow sharing of expertise, experience and allow workload to be shared across recruitment teams to address strategic workforce issues.
- Improved alignment of workforce, service and financial plans
- Better service planning over a longer timescale, and better intelligence about future demand to help meet need
- Improved user experience and better collaboration

Scalability: Regional

Recommendation 2: 'Once for Scotland' Infrastructure

Description: Implementation of a National Recruitment IT product to replace iRec which designed on a National 'Once for Scotland' basis and implemented and managed on a Regional basis.

Implementation of National or Regional IT solutions for an IT portal and telephony systems which will provide call logging and reporting facilities, and a customer enquiry system which will log, report on and monitor the progress of workflows. Ideally these facilities would all be in place at inception of a recruitment shared service in any region. These recommendations have been raised at the Business Systems Strategy Group under the consideration of a wider HR Service, and have been recommended that these are implemented on a Regional basis; however we would recommend that common processes and knowledge around these are shared nationally for consistency of service delivery.

Outcomes expected:

NHS Scotland's recruitment service will transform its IT systems, using modern digital delivery, in order to encourage automation, self-service and collaboration, provide better access to a single source of data and analytics, improve user experience and reduce time spent on administration; freeing-up staff to focus on value-adding activities.

Economies of scale will be found by purchasing portal, telephony and CRM systems only once for Scotland or where this is not viable once per region.

Statement of intent/ Design Principles:

- Use the latest methods and technology to improve outcomes
- Processes and workflows will be automated where possible
- Standard products with customisation agreed nationally
- Consistency across technologies will be implemented where possible to provide seamless experience for customers across NHSScotland.
- Common standards and protocols will be applied on a 'Once for Scotland' basis

Strategic problems addressed and benefits:

- Better value
- Clear ownership of systems
- Improvements in data quality and accessibility
- Efficiencies in processing & reporting
- Automated workflows leading to more reliable KPI information
- Consistent hiring managers and candidate experience across NHSScotland
- Using consistent technologies and processes will enable Recruitment staff to have improved opportunities for career progression, and an ability to move easily between areas.
-

Scalability: National

<u>Recommendation 3:</u> 'Once for Scotland' Standardisation

Description: Implementation of standard processes, policies and documentation across NHSScotland's recruitment service.

Work to develop standardised recruitment processes is currently being conducted nationally through the Recruitment Shared Services Standardisation Group. There is a symbiotic link between the development of common processes and the implementation of the national recruitment IT system therefore it is recommended that both these workstreams should continue at a National level and be brought together.

Outcomes expected:

- A consistent approach to recruitment service delivery across NHS Scotland
- Streamlined replicable processes which are aligned to the new recruitment IT solution
- An consistent customer experience of recruitment across NHS Scotland

Statement of intent/ Design Principles:

- Standardisation applies across our systems, standards and processes
- Standardised processes will be designed for the future with best practice and the customer at the heart with customisation at National level only. Accountabilities, ownership and outcomes with personal responsibilities will be clearly defined
- The work should build upon the Recruitment Standardisation Groups agreed work plan which is appended at **Appendix 11**. The work undertaken was based on the high level process maps developed for a recruitment shared service by the HR Recruitment Shared Services Development and National IT System Group which should also be considered a key design principle and are attached in **Appendix 8.**
-

Strategic problems addressed and benefits:

- Process variances across Boards reduced
- Enhanced knowledge sharing and continuous improvement
- Consistent customer experience
- Enhanced collaboration to address challenges and wider strategic issues
- Improved efficiency and performance
- Reductions in end to end processes
- Ability for staff to work across boundaries as processes and policies are consistent
-

Scalability: National

Recommendation 4: 'Once for Scotland' Reporting & performance metrics

Description: Implementation of a Nationally agreed set of performance measurement metrics for the NHS Scotland recruitment service which is real time, consistent and reliable. Currently there is limited standardisation in the data collected and performance metrics used in each Board. This is limited mostly by recruitment IT systems available.

Outcomes expected: Agreement and implementation of national standardised performance metrics and reporting requirements

Statement of intent/ Design Principles:

- Use the latest methods and technology to improve outcomes
- Processes and workflows will be automated with limited manual intervention in reporting
- Common standards and protocols will be applied on a 'Once for Scotland' basis
- Aligned to the Recruitment Shared Services Standardisation Group and the iRec replacement team work

Strategic problems addressed and benefits:

- consistent appraisal of the performance of our recruitment services across Scotland
- Supports definition of best in class models and highlight areas of improvement
- Currently due to non-standardised systems, processes and data there is limited means for understanding NHSScotland recruitment performance and use this in turn to understand how to better address strategic workforce issues.

Benefits:

- Better access to a single source of data and analytics
- More time for analysing data rather than collecting and processing it
- Better access to a single source of evidence, data and analytics
-

Scalability: National

<u>Recommendation 5:</u> 'Once for Scotland' Operational knowledge sharing & collaboration

Description: Establishment of an operational forum which will allow knowledge to be shared, career development to be enhanced and best practice and continuous improvement to evolve.

Outcomes expected: An operational Network for Recruitment Professionals to enable collaboration and knowledge sharing across NHSScotland.

Statement of intent/ Design Principles

- A number of Boards have developed expertise in specific areas which will be maximised and shared
- Knowledge and skills will be shared across all Boards
- Career paths will be enriched by the proposals

- Focus will be operational with insights shared with strategic groups working at National and Regional level

Strategic problems addressed and benefits:

- Peer support for recruitment colleagues
- Support mechanism for testing and implementing national initiatives
- Knowledge sharing to avoid duplication in relation to problem solving.
- Increased opportunities for staff to develop their skills and expertise Allow staff to contribute to continuous improvement of service delivery.
- Ability to harness the expertise of all NHSScotland recruitment teams to address larger strategic issues

Scalability: National

Recommendation 6: 'Once for Scotland' - National Governance

Description: There is broad support from stakeholders for the creation of a National Steering Group, on a transitional basis, to oversee service delivery and ensure collaboration across the regions.

Outcomes expected: National Steering Group is established prior to Regional implementation to provide oversight of the work carried out in each of the 3 regions

Statement of intent/ Design Principles:

- As set out in Section 5.1

Strategic problems addressed and benefits:

- Ensuring the principles and recommendations laid out in this paper are adhered to throughout planning
- Open communication will allow a standardised approach to service design and implementation, building on experience from colleagues, while ensuring the best outcomes for NHSScotland
- Improved decision making and collaboration
- Improved alignment of workforce, service and financial plans
- Better service planning over a longer timescale
- Professional expertise from a multidisciplinary team to shape and guide transformation
- Facilitated knowledge sharing

Scalability: National

Baseline Recruitment Data – Survey 2019

Appendix 2

NHS Scotland – Baseline Data	Indicator	Scotland	East	North	West
GENERAL	WTE Staff numbers for Board	140253.75	37219.05	33740.41	69294.29
	Annual Employee Turnover Rate (%)	9.89%	2.48%	3.12%	4.29%
STAFFING	WTE Recruitment Staff Numbers	210	63	52	96
ACTIVITY	No of Vacancies	31823	9417	7673	14733
	No. of Posts Advertised	23513	5934	8019	9560
	No. of Applications Received	284588	81193	72055	131340
	No. of Shortlists issued	29218	6776	13002	9440
	No. of Interview Invites issued	82088	17253	24200	40635
	No. of Conditional Offer Letters issued	26886	6604	8155	12127
	No. of References Issued	39555	5049	9128	25378
	No.of References received	22800	8320	4922	9558
	No. of Disclosure Scotland checks requested	15406	3986	6015	5405
	No. of Occupational Health checks	21007	4439	6431	10137
	No. of "Right to Work" Visas requested	118	15	46	57
	No. of Unconditional Offer Letters/Contracts issued	24799	6519	2515	15765
EXPENDITURE	Direct Salary Costs (Including On Costs)	5667861	1760910	1536748	2370202
	Average Salary Cost per Recruitment WTE	25049	6235	6943	11872
	Annual Advertising and Marketing Expenditure	1283773	325226	317111	641436
	Annual Expenditure on Psychometric Testing	98354	10334	150	87870
	Annual Expenditure on Executive Search	106786	9167	57582	40037
	Annual Expenditure on "Right to work" Visa Applications	115260	41985	30441	42834
	Current Total Employee Relocation Costs	1881683	387150	1086905	407629
	Current Total IT costs for existing recruitment systems	199592	119588	28000	52004
	Total Expenditure on Recruitment	9353309	2654360	3056937	3642012
	Total non labour spend	3685448	893450	1520189	1271810
PERFORMANCE	Average Time to Hire	58	17	16	26
	Average Cost of Hire	299	116	37	146
	Vacancies Filled per Recruitment WTE (annually)	181	50	39	93
	Average No.of days to open advert from receipt of RTH (Request to Hire)	5	2	2	1
	Average No. of days to issue shortlist -	2	1	0	1
	Average No. of days to return shortlist	5	3	1	2
	Average No. of days to issue invite to interview	3	1	1	1
	Average No. of days to make offer	5	2	2	1
	Average No.of days to complete Pre Employment Checks	16	7	2	7

Appendix 3

Non-Financial Option Appraisal Workshop Participants (May-June 2019)

Board/Organisation	Number of People Work shop 1 Appraisal Attendance	Number of People Work shop 2 Discovery Attendance
Borders	8	5
Fife	4	7
HIS	7	6
Lothian	7	8
NES	5	8
SAS	3	4

Workshops:

28 May 2019

28 June 2019

List of Workshop Attendees

Name	Job Title	Stakeholder Group	Board	Workshop Attended
Dora Nemeth	Programme Manager	Business/Hiring Manager	HIS	Both
Mark Bisset	HR Project Officer	HR/Recruitment	HIS	Both
Caroline Arnott	Senior Inspector	Business/Hiring Manager	HIS	Both
Anne Hanley	Operations Manager	Business/Hiring Manager	HIS	Both
Ann Laing	Head of People & Workplace	HR/Recruitment	HIS	Both
Dougie Craig	Resource Specialist	HR/Recruitment	HIS	Both
Ben Lukins	Programme Manager	Business/Hiring Manager	HIS	Appraisal
Sharon Purves	HR Advisor	HR/Recruitment	NHS Borders	Both
Edwina Cameron	HR Manager/OD Partner	HR/Recruitment	NHS Borders	Both
Alison Holland	Nurse Bank Manager	Hiring Manager	NHS Borders	Both
Nicola MacDonald	Business Support Manager	Business/Hiring Manager	NHS Borders	Appraisal
Peter Old	Assistant Team Manager	Business/Hiring Manager	NHS Borders	Appraisal
Gail Russell	Partnership Project Lead	Staff Side	NHS Borders	Appraisal
Geraldine Bouglas	HR Manager/Business Partner	HR/Recruitment	NHS Borders	Appraisal
Philip Grieve	Operational Manager	Mental Health	NHS Borders	Appraisal
Sarah Martin	HR Administrator	HR/Recruitment	NHS Borders	Discovery

Lynne McCutcheon	Clinical Nurse Manager (BGH)	Hiring Manager	NHS Borders	Discovery
Euan Malcolm	Recruitment Assistant	HR/Recruitment	SAS	Both
Laura Howard	HR Administration	HR/Recruitment	SAS	Both
Deirdre Joy	Head of HR	HR/Recruitment	SAS	Appraisal
Denise Conlan	Business Manager	Hiring Manager	SAS	Discovery
Sheila Park	Recruitment Admin	HR/Recruitment	SAS	Discovery
Sandra Raynor	Senior HR Manager	HR/Recruitment	NHS Fife	Both
Alison McArthur	Recruitment Team Leader	HR/Recruitment	NHS Fife	Both
Karen Gray	Lead Physiotherapist	Hiring Manager	NHS Fife	Discovery
Andy Murray	Clinical Nurse Manager, Planned Care	Hiring Manager	NHS Fife	Discovery
Nicola White	Assistant Support Services Manager	Hiring Manager	NHS Fife	Both
Louise Noble	Partnership Co-ordinator	Staff Side	NHS Fife	Both
Anne Hamilton	HR Assistant	HR/Recruitment	NHS Fife	Discovery
Mark Stewart	Senior Specialist Lead	HR/Recruitment	NES	Appraisal
Tracey Cruickshank	Business Partner	HR/Recruitment	NES	Both
James McCann	Senior Officer	Staff Side	NES	Both
Leigh Willocks	General Manager	Service/Hiring Manager	NES	Appraisal
Priya Chamberlain	Senior Specialist Lead – HR	HR/Recruitment	NES	Discovery
Claire Blackburn	Senior Officer- HR	HR/Recruitment	NES	Discovery
Morag McDiarmid	Business Manager - Dental	Service/Hiring Manager	NES	Discovery
Morag McElhinney	Senior Specialist Lead – HR	HR/Recruitment	NES	Discovery
Niall MacIntosh	Lead Business Partner - Medical	Service/Hiring Manager	NES	Discovery
Miriam Reid	Business Partner – Finance	Service/Hiring Manager	NES	Discovery

Penny Crowe	General Manager - Dental	Service/Hiring Manager	NES	Appraisal
Neil Murray	Head of Recruitment Services	HR/Recruitment	NHS Lothian	Both
Susanne Newlands	Senior Recuruitment Manager	HR/Recruitment	NHS Lothian	Both
Patricia Nevin	Medical & Dental HR Manager	HR/Recruitment	NHS Lothian	Both
Kevin Alexander	Recruitment Team Leader (Medical & Dental)	HR/Recruitment	NHS Lothian	Appraisal
Hayley Wilson	Recruitment Administrator	HR/Recruitment	NHS Lothian	Appraisal
Denise Nasri	Nursing Workforce Manager	Service/Hiring Manager	NHS Lothian	Both
Reg Lloyd	Partnership Representative	Staff Side	NHS Lothian	Appraisal
Chloe McIntyre	Recruitment Administrator	HR/Recruitment	NHS Lothian	Discovery
Lynda Thompson	Recruitment Team Lead (General)	HR/Recruitment	NHS Lothian	Discovery
Marion Mackay	Medical Education Directorate Service Manager	Service/Hiring Manager	NHS Lothian	Discovery
Mary Purves	Pharmacy Administrator	Service/Hiring Manager	NHS Lothian	Discovery

Non-Financial Benefit Criteria

The table below shows the agreed benefit criteria and their descriptions for a regional recruitment service.

Benefit Criteria Theme	Descriptions
Standardise/Simplify and Share	• One NHS Scotland brand – promoting and marketing NHS Scotland as a world class exemplar employer that can hone campaigns to suit either local/national/speciality etc. on a Once for Scotland basis. • Once for Scotland i.e. Vision, National policy, process, IT system, data set, and SOPs for NHS Scotland recruitment promoting equity, effectiveness and branding of NHS Scotland as a world class employer • One collective HR resource - targeting the full weight of NHS Scotland's recruitment service where and when it is needed to optimise the service to customers, whether these are Boards, service users or applicants • Combined HR expertise, knowledge and skill leading to increased development and implementation of best practice across Scotland • Sustainable and resilient model of delivering an exemplar HR recruitment service. • Create a dedicated National Recruitment Service function with its own identity, which can optimise economies of scale and has an excellent customer care ethos with a primary focus n service quality
Efficiency and Effectiveness in Service Delivery	• Absolute Clarity: Rights, responsibilities and expectations of Boards/service users and the National Recruitment Service are clearly and consistently defined. • Service evolves to become a singular dedicated professional entity for recruitment on behalf of NHS Scotland. • Enhanced reporting and analytical capability, enabling improved performance management with KPIs and targets focussed on achieving value for money and customer satisfaction. • Service performance both improves against baseline and becomes more consistent, moving away from current high levels of variation across Scotland • Enhanced efficiency reduces duplication, streamlines and improves the quality, speed and cost of hiring. • Increased efficiency in the structure for managing recruitment across Scotland enabling Boards to focus on more effective local delivery of front line services • Increased collaboration between Boards to enhance innovation and encourage continuous improvement • National Recruitment Service transformation improves recruitment in "Difficult to recruit" specialties / occupations/areas across Scotland. • Increased/widen candidate talent pool.
Financial	• Move to the National Recruitment Service results in resource related financial saving in terms of both the time to hire, and the cost of recruitment events. • The enhanced quality improvements and efficiency releases staffing resources, to include hiring managers' time, which could be redirected to other areas of NHS activity. • Move to the National Recruitment Service results in non-labour related financial savings e.g. advertising/marketing/IT
Customer Experience	• One stop shop service that provides streamlined end to end recruitment and onboarding service to Managers. • Enhanced level of customer service to the hiring manager from the National Recruitment Service, to deliver the best services on a consistent basis across Scotland • Access to Centres of Excellence providing high level advice, guidance, and expertise to all service users across NHS Scotland • Easier to apply for posts e.g. One application form required for multiple posts across NHSScotland • Slicker, more efficient and bespoke targeted service that attracts high calibre applicants to the NHSScotland • The recruitment experience is enjoyable for applicants and our reputation is enhanced with positive downstream implications for staff retention
Recruitment Staff Experience	• Increased scale of new shared service creates increased potential for career structure and development in a shared service centre • Staff develop new skills and expertise in implementing the new service • Staff work more collaboratively to enable once for Scotland solutions on a continuous improvement basis.

Initial List of Model Options

1	Status Quo
2	Single Employer, Single Location, Split by Functions
3	Single Employer, Multiple Locations, Split by Functions
4	Multiple Employers, Single Location, Split by Functions
5	Multiple Employers, Multiple Locations, Split by Functions
6	Multiple Employers, Single Management, Single Location, Split by Functions
7	Multiple Employers, Single Management, Multiple Locations, Split by Functions
8	Single Employer, Single Location, Split by type of recruitment
9	Single Employer, Multiple Locations, Split by type of recruitment
10	Multiple Employers, Single Location, Split by type of recruitment
11	Multiple Employers, Multiple Location, Split by type of recruitment
12	Multiple Employers, Single Management, Single Location, Split by type of recruitment
13	Multiple Employers, Single Management, Multiple Location, Split by type of recruitment
14	Single Employer, Single Location, Split by specialist areas
15	Single Employer, Multiple Locations, Split by specialist areas
16	Multiple Employers, Single Location, Split by specialist areas
17	Multiple Employers, Multiple Location, Split by specialist areas
18	Multiple Employers, Single Management, Single Location, Split by specialist areas
19	Multiple Employers, Single Management, Multiple Location, Split by specialist areas
20	Single Employer, Single Location, Split by processing
21	Single Employer, Multiple Locations, Split by processing
22	Multiple Employers, Single Location, Split by processing
23	Multiple Employers, Multiple Location, Split by processing
24	Multiple Employers, Single Management, Single Location, Split by processing
25	Multiple Employers, Single Management, Multiple Location, Split by processing
26	Single Employer, Single Location, Split by Board
27	Single Employer, Multiple Locations, Split by Board
28	Multiple Employers, Single Location, Split by Board
29	Multiple Employers, Multiple Location, Split by Board
30	Multiple Employers, Single Management, Single Location, Split by Board
31	Multiple Employers, Single Management, Multiple Location, Split by Board

Initial Long List of Options

Option	Name
1.	Status Quo
2A	Hub & Spoke Model (Single Employer, Special Hub)
2B	Hub & Spoke Model (Single Employer, Process Hub)
2C	Hub & Spoke Model (Single Employer, Single Hub)
2D	Hub & Spoke Model (Multiple Employers, Single Management Structure, Special Hub)
2E	Hub & Spoke Model (Multiple Employers, Single Management Structure, Process Hub)
2F	Hub & Spoke Model (Multiple Employers, Single Management Structure, Single Hub)
3A	Single Consortium Service (Single Employer, One Location, Functional Split)
3B	Single Consortium Service (Single Employer, Multiple Locations, Functional Split)
3C	Single Consortium Service (Single Employer, One Location, Board Split)
3D	Single Consortium Service (Single Employer, Multiple Locations, Board Split)
4A	Single Management Structure (Multiple Employers, One Location, Functional Split)
4B	Single Management Structure (Multiple Employers, Multiple Locations, Functional Split)
4C	Single Management Structure (Multiple Employers, One Location, Board Split)
4D	Single Management Structure (Multiple Employers, Multiple Location, Board Split)

Scoring Rationale against Benefit Criteria

Single Employer		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	High	• Single employer would enhance customer service as bigger scale to respond effectively. • Single employer would lead to consistency and clarity in roles and responsibilities. • Single employer would be able to deliver centre of excellence.
Efficiency and Effectiveness in Service Delivery	High	• Single employer would ensure consistency in systems and process and enable efficiencies in service delivery.
Standardise/ Simplify and Share	High	• Single employer means all working from the same page and be much more standardised. • Single employer will make it easier to ensure sharing of knowledge and skills. • Single employer will be easier to implement change and have one leading board that others can link to.
Recruitment Staff Experience	Medium	• Single employer will ensure transparency and priority in the recruitment team. • Single employer would provide collective identity to staff. • Single employer would ensure equality across recruitment teams.
Finance	High	• Single employer would have oversight and provide better financial control. • Single employer would lead to streamlining administrative function, processes, policies and procedures that would lead to saving. • Single employer lead to a reduction of management could lead to saving

Multiple Employers		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	Medium	• Multiple employers would retain local knowledge and identity. • Multiple employers would not lose sight of local board priorities.
Efficiency and Effectiveness in Service Delivery	Medium	• Multiple employers would lead to conflict of interest and impact on service delivery. • Multiple employers would potential lead to no change and duplication.
Standardise/ Simplify and Share	Medium	• Multiple employers would give a slightly lower in standardised branding, ability to have collective resource.
Recruitment Staff Experience	Medium	• Multiple employers would result in little change for recruitment staff. • Multiple employers would allow staff to retain their current board identity.
Finance	Medium	No comment

Single Location		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	Medium	• Local knowledge and relationship may be loss with single location.
Efficiency and Effectiveness in Service Delivery	Medium	• Being all together in one location is likely to deliver more efficiency as more collaborative working.
Standardise/ Simplify and Share	Medium	• Single location would reference standardisation. • Smaller number of sites would be better and easier to manage.
Recruitment Staff Experience	Medium	• Single location might affect staff retention. • Single location would lead to high skill mix, experience and collaboration.
Finance	Medium	• Single location more cost effective, dependence on location. • Need to take account of cost of relocation and loss of experience staff. • Single physical location does not achieve financial benefit with the technology available could allow the service to base anywhere.

Multiple Locations		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	High	• Remaining in current geographical locations would ensure the retention of local knowledge, experience and relationship. • Localise location would provide a more customer focused service.
Efficiency and Effectiveness in Service Delivery	High	• Service delivery will be better processed in multiple locations. • Multiple locations is likely to maintain quality of service delivery.
Standardise/ Simplify and Share	Medium	• Retaining local officers so Boards have local knowledge and identity. • There will still be opportunity to share and standardise process through multiple employers and with the implementation of Jobtrain
Recruitment Staff Experience	High	• Multiple locations with the current base would be less stressful for staff and less resistance to change.
Finance	High	• Remain in current board locations would be more cost effective

Ranking and Weighting

Although all benefit criteria are important, they are not all equally important. To produce a scoring mechanism, participants were asked to rank and weight the benefit criteria. Ranking involved deciding the order of importance of the criteria (with 1 being the most important and 5 being the least). The weighting shows the relative importance of each of the criteria, by expressing each of the weights as a percentage so the total will equals 100%.

The table below show the agreed ranking and scoring of benefit criteria and the reasoning behind them.

Benefit Criteria	Ranking (Order of Importance)	Weighting (Relative Importance)	Reason
Customer Experience	1	30	Customer experience is the driver for service improvement and how it should be delivered.
Efficiency and Effectiveness in Service Delivery	2	25	This came a close second to customer experience in terms of ranking and weighting, with the reasoning that, that service efficiency and effectiveness would be defined and driven by achieving the best customer experience.
Standardise/Simplify and Share	3	20	Aiming to deliver an effective and efficient service would lead to standardising and simplifying process and documentations as well as the opportunity for collaboration and sharing of resources.
Recruitment Staff Experience	4	20	Recruitment staff experience would be an outcome of working in an effective, standardised and efficient service.
Finance	5	5	If the service is efficient, effective and standardise the financial benefits will follow.

Options Generation - Generate and Agreed Long List of Model Options

Participants worked in four groups to start to consider the different ways (options) recruitment services could be set up across the East Region, taking into account different recruitment services functions as well as how the service could be managed and delivered using the Service Model Development Framework (appendix 2).

A list of 31 model ideas were initially generated through the group work (see appendix 3) and through further full workshop group discussion, the following points were considered before arriving at an agreed Long List of model options:

- (29) “Multiple Employers, Multiple Location, Split by Board” considered to be closely similar to the Status Quo
- Multiple Management Structure should also be considered
- Increased complexity of model ideas due to the number of ‘split by’ variations (Function, Type of Recruitment, Specialist Areas, Processing, By Board)
- Consideration given to reducing complexity by grouping the following ‘split by’ variations together; (a) Functions & Specialist Areas and (b) Type of Recruitment & Specialist Areas.
- Consideration given to further simplifying the complexity of the model variations down further to focus on 3 main aspects;

Aspects	Description
1. Employer	The number of Boards employing the staff within the East Region Recruitment Service.
2. Management Structure	The line of accountability the recruitment service would be under.
3. Location	The number of locations where the recruitment service would be delivered out of, for the 6 Boards within East Region.

- **High Level results**

The table below shows the aspects and status quo results order of total combined individual scores.

Aspects and Status Quo (in result order)	Total Score
Multiple Locations	621
Single Employer	611
Multiple Employers	502
Single Location	427
Status Quo (baseline measure)	406

- Status Quo has the lowest score in comparison to the aspects; the remainder of the report will therefore focus on analysis of other aspects and model options.

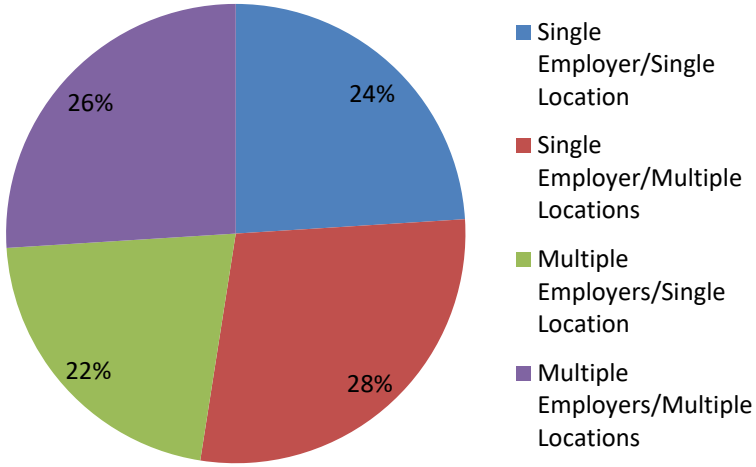
The table below shows the options results order of total combined individual aspect scores both unweighted and with weighting applied. It is important to note that all model options would be managed under a single line of accountability.

Model Options (in result order)	Total Score	Total Weighted Score
Option 3 - Single Employer/ Multiple Locations	1232	1324.4
Option 5 - Multiple Employers/ Multiple Locations	1123	1209.4
Option 2 - Single Employer/ Single Location	1038	1116.6
Option 4 - Multiple Employers/ Single Location	929	1001.6

- Option 3 had the highest score followed closely by Option 5 and Option 2.
- Option 4 had the lowest score.

The pie chart below shows the weighted score distribution between model options.

Weighted Score Distribution



- **Results by Benefit Criteria**

The table below shows the total (unweighted) score for each benefit criteria, with the aspect(s) that scored the highest highlighted in green and the option(s) that scored the lowest in red.

The highest possible score for each benefit criteria is 175 (35 participants X maximum score of 5).

Benefit Criteria	Single Employer	Multiple Employers	Single Location	Multiple Locations
Customer Experience	118	114	76	137
Efficiency and Effectiveness in Service Delivery	123	97	102	120

Standardise/ Simplify and Share	124	87	72	109
Recruitment Staff Experience	111	108	73	135
Finance	135	96	104	120

- Single Employer scored highest for three out of five benefit criteria, and second highest for the remaining benefit criteria.
- Multiple Locations scored highest for two out of five benefit criteria, and second highest for the remaining benefit criteria.
- Singe Locations scored lowest for three out of five benefit criteria, and second lowest for one of the remaining benefit criteria.
- Multiple Employers scored lowest (or equal lowest) for two out of five benefit criteria.

The table below shows the total (unweighted) score for each benefit criteria with the model option that scored the highest highlighted in green and the lowest option in red.

The highest possible score for each benefit criteria is 350 (35 participants x maximum score of 10).

Model Options	Customer Experience	Efficiency and Effectiveness in Service Delivery	Standardise/ Simplify and Share	Recruitment Staff Experience	Finance
Option 3 - Single Employer/ Multiple Locations	255	243	255	246	233
Option 5 - Multiple Employers/ Multiple Locations	251	217	216	243	196
Option 2 - Single Employer/ Single Location	194	225	239	184	196
Option 4 - Multiple Employers/ Single Location	190	199	200	181	159

- Options 3 scored the highest for all five benefit criteria.
- Option 4 scored the lowest for all five benefit criteria.

- **Individual Scoring - Mode (Range)**

The table below shows the mode (most frequent) individual score for each benefit criteria, in brackets, the range of individual scores.

Benefit Criteria	Single Employer	Multiple Employers	Single Location	Multiple Locations
Customer Experience	4 (1-5)	3 (1-5)	1 (1-4)	4 (1-5)
Efficiency and Effectiveness in Service Delivery	4 (1-5)	3 (1-5)	3 (1-5)	4 (2-5)
Standardise/ Simplify and Share	4 (2-5)	3 (1-4)	4 (1-5)	4 (1-5)
Recruitment Staff Experience	4 (1-5)	3 (1-5)	1 (1-4)	4 (2-5)
Finance	4 (1-5)	2 (1-5)	1 (1-4)	= 2 and 4 (1-5)
Total Score Mode	**20 (6-25)**	**14 (5-24)**	**10 (5-22)**	**18/20 (7-25)**

- The overall range of individual scores is close for all aspects.
- Single Employer and Multiple Locations have the largest mode of individual scores in total and across the majority of the individual benefit criteria.
- Single Location has the lowest mode of individual scores in total.

- **Individual Scoring – Rationale**

The tables below summarise the main rationales provided by participants for the scores they gave. For ease of reference, the total score (out of a possible 175) has been rated as high (117 or over), medium (59-116) or low (58 or less).

Single Employer		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	High	• Single employer would enhance customer service as bigger scale to respond effectively. • Single employer would lead to consistency and clarity in roles and responsibilities.

		• Single employer would be able to deliver centre of excellence.
Efficiency and Effectiveness in Service Delivery	High	• Single employer would ensure consistency in systems and process and enable efficiencies in service delivery.
Standardise/ Simplify and Share	High	• Single employer means all working from the same page and be much more standardised. • Single employer will make it easier to ensure sharing of knowledge and skills. • Single employer will be easier to implement change and have one leading board that others can link to.
Recruitment Staff Experience	Medium	• Single employer will ensure transparency and priority in the recruitment team. • Single employer would provide collective identity to staff. • Single employer would ensure equality across recruitment teams.
Finance	High	• Single employer would have oversight and provide better financial control. • Single employer would lead to streamlining administrative function, processes, policies and procedures that would lead to saving. • Single employer lead to a reduction of management could lead to saving

Multiple Employers		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	Medium	• Multiple employers would retain local knowledge and identity. • Multiple employers would not lose sight of local board priorities.
Efficiency and Effectiveness in Service Delivery	Medium	• Multiple employers would lead to conflict of interest and impact on service delivery. • Multiple employers would potential lead to no change and duplication.
Standardise/ Simplify and Share	Medium	• Multiple employers would give a slightly lower in standardised branding, ability to have collective resource.
Recruitment Staff Experience	Medium	• Multiple employers would result in little change for recruitment staff. • Multiple employers would allow staff to retain their current board identity.
Finance	Medium	No comment

Single Location		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	Medium	• Local knowledge and relationship may be loss with single location.
Efficiency and Effectiveness in Service Delivery	Medium	• Being all together in one location is likely to deliver more efficiency as more collaborative working.

Standardise/ Simplify and Share	Medium	• Single location would reference standardisation. • Smaller number of sites would be better and easier to manage.
Recruitment Staff Experience	Medium	• Single location might affect staff retention. • Single location would lead to high skill mix, experience and collaboration.
Finance	Medium	• Single location more cost effective, dependence on location. • Need to take account of cost of relocation and loss of experienced staff. • Single physical location does not achieve financial benefit with the technology available could allow the service to base anywhere.

Multiple Locations		
Benefit Criteria	**Score**	**Rationale**
Customer Experience	High	• Remaining in current geographical locations would ensure the retention of local knowledge, experience and relationship. • Localise location would provide a more customer focused service.
Efficiency and Effectiveness in Service Delivery	High	• Service delivery will be better processed in multiple locations. • Multiple locations is likely to maintain quality of service delivery.
Standardise/ Simplify and Share	Medium	• Retaining local officers so Boards have local knowledge and identity.

		• There will still be opportunity to share and standardise process through multiple employers and with the implementation of Jobtrain
Recruitment Staff Experience	High	• Multiple locations with the current base would be less stressful for staff and less resistance to change.
Finance	High	• Remain in current board locations would be more cost effective

The following consistent comments made by participants were noted:

- There is a need to recognise and capture the potential benefits Jobtrain would incur across all criteria.
- Local knowledge, experience and relationship is noted to be a one of the key rationale for participants in terms of customer and recruitment staff experience.

Results by Board and Stakeholder Group

Individual total scores have been further analysed by Board (HIS, Borders, NES, Fife, Lothian and SAS) and stakeholder group (HR/Recruitment, Customer and Staff Side).

The table below shows the total model option score by Board, the highest score is highlighted in green.

Model Options	Borders	Fife	HIS	Lothian	NES	SAS
Option 2 - Single Employer/Single Location	262	139	177	214	163	83
Option 3 - Single Employer/Multiple Locations	306	147	221	258	202	98
Option 4 - Multiple Employers/Single Location	233	118	169	200	119	90

Option 5- Multiple Employers/Multiple Locations	277	126	213	244	158	105

- Option 3 has the highest score for five out of six Boards.
- One Board score Option 5 the highest and closely followed by Option 3 as the second highest.
- Two Board score Option 2 the second highest.

The table below shows the total model option score by stakeholder group, the highest score is highlighted in green.

Model Options	HR/Recruitment	Customer	Staff Side
Option 2 - Single Employer/Single Location	529	386	123
Option 3 - Single Employer/Multiple Locations	661	430	141
Option 4 - Multiple Employers/Single Location	507	316	106
Option 5- Multiple Employers/Multiple Locations	639	360	124

- All stakeholder groups scored Option 3 the highest and Option 4 the lowest.
- Customer score Option 2 the second highest.

Risk Score: Status Quo

Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Rationale
1.1	There is a risk in not reacting to a need or perception to be a better service.	Lead to loss of innovation and wider collaboration opportunities.	4	4	**16**	High	Ops/HR	Jobtrain, regional meetings, understanding of processes and local systems, local QI projects, Shared knowledge and collaboration	3	3	**9**	Medium	Reduced likelihood due to work being done but still further improvements needed.
1.2	There is a risk that current processes are not sustainable i.e. Boards not have an electronic system.	Lack of electronic systems impacting on recruitment and reputational risks and is labour intensive	3	4	**12**	High	Ops/Strat	Jobtrain, some boards electronic but jobtrain means consistent service	2	3	**6**	Medium	Reduced likelihood and impact as system could still go down but have seen some improvements, not as labour intensive more the majority of boards but still intensive for boards in different ways.
1.3	There is a risk that the current service model does not meet the Scottish Government Once for Scotland agenda.	Non-compliance with Scottish Government Once for Scotland agenda (for recruitment this was to develop national strategic direction and regional service model).	5	4	**20**	Very High	Pol/Fin/Strat	Working together regionally - reduces risks, better communication across the East region. Aligning to standardisation work.	3	4	**12**	High	Reduced likelihood as more boards meeting up but this could be cancelled or not go ahead, no legal requirement to follow the agenda.
1.4	There is a risk of lack of governance around standardisation.	Leading to variance in interpretations around practice and process.	5	3	**15**	High		Oversight of groups, leads meeting up and communicating messages	5	3	**15**	High	Mitigation does not address risk. Not one policy, report back to Scottish Government however there are 6 different interpretations of guidance.

Risk Score: Option 3

OPTION 3: Single Employer/ Multiple Locations													
			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Rationale
3.1	There is a risk of lack of governance around standardisation.	Leading to variance in interpretations around practice and process.	3	3	9	Medium	Ops/Strat	Standarisation process, strong governance and holding reccruitment groups.	2	2	4	Medium	Governance brings risk lower
3.2	There is a risk that there could be a loss of internal peer support.	Leading to lack of interpersonal contact.	3	2	6	Medium	HR	Regular team meetings and regular leads meetings, recognising the risk and meeting and monitoring under a supervision framework.	2	2	4	Medium	If mitigation in place would reduce risks
3.3	There is a risk that there would be a lack of transparency around equal workloads, roles and responsibilities.	Leading to lack of equity across certain processes and workloads and across roles and bandings.	3	3	9	Medium	Ops/HR	Job description clarification, following structure, analysis of current roles and demand at eac level.	2	3	6	Medium	If mitigation in place would reduce risks
3.4	There is a risk that there could be inconsistent communication between locations.	Leading to single way of working & working individual individually at various locations.	3	2	6	Medium	Ops/HR	Share working practises, working to SOPs, clarify expectations of what is required, regular regional comms.	2	2	4	Medium	If mitigation in place would reduce risks
3.5	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	4	4	16	High	Ops/Strat/Pol/Tech	Jobtrain, shared technology brief, consistent comms platforms, introduction of Office 365 in future	4	4	16	High	Mitigation does not reduce risk. We can't score on future systems - may be delays with Ofice 365.
3.6	There is a risk of uncertainty for those with mixed job roles within a shared regional service.	Roles not appropriately resourced and impact on quality of service delivery.	4	3	12	High	Ops	Clarify job descriptions, clarity on structure and job expecatations.	3	3	9	Medium	Reduced likelihood as single employer will make it easier for clarity of roles.

Risk Score: Option 5

OPTION 5: Multiple Employers/ Multiple Locations													
			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Rationale
5.1	There is a risk of lack of governance around standardisation.	Leading to variance in interpretations around practice and process.	4	3	**12**	High	Ops/Strat	Standarisation group, governance within project, recruitment leads groupl	3	2	**6**	Medium	Mitigation reduces likelihood and impact.
5.2	There is a risk that there could be a loss of internal peer support.	Leading to lack of interpersonal contact.	2	2	**4**	Medium	HR	Regular team meetings across locations and rec leads, recognising risk and monitoring.	2	2	**4**	Medium	Mitigation does not reduce risk.
5.4	There is a risk that there would be a lack of transparency around equal workloads, roles and responsibilities.	Leading to lack of equity across certain processes and workloads and across roles and bandings.	4	3	**12**	High	Ops/HR	Job descriptions, structure, analysis of current jobs, estimate of what is required at each level, Leads meetings.	3	3	**9**	Medium	Mitigation reduces likelihood.
5.4	There is a risk that there could be inconsistent communication between locations.	Leading to single way of working & working individual individually at various locations.	4	2	**8**	Medium	Ops/HR	Working practises, following sops, clear expectaions, reg contact to discuss issues and experiences, approaches, consistent regional comms	3	2	**6**	Medium	Mitigation reduces likelihood.
5.5	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	4	4	**16**	High	Tech/Ops/Stral/Pol	Jobtrain, technology brief, ensure we all require jobrain email and telephone as minimumal, Office 365 introduction in future	4	4	**16**	High	Mitigation does not reduce risk. Still improvements for jobtrain and cant score on future improvements
5.6	There is a risk of uncertainty for those with mixed job roles within a shared regional service.	Roles not appropriately resourced and impact on quality of service delivery.	4	3	**12**	High	Ops/HR	Job descriptions, structure, clarity of roles,	3	3	**9**	Medium	Mitigation will reduce likelihood.
5.7	There is a risk that the governance of tasks will not be controlled.	Lose sight of workloads and could lead to conflict of duties	4	4	**16**	High	Ops	Job descriptions, structure, clarity of roles,	3	4	**12**	High	Mitigation will reduce likelihood.

Risk Score: Option 2

OPTION 2: Single Employer/ Single Location													
			Unmitigated Score						Mitigated Score				
Risk ID	Risk identified	Potential consequences/ Impact	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Category	Mitigation	Likelihood (1-5)	Impact (1-5)	Combined Score	Risk Level	Rationale
2.1	There is a risk that there could be a loss of direct customer service.	This could lead to losing priorities in a wider/larger system and loss of local knowledge with geograhical constraints impacting customer service.	4	3	**12**	High	Ops/HR	Video conference use, Office 365 intro, strucure of service, educating managers, using staff knowledge, training structure,	3	3	**9**	Medium	Mitigation will reduce likelihood.
2.2	There is a risk that some boards may have "vested" interest in securing first recruitment of candidates.	This could lead to a loss of invested interests of candidates to roles within certain boards and the dominant stakeholder prioritised.	4	4	**16**	High	Ops/Strat	Governance - pre-advertising governance	2	4	**8**	Medium	Mitigation will reduce likelihood.
2.3	Financial risks: - Single location could be costly. - Redeployment/relocation to staff could be costly	Cost of single location unaffordable High cost of redeployment/relocation of staff unaffordable	5	5	**25**	Very high	Fin	More agile working, flexible working	5	5	**25**	Very High	Mitigation will not reduce risk. Difficult to implement across a regional service
2.4	Disruption to existing staff and team.	Disruption to staff routines, relocation and redeployment of teams that could lead to low staff morale.	5	4	**20**	Very High	HR/Ops	Clear comms through BC, change management, education workshops	4	4	**16**	High	Likelihood will reuce however human nature still to have anxieties even with introduction of mitigation.
2.5	There is a risk that technology solutions to support any shared service model are not consistently available or resourced.	Inability to deliver a shared service across Board boundaries.	4	3	**12**	High	Tech/Ops/Strat/Pol	Jobtrain, shared governance andknowledge, shared approach	3	3	**9**	Medium	Mitigation will reduce likelihood.
2.6	There is a risk of uncertainty for those with mixed job roles within a shared regional service.	Roles not appropriately resourced and impact on quality of service delivery.	2	3	**6**	Medium	Ops/HR	Clear job descriptions, shared governenace and knowledge	1	1	**1**	Low	This would take away the mixed role of risk would almost be negligable.

Capacity & Demand – Recruitment Sustainable Caseload Framework Appendix 9

A framework to agree a sustainable caseload for recruitment services staff was developed to support demand and capacity modeling. In this context ‘sustainable’ means an activity level that can be reasonably maintained and ‘caseload’ means processed tasks per hour.

It is recognised that there is no exact or ideal way to ‘match’ recruitment services capacity to demand and a sustainable caseload figure also needs to take account of:

Capacity considerations

- Recruitment Advisor & Assistants level of knowledge and experience
- ‘Hidden’ capacity from the use of overtime and temporary staff to cover vacancies
- Typical capacity loss (leave, absence, training)
- Potential economies of scale in larger teams

Demand considerations

- Range and complexity across and within NHS staff job families
- Varying rate of turnover in different staff groups

For the purposes of the Business Case, demand and capacity was considered in the following ways:

- Number of expected annual tasks
- Number of tasks processed per hour per WTE
- Annual Hours Required

It should be noted that East Region Consortium staffing figures below were correct at the time of modeling (January 2019).

Service Assistants	No. of expected annual tasks	No. able to be processed/hour	Annual Hours Required	No. of Staff Required	No. allowing for typical capacity loss*
General Client Enquiries (20% of vacancies)	1900	3	633.3	0.3	0.41
General Applicant Enquiries (5% of Applications Received)	4000	3	1333.3	0.7	0.85
General Panel Member Enquiries (10% of Shortlisted Jobs)	700	3	233.3	0.1	0.15
Vacancy preperation/system updating (i.e. inputting basic vacancy info onto JT?)	9417	2	4708.5	2.4	3.02
Customer Service Support			**6908.5**	**3.5**	**4.4**
Wider Functional Support (Service Management & Bespoke)			9750	5.0	6.3
Total Service Assistants			**16658.5**	**8.5**	**10.7**

Service Advisors	No. of expected annual tasks	No. able to be processed/hour	Annual Hours Required	No. of Staff Required	No. allowing for typical capacity loss
Triaged/escalated general enquiries (15% of above general enquiries)	1000	3	333.3	0.2	0.21
Vacancy checking/processing/advertising	9417	1	9417.0	4.8	6.04
Re-work/re-advertising required (changes on instruction from clients - i.e. 10% of vacancies advertised)	942	1	942.0	0.5	0.6
Incomplete/Late application enquiries & processing (5% of applications)	470.85	3	157.0	0.1	0.10
Setting Calendar Events (shortlists issued)	6776	3	2258.7	1.2	1.45
Invites to interview (including managing changes)	17253	3	5751.0	2.9	3.69
Conditional Offers Issuing	6604	2	3302.0	1.7	2.1
References issuing/receiving	8320	4	2080.0	1.1	1.3
Disclosure Scotland checks processing	3986	3	1328.7	0.7	0.9
Occupational Health checks processing	4439	4	1109.8	0.6	0.7
Sponsorship/Visa processing	15	2	7.5	0.0	0.0
Unconditional Offer Letters/Contracts issuing	6519	2	3259.5	1.7	2.1
General system updating across all stages (including notes)	9417	3	3139.0	1.6	2.0
Downloading/saving/sending all documentation to clients (pre-engagement/Offers/Contracts etc)	6519	1	6519.0	3.3	4.2
Client follow-up/engagement throughout process of live vacancies	9417	1	9417.0	4.8	6.0
Provide Supervisory & Events support					
Total Service Advisors			**49021.4**	**25.1**	**31.4**

Projected Supply and Demand

The table below indicates Projected Supply and Demand (WTE required for a given number of vacancies).

Vacancies	Staff WTE Required with varying demand		
	min	**likely**	**max**
0	0.0	0.0	0.0
1000	5.9	6.6	7.4
2000	11.8	13.1	14.8
3000	17.8	19.7	22.1
4000	23.7	26.3	29.5
5000	29.6	32.9	36.9
6000	35.5	39.4	44.3
7000	41.5	46.0	51.7
8000	47.4	52.6	59.0
9000	53.3	59.1	66.4
10000	59.2	65.7	73.8
11000	65.2	72.3	81.2
12000	71.1	78.9	88.5
13000	77.0	85.4	95.9
14000	82.9	92.0	103.3
15000	88.9	98.6	110.7

ADMINISTRATIVE

- Receipt of Vacancy
- Governance and QIA checks
- Processing Vacancies
- Liaise with redeployment
- Advertising
- Liaise with external agency (eg. advertising, job centre, headhunters)
- Process application
- Shortlisting
- Interview
- Offer & Pre-employment
- Onboarding
- Contracting
- Change of contract?
- Pay form processing
- Interview expense
- Relocation
- Induction?
- eESS/ Data input?

ADVISORY

(Self Service, Basic Level, Expert Level)

- Recruitment Portal (Internal/External)
- Service user enquiries (phone/email)
- International Recruitment
- Campaigns & Marketing
- PR (Social Media)
- Specialist/Bulk recruitment (e.g. winter)
- Assessment centre/Psychometric Assessment
- FOI

MANAGEMENT

- Recruitment Development
- Staff Development/Induction
- Relationship Management
- External Supplier & Contract Management/Service & Spend
- Activity planning & Change projects
- Performance & Quality (reporting /EO/ROI/management report)
- Complaints
- Redeployment

East Region Recruitment Transformation - Costing Assumptions and Methodology Appendix 10

1. Short listed Options for Costing

As part of the non-financial option appraisal, the following options were short listed for costing:

Scenario	Description
Status Quo / Do Nothing Option 1	Multiple employers Multiple bases Existing staffing structure
Option 2	Single employer Multiple bases – retain existing bases Proposed new staffing model
Option 3	Multiple employers Multiple bases – retain existing bases Proposed new staffing model

2. Multiple and Single Employer Costs

No significant additional costs have been identified in relation to a single employer or a multiple employer service model.

3. Estates Costs

3.1 Current Estates Costs

Estates costs are not currently charged out by Health Boards to individual recruitment departments. Existing estates costs are sunk[6] as all Boards occupy properties alongside other departments. The removal of the recruitment team from one site would not result in the site becoming surplus property. There may be a reduction in hard Facilities Management (FM) costs such as heat, light and power but this is not possible to quantify at this stage and will likely be a minimal reduction.

3.2 Single Base Options

[6] Sunk costs are costs which have already been incurred and are irrevocably committed.

All options which included the sub-option to base employees at a single site were discounted from the short list of options. Prior to being discounted, the high level indicative costs of a single site were calculated and are included below for information.

3.2.1 Use of Existing NHS Estate

The use of existing NHS Estate would be contingent upon identifying a suitable site within the consortium which could accommodate the whole recruitment function for the East Region. Should a suitable site be identified, all estates costs would be sunk by applying the same logic stated in **section 3.1** above.

3.2.2 Use of Commercially Leased Property

This option refers to commercially leased property sites that are not within the East Region's existing estate. Advice has been sought from Healthcare Facilities Scotland (HFS), a division of NSS. High level indications of costs to occupy commercially leased premises range from an additional recurring revenue requirement of £300k per annum to £420k per annum. These costs include, amongst others, annual rental charges, buildings insurance, non-domestic rates and water rates, hard and soft FM. In addition, there will be a non recurring revenue requirement ranging between £250k and £600k. This includes accommodation furniture and fixtures fit out, IT equipment fit out and dilapidation costs[7].

3.2.4 Use of Purchased Property

This option refers to the purchase and refurbishment of an existing site or new build property that are not within the East Region's existing estate. Again, advise was sought from HFS on indicative costs for several areas within the East Region; Edinburgh City, West Lothian, Kirkcaldy, Dunfermline and North East Fife. High level indicative costs are shown in the table below.

	New Build Property	**Existing Property**
Non Recurring Costs	£	£
Capital Outlay	1m - 1.2m	550k - 650k
Non Recurring Revenue	90k - 125k	90k - 125k
Recurring Costs	£	£
Property running costs	140k - 170k	140k - 170k
Depreciation charge	20k - 24k	11k - 13k

[7] Dilapidation costs are the 'exit' costs to the tenant for putting the leased property back into repair and the removal of alterations on expiry of the lease.

There is no capital budget available to purchase a new site. The additional revenue requirements also result in a purchased site being unaffordable.

4. Staff Costs

4.1 All Options: Point on Scale

Staff costs (including employer 'on costs') have been costed at the mid-point of the pay band.

4.2 Proposed New Staffing Model: Salary Protection

A proposed new staffing model has been agreed by the East Recruitment Programme Board and the required posts and staffing numbers have been identified.

In line with Organisational Change policy, protection may apply to some existing employees' salaries under the proposed service model. This applies to both options 2 and 3.

Through initial inspection of current and proposed new bands and WTE, it appears that the following staff numbers may be eligible for salary protection:

Existing Band	New Band	WTE
8b	8a	0.4
6	5	0.15
5	4	2.19
2	2	1.11

Potential 'worst case' salary protection costs have been calculated on these numbers and do not make any assumptions in relation to individual staff members. These costs have been included on a recurrent basis for options 2 and 3.

The proposed staffing model would result in a reduction of 2.11 WTE within the recruitment service from 52.96 WTE to 50.85 WTE. There are currently 51.96 WTE employees within the current structure who are employed on a permanent basis[8]. WTE has been 'mapped' across from the existing staffing structure, resulting in 1.11 WTE surplus in band 2 employees. Costs for this post have been included throughout the life of the costing period. However, the employer would seek to redeploy staff members into another suitable post within the Health Board.

5. Costing Methodology

5.1 Worst Case Costing

There is a 'worst case' allowance for salary protection included in the costs. The actual cost of this will be dependent upon the new roles assumed by existing staff.

5.2 Staffing Models

Staff costs include all employers 'on costs' (basic salary, national insurance and superannuation contributions). Costs are based on an indicative banding exercise of the new roles. The NHS Agenda for Change Pay Deal for 2021-22 onwards has not yet been agreed. Staff costs are estimated, with a 3% uplift to base salaries applied per annum.

Year	Status Quo (52.96 WTE)	Proposed New Staffing Model (50.85 WTE)	Change
2021-22	1,884,486	1,868,934	↓ 15,552
2022-23	1,942,800	1,926,710	↓16,090
2023-24	2,002,862	1,986,219	↓16,643
2024-25	2,064,727	2,047,513	↓ 17,213
2025-26	2,128,447	2,110,647	↓17,800

The table above shows that the new proposed staffing model costs less than the status quo staffing model. However, additional costs are associated with options 2 and 3 which lead to an increase in revenue costs by the proposed new staffing model.

The drivers for these additional costs are as follows:

[8] 1 WTE band 4 employee is employed on a fixed term basis to March 2021. This is out with the costing period and has therefore not been included within the salary protection payment calculation

Option	Additional Costs
Option 2	£100k non-recurring transition costs in year one Salary protection payment (further detail provided in section 4.2)
Option 3	£100k non-recurring transition costs in year one Salary protection payment (further detail provided in section 4.2)

5.3 Recurring Recruitment Specific Costs

The routine costs of hire will sit with the recruiting board. Specific campaigns carried out by the recruitment service on the Board's behalf will be recharged to the employing Boards.

These costs are expected to reduce under options 2 and 3 due to the economies of scale and likely reduced duplication. However, it is not possible to quantify these potential savings with any accuracy at this point.

5.4 Recurring IT Revenue Costs

A 20% annual replacement allowance for ICT hardware and mobile phones has been included for all three options to ensure staff have suitable and reliable kit. There is an expectation that the staff within the future East Region Recruitment service will continue to use their existing kit where it is fit for purpose; however this will need to be assessed nearer the time to identify what the replacement requirements are.

In addition, the following recurring revenue costs have been identified. These are applicable to all three options.

Cost	2021/22 Annual Cost (£)
ICT Recurring Licences – ServiceNow, Microsoft	22,286
ServiceNow Annual Support	1,000

Jobtrain costs are fully funded by Scottish Government at the moment with no costs being recharged to Health Boards. This will be reviewed before expiry of the current contract (3 year term currently remaining). The cost will then potentially be recharged to Health Boards, however, this has not been agreed yet so has not been included in the costs.

5.5 Non-Recurring Revenue Costs

Transitional costs will be required in relation to all the short listed options, with the exception of the Status Quo option. Exact costs are unknown at this stage. A proxy figure of £100k for transitional costs has been included at this stage. Costs will become more apparent as the programme develops and requirements can be established.

Transitional costs are included to cover a range of requirements, including but not restricted to:

- Skills gap training
- Communications
- Change management
- Service improvement
- Staff security passes/ID badges
- IT system transitional costs (migrating data)
- IT system set up costs (helpdesk and telephone)

There is an expectation that the majority of HR, OD and project manager costs will be absorbed by the Single Employer board.

Target Operating Model (TOM) at a glance

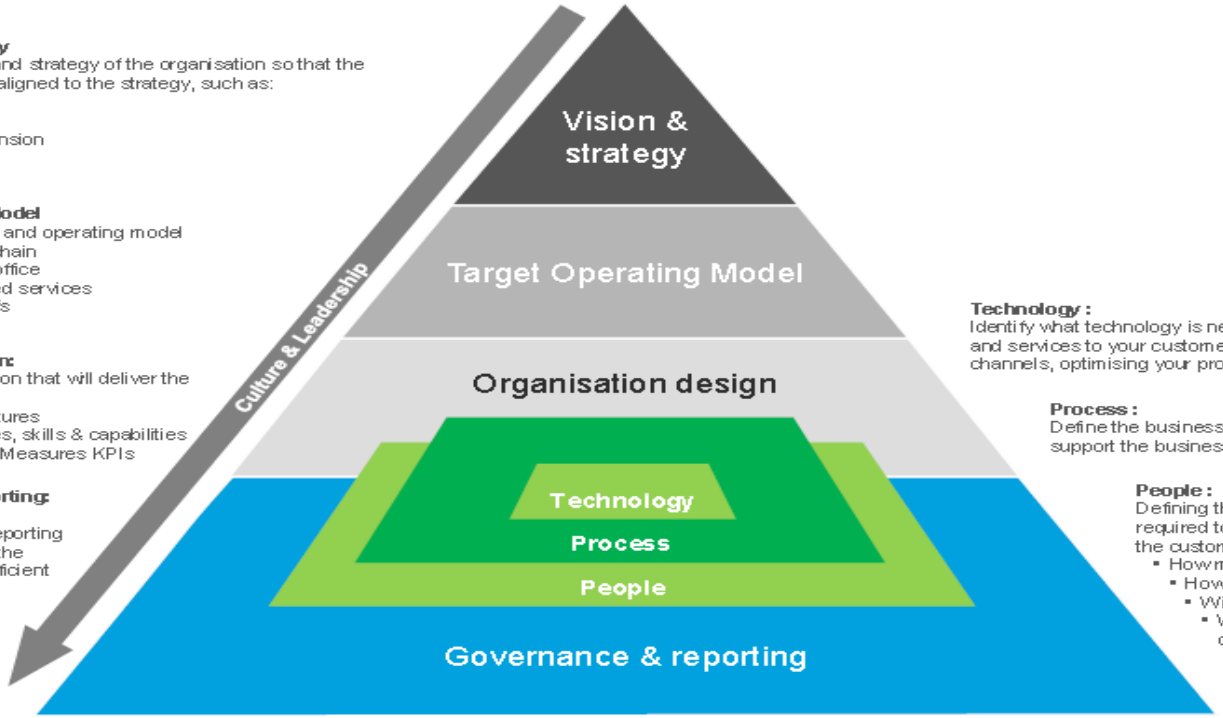
As illustrated below, the primary purpose of a TOM is to enable the application of a corporate strategy or vision to a business or operation. It is a high level representation of how a company can be best organised to more efficiently and effectively deliver and execute on the organisation's strategy. Moreover, it provides a common understanding of the organisation by allowing people to visualise the organisation from a variety of perspectives across the value chain as every significant element of business activity is represented. People, processes and technology are key components underlining any TOM and are critical to ensure its success.

Vision and Strategy
Analyse the vision and strategy of the organisation so that the business goals are aligned to the strategy, such as:
- Customer service
- Cost reduction
- International expansion
- Greater agility

Target Operating Model
Define the principles and operating model
- End to end value chain
- Front office/ back office
- Outsourcing/ shared services
- Interfaces/hand offs

Organisation design:
Define the organisation that will deliver the strategy:
- Organisation structures
- Role responsibilities, skills & capabilities
- Role Performance Measures KPIs

Governance & reporting:
Define governance arrangements and reporting requirements to run the organisation in an efficient and effective way



Technology :
Identify what technology is needed to deliver your products and services to your customers through your chosen channels, optimising your processes

Process :
Define the business and functional processes to support the business objectives

People :
Defining the level and capability of people required to meet the objectives and serve the customers:
- How many people do you need?
- How do you remunerate them?
- With what skills and knowledge?
- What ways of working and what culture do you need?

Brief Job Descriptions

Job Role	Indicative Banding	Brief Job Summary
Recruitment Services Assistant	3	The Recruitment Services Assistant is to provide day to day administration support to the Regional Recruitment Services. To answer basic enquiries that come into the recruitment service and provide advice where appropriate and under the supervision of Recruitment Services Advisor
Recruitment Services Advisor	4	The Regional Recruitment Services Advisor is responsible for carrying out the day to day recruitment activities. Provide recruitment advice and solutions to service users on a range of recruitment process and procedures related enquiries.
Recruitment Services Team Lead	5	The Regional Recruitment Services Team Lead is accountable for the day to day running and delivery of the region recruitment service activities.
Recruitment Project Manager	6	The Recruitment Project Manager is responsible for supporting the Senior Recruitment Services Manager with the delivery and implementation of agreed quality improvement and test for change projects across the Regional Recruitment Services.
Recruitment Services Manager	7	The Regional Recruitment Services Manager is accountable for managing the operational delivery and performance of the Regional Recruitment Services ensuring high standards is maintained.
Senior Recruitment Services Manager	8a	The Senior Recruitment Services Manager is instrumental in developing a holistic resourcing approach which anticipates the business's needs across all hire types within the Region, including experienced hire, senior/ exec hire and bulk recruitment.
Head of Recruitment	8c	The Head of Regional Recruitment Services is a senior Human Resources professional, who holds responsibility and accountability for the management and delivery of the Regional Recruitment Service and associated SLA.

Covid-19 Summary Feedback and Analysis

Information gathered through:

- Questionnaire "New Normal" issued to all 6 boards for completion
- Exploration and further discussion at Leads meeting 3.6.20

Summary Feedback

- The recruitment Leads for the 6 boards within the East Region (SAS, HIS, NES, NHS Borders, NHS Fife & NHS Lothian), completed a feedback questionnaire to identify the challenges and opportunities that were presented by the departments and their teams during the Covid-19 pandemic.
- The key challenges and outcomes were gathered from the feedback and discussed further during a Leads meeting on 3rd June 2020. This feedback and further analysis has helped potentially form a new way of working for the East Region recruitment service that incorporates more streamlined electronic ways of working, increasing efficiencies in time, resources and productivity.

BW 050620 v1.1

"New Normal" Summary Outcomes

- **Key Challenges**
- Mobilisation of home working (2-3 weeks, max of 200 users, insufficient laptops
- Obtaining references
- National Portal – nurses
- Online Disclosure checks (early stages/getting used to)
- OH Clearance
- PVG checks
- Electronic ID (selfie) & validity/tamper
- Unusual volumes (e.g health care support workers)

- **Key Outcomes**
- Online testing (freeing up time)
- Interviews – particularly for elsewhere in country/abroad
- Electronic ID (freeing time)
- Improved relationship with OH/Risk Averse
- Majority of people working from home (rota system for mail/non Covid pvg etc)
- Electronic PVG checks
- Microsoft Teams
- Shortened OH survey
- PVG Risk Assessment (signing disclaimer)
- Team working – professionalism & flexibility of team/proud of teams/local based knowledge helped
- Improved relationships – OH/Educational
- Emotional Wellbeing support in place – people have gone through the change curve
- Less requirement for site specific recruitment services due to flexible home working
- Team Development/Skills – band 3's helping band 4 work etc.

BW 050620 v1.1

What the Analysis tells us?

- The analysis from the gathered feedback demonstrates the power of technology and where this can improve the existing resources and current operating model within each board. It is evident that the requirement for a physical site (for projected numbers for the whole of the recruitment staff) are potentially not required as a future operating model in order for a future East Region Recruitment Service to be able to provide the required functionality and desired candidate experience. It is also evident that online ID checks, online PVG checks and interviews via Teams/online platforms have the potential to streamline and maximise efficiencies with no requirement for a single physical location to accommodate the whole of the East Region Recruitment Service.

BW 050620 v1.1

Recruitment Transformation Programme - Online Service Provider Recommendation

Background

NHS Lothian HR Enquiries service acts as a single point of contact for staff and managers to get advice on HR, OD & recruitment related enquires. NHS Lothian HR Enquiries currently do not have an online self-service enquiry platform. Enquiries are handled by email and telephone using Netcall 59R Contact Centre System.

Due to the expected growing demand within the service and to progress in line with technology and future innovation, it is important to explore the self-service desk option to support the future regional recruitment service to ensure the delivery of a high quality customer experience.

Service Now Online Platform

Payroll and eHealth currently use the self-service provider, Service Now. Service Now enables customers to self-serve, log and track enquiries and enquiry handlers can digitally manage and answer enquiries through the service platform. The system provides an overview of current enquiries and eases the management of caseloads and provides a high level large range reporting facility. The system can be securely accessed via mobile and outside the NHS network.

User Experience

Feedback was sought from existing users of Service Now (NSS, payroll, NHS Lanarkshire) for further consideration of alternative systems and current performance levels.

Alternative in house systems such as Zendesk were considered however it was left to the departments to build and configure & manage which greatly impacts time resources and skill sets. HR Connect was considered however this has limitations as public websites do not support at present.

EHealth use Service now in addition to Payroll & NHS Lanarkshire. Feedback from the service users has been very positive with the implementation of Service Now well supported from NSS as they have expert knowledge of the system and provide training to Super Users as part of the implementation process. The Service Now platform so far has not presented any issues with platform stability and is a service used widely outside the NHS. Within NHS Lanarkshire, all sub-sections within the HR Directorate with the exception of Staff bank and OD are using Service Now and NHS Forth Valley are currently trialling the system.

Costing

Costs for the introduction of Service Now quoted by NSS are logged in the table below. It should be noted that with more users it is expected that the license cost will reduce in price.

Basic Quoted Costs - 19.2.20					
Implementation	**Annual Support Costs - 20%**	**License Costs**	Projected Year 1 cost (Implementation)	Projected BAU Annual Cost from Year 2	Projected Total Costs over 5 years based on 59 licenses*
£5,000	**£1,000**	**£3.15 Per User**	£8230.20	£3230.20	£12,230.20

**This is an indicative number of licenses used solely for comparison purposes and the actual number of licenses required will be calculated by the relevant employer.*

Comparative costs are logged in the table below:

Comparative Costs for other service Users - 2019

	Set Up Costs	Annual Costs	License Costs	Projected Total Costs over 5 years based on 59 licences
Payroll – Service Now (Hosted by NSS)	£5,000	£3,000	£3.60 per month per user	£32,744
eHealth – Service Now (Hosted by NHS Lothian)	*Based on eESS service desk discussion no start up costs.*		£42 per month per user	£148,680
JIRA Service Desk – (Hosted by NES)	*None*	None	£25 per month per user	£88,500

It should be noted that comparative costs for Service Now were acquired in 2019 and that the annual and license costs quoted have reduced as the number of users has increased in 2020 and this is a trend expected to continue as per NSS expectations.

Recommendation

Taking into account cost projections and the feedback around existing systems that require a specific in house skills set to design and build and the time that this involves and the feedback provided by existing users, Service now provides a stable online self-service platform that can quickly be introduced to meet the needs of a regional recruitment service and provide service users with a high quality experience providing the required statistical reporting facilities that will continue to help the service to grow and evolve.

It is therefore recommended that Service Now (delivered through NSS) be the online self service enquiry system that the employer of the regional service introduces as part of the Transformation programme during phase 1 of the regional recruitment service.

Communications Plan

Appendix 15

Recruitment Transformation Programme.	**The overview, objectives and benefits of the programme.** **The key contact, timeframe and progress of programme workstreams.**	**Newsletter** **Staff meeting** **Minutes of Programme Board meeting**	**Quarterly** **As needed** **Monthly**	**Recruitment Staff Partnership** **HRDs** **Services Users**	**Members of the programme board**
Recruitment model option discovery and appraisal.	The objectives, outline and outcome of the option discovery and appraisal workshops.	Staff engagement session Workshop report	Pre workshop Post workshop	Recruitment Staff Workshop Attendees Programme Board Partnership	Programme Director/Recruitment Leads Project Manager
Keep staff and customers informed of new recruitment system launch and development.	The benefits of new recruitment system. Implementation and transition plan, change requirements and timescale.	Staff briefing Newsletter Userguide Global emails Training sessions FAQs Intranet Internet	In accordance to system implementation phase for each board	Recruitment Staff Partnership HRDs/CEO/DOF Service Users	Recruitment Leads System Project Lead Project Manager
Development of internet/intranet as a	Used to communicate a variety of key	Internet/Intranet	As needed	All stakeholders	Recruitment Leads

powerful communication tool	programme development and messages	Web Banner Board team brief/newsletter			Communications Representative Project Manager
Keep stakeholders informed of the recruitment transformation programme development.	Ad hoc messages	Staff meeting Minutes of meetings Emails	As needed Monthly As needed	Recruitment Staff	Recruitment Leads
Keep national steering group, regional workforce group and other regions recruitment transformation programme leads inform of East Region development and progress.	Key progress and development messages. Risk and issues arise.	Briefing note Fortnightly telephone conference Newsletter	Monthly Fortnightly Quarterly	National Steering Group Regional Workforce Group Regional Recruitment Transformation Programme Leads	Programme Director
Recruitment Model	The outline of new recruitment model; organisational change management process; model branding; discussion on recruitment service values/principles and identities.	Staff Engagement Workshops	Once	Recruitment Leads Recruitment Staff Partnership Service Users	Programme Team
Key Messages	Key messages from each stage of progress or meeting	Emails	As needed (circulate within 5 working days of agreement)	Recruitment Leads Recruitment Staff Partnership Service Users	Recruitment Leads Programme Board members Project Manager
Communication Log	To keep a communication log of all the communications and key messages that have	Log	As needed	Recruitment Leads Programme Board members	Project Manager

	been shared with stakeholders				

Technology and Equipment Costings (as of June 2020)

	£ Ex Vat	£ Ex Vat
Option	One Off	Recurring
a) HP Elitebook 840 14" Standard Laptop / Case (can work with docking station)	£525	
b) Dell Lattitude 3500 15" Thin Client Laptop	£310	
24" Monitor - standard	£100	
24" Monitor - integrated camera, Mike and Speakers	£130	
Laptop Docking station	£120	
Headset	£35	
Camera	£75	
Keyboard and Mouse	£8.5	
For new devices we charge:		
Initial Software bundle one off cost	£135	
Standard Software Bundle		£150 pa
MS Office (E1 Web Access)		£24pa
MS Office (E3 Full client Access - E1 +£120		£144pa

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Friday 29 October 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. As part of this process, Executive Director Group members agreed to review newly identified high risks or risks where the current level has been increased to high in order to determine if these risks should be linked to the Board Assurance Framework.

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 Workforce Sustainability BAF. As at 30 September 2020, there are no changes to the content of the on-going linked operational risks; Risk ID 90: National Shortage of Radiologists and Risk ID 1324: Medical Staff Recruitment and Retention; and these risks are within their current review dates.

2.3 Assessment

As previously reported, NHS Fife has the systems and processes 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. Our Workforce Strategy (at Board and H&SCP level) and the associated plans are an essential part of delivering on our workforce outcomes. More information on workforce planning is provided within the paper at Item 7.5 of this agenda.

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

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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.

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 Committee Members at the Staff Governance Committee meeting held on 4 September 2020. The Committee has supported the content and members' feedback has informed the development and on-going review of the further content presented in this report.

2.4 Recommendation

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

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Board Assurance Framework - Workforce Sustainability

Appendix 2: Linked Operational Risks - Risk ID 90: National Shortage of Consultant Radiologists and Risk ID 1324: Medical Staff Recruitment and Retention

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

Appendix 1

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Responsible Person	Timescale	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Workforce Sustainability																													
145	Exemplar Employer	30/09/2020	31/12/2020	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	20	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Failure in this area has a direct impact on patients' health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy. The current score reflects the existing controls and mitigating actions in place.	Director of Workforce/Director of Health & Social Care Partnership	Staff Governance Chair: Margaret Wells	*Ongoing actions designed to mitigate the risk including:* 1. • Implementation of the Workforce Strategy 2019 - 2022, to support the Clinical Strategy and Strategic Framework. 2. • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 - 2022. 3. • Implementation of the NHS Fife Strategic Framework particularly the "exemplar employer"	Nil	Implementation of the Workforce Strategy and associated action planning to support the Clinical Strategy and Strategic Framework. Actions are currently being reviewed with a view to updating priorities following the impact of COVID-19.	Director of Workforce/Director of Health & Social Care Partnership		1. Regular performance monitoring and reports to EDG, APF & LPF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF & LPF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting, including all learning and development activity	Overall NHS Fife has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, especially the Workforce strategy supporting the Clinical Strategy and the implementation of eESS should provide an appropriate level of control.	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	4	Low	Continuing improvement in current controls and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk from moderate to low.
																4. • The Brexit Assurance Group which was established to consider the impact on the workforce with regard to these arrangements once they are known has been disbanded, however, organisational support is still being provided and publicised. 5. An Assurance Group has also been established which will link to existing resilience planning arrangements - now disbanded but as above. 6. • Implementation of eESS as a workforce management system within NHS Fife	Nil	Implementation of proactive support for the workforce affected by Brexit. Early renewal of UKVI Sponsor Licence and successful increase in numbers of Certificates of Sponsorship to support future recruitment activity as required. Full implementation of eESS manager and staff self service across the organisation to ensure enhanced real time data intelligence for workforce planning and maximise benefit realisation from a fully integrated information system.											
																7. •A revised approach to nurse recruitment has been taken this year, enabling student nurses already in the system to remain in post at point of registration, to maintain service delivery. 8.•Work continues to strengthen the control and monitoring associated with supplementary staffing to identify and implement solutions that may reduce the requirement and costs associated with supplementary staffing. NHS Fife currently has a COVID-19 supplementary staffing resource deployed to support the substantive workforce where the need is greater thereby reducing any external costs on staffing. 9. • NHS Fife's participation in regional and national groups to address national and recruitment challenges and specific key group shortage areas, e.g. South East Region Transformation Programme Board and International Recruitment. 10. Review of risks related to Mental Health recruitment with Risk owners	Nil	Strengthen workforce planning infrastructure ensuring a co-ordinated and cohesive approach is taken to advance key workforce strategies. The Director of Workforce has now convened a Strategic Workforce Planning Group which will be complemented by an Operational Workforce Planning Group. These groups will take account of recent SG guidance on integrated Workforce Planning.											
																11. • NHS Fife Promoting Attendance Group and local Divisional groups established to drive a range of initiatives and improvements aligned to staff health and wellbeing activity. 12. • Well@Work and staff HWB initiatives continue to support the health and wellbeing of the workforce, facilitate earlier interventions to assist staff experience and retain staff in the workplace, along with Health Promotion and the OH and Wellbeing Service. This has been expanded to take account of COVID-19 HWB initiatives.	Nil	Continue to support the implementation of the Health & Wellbeing Strategy and Action Plan, aimed at reducing sickness absence, promoting attendance and staff health and wellbeing. Lessons to be learned from COVID-19 health and wellbeing activities and initiatives and the continuation of these supports in the long term.											
																13. • The iMatter 2020 cycle has been paused during the COVID-19 pandemic. Staff engagement activity is being evaluated to reflect the impact of the pandemic.	Nil	Optimise use of iMatter process and data to improve staff engagement and retention. As agreed Nationally, a Pulse Survey will be run instead of iMatter in September 2020. Directorate and Board level reports will be available in November 2020, but will not include team reports.											
																14. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce.	Nil	Continue to implement and promote Staff Governance Action plans and staff engagement, through the Pulse Survey in 2020.											
																15. • Training and Development 16. • Development of the Learning and Development Framework strand of the Workforce Strategy. 17. • Leadership and management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels	Nil	Implementation of the Learning and Development Framework strand of the Workforce Strategy. Increased utilisation of virtual learning opportunities.	Director of Workforce/Director of Health & Social Care Partnership										
																18. • Improvement to be made in Core Skills compliance to ensure NHS Fife meets its statutory obligations.	Nil	Review of L&D processes , planning and resources to ensure alignment of priorities											
																19. • The implementation of the Learning Management System module of eESS to ensure all training and development data is held and to facilitate reporting and analysis	Nil	Full roll out of learning management self service											
																20. • Continue to address the risk of non compliance relating to TURAS Appraisal.	Nil	Continuing implementation of the KSF Improvement and Recovery Plan throughout the Board, led by EDG.											
																21. • Utilisation of the Staff Governance Standard and Staff Governance Action Plans (the "Appropriately trained" strand) is utilised to identify local priorities and drive local actions.	Nil												
																22. • The development of close working relationships with L&D colleagues in neighbouring Boards, with NES and Fife Council to optimise synergistic benefits from collaborative working	Nil		Director of Workforce										

Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
90	National shortage of radiologists	High 16	J Anderson
1324	Medical Staff Recruitment	High 16	J Kennedy

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	Test and Protect	No longer high risk	Moderate 9	N Connor
1858	Longevity of current situation and impact	Risk Closed		

Appendix 2

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	23/08/2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	26/08/2020 Current management actions still apply 17/01/2020 & 24/02/2020 All other previous actions continue. An NHS locum for a fixed term has started in September 2019 and an SpR who is on track to achieve Certification of Completion of Training in February 2020 applied to NHS Fife, but opted to take a post within NHS Forth Valley instead. NHS Lothian has given notice of cessation of PA and sessional input to NHS Fife, this is being followed up by the Clinical Lead. Agency Locum usage has been reduced to 1.0 wte. No candidates secured from participation in NHS Scotland International Recruitment Campaign.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Anderson, Jane	Anderson, Jane	26/08/2020	05/03/2021
1324	COMMUNITY SERVICES EAST - RISK REGISTER	02/12/2016	Medical staff recruitment and retention	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery. For Cameron, there is a whole time equivalent specialist doctor vacancy of 10 sessions per week (50%). For Glenrothes there is a 4 session speciality doctor vacancy (40%) and this will escalate to a 10 session vacancy from 1st July 2017. Glenrothes has 59 beds whilst Cameron has 80 beds.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	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. 03/08/20- CDF have been employed for the next year. Locum cover will be required for Annual Leave. Speciality Doctor post to be advertised. 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 August 2019 until February 2020. 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;	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	1 - Negligible	Very Low Risk	2	Kennedy, John Nolan, Karen	Anderson, Jane	26/08/2020	04/01/2021

NHS Fife

Meeting:	Staff Governance Committee
Meeting date:	Thursday 29 October 2020
Title:	HR Policies Monitoring Update
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:

- Information

This report relates to a:

- Government policy / directive and legal requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

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

2.2 Background

The HR Policy Group is a partnership group which conducts the work of developing and maintaining HR policies. It meets bimonthly and ensures all policies meet the minimum requirements of NHS Scotland Partnership Information Network Policies (PIN) and are sent to Executive Directors Group and Area Partnership Forum for approval.

2.3 Assessment

Following Scottish Workforce and Staff Governance Committee (SWAG) formal approval in 2019 of Phase 1 of the 'Once for Scotland' Workforce Policies Programme the soft launch of the first 6 policies: Attendance, Bullying & Harassment, Capability, Conduct, Grievance, and a Workforce Policies Investigation Process has been completed.

The Area Partnership Forum received a presentation on the Once for Scotland digital platform, and this was well received. Similarly managers, staff side colleagues and HR

staff have adapted well to the transition to the new policies and the application of the digital platform.

The Covid pandemic has curtailed planned regional events due to have been held during 2020 to develop the phase 2 programme of remaining HR policies. This work has recommenced nationally and progress to develop the policies will continue in 2021.

The HR Policy Group has continued to review existing policies in line with legislative requirement and has also been engaged in the production of adapted policies or terms and conditions of service guidance to support staff in response to the Covid pandemic.

Since April 2020 to date the following policies were updated and issued:

- Conditions of Service Guidance Document 28 - Employment of Bank Workers during COVID-19
- HR Policy 43 NHS Fife Gender-Based Violence Policy
- HR Policy 49 NHS Fife Menopause Policy (new)

There are 39 current HR policies which are all within review date. This represents 100% of policies within their review status period.

2.3.1 Quality / Patient Care

Providing effective HR policies in line with National PIN guidelines and employment legislation assists in ensuring engaged workforce committed to excellent patient care.

2.3.2 Workforce

The work experience of staff is enhanced by the HR policies available to them.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

All HR Policies are developed and reviewed by the HR Policy Group a partnership subgroup of the APF. All new and amended policies are agreed by EDG and APF.

2.3.8 Route to the Meeting

This paper has been considered by the Director of Workforce as part of its development and their feedback has informed the development of the content presented in this report.

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2.4 Recommendation

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

3. List of Appendices

N/A

Report Contact: **Bruce Anderson, Head of Staff Governance**
email: bruce.anderson@nhs.scot

NHS Fife

Meeting:	Staff Governance Committee
Meeting date:	29 October 2020
Title:	**Staff Governance Committee Whistleblowing Standards Update**
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 Cabinet Secretary for Health and Sport has advised following formal notification sent out by the Scottish Public Services Ombudsman (SPSO) that the role of the Independent National Whistleblowing Officer (INWO) will be implemented with effect from the 1st of April 2021.

This new role, the first of its kind in the UK, provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case.

As advised in the Pausing of Work Programmes During Coronavirus letter dated the 30th of March 2020, the implementation date that was originally scheduled for Summer 2020, was revised in view of the current pandemic. The rescheduled date of 1 April 2021 is in recognition of the risk of potential pressures on Health Boards over the winter period.

The Whistleblowing Standards that SPSO have developed as a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services, will be formally published when the INWO goes live on 1 April 2021.

For NHSScotland staff, the Standards will inform the 'Once for Scotland' Whistleblowing Policy that will go-live at the same time. The Whistleblowing Policy will be available as a 'soft launch' approximately 3 months, in advance of the INWO go live date to enable Boards to prepare. SPSO are working with NHS Education Scotland (NES) to develop training materials that are expected to be available for the 'soft launch' period, through the Turas Learn website.

2.2 Background

The National Whistleblowing Standards were issued in final draft form in advance of Parliamentary approval originally expected in Summer 2020 before the onset of the Covid – 19 Pandemic. The Standards have been in development for a number of years and together with the appointment of the Independent National Whistleblowing Officer (INWO) and the appointment of Board Whistleblowing Champions set out the expectation on all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

Boards were provided with the draft Standards to assist in preparing for implementation in advance of Parliamentary approval.

The draft Standards were shared with Committee members at the SGC meeting in March 2020.

2.3 Assessment

Any organisation providing an NHS service will be expected to have procedures in place that enable their staff, students, volunteers and others delivering services, to access the Standards. The full Standards and supporting information and guidance are available on the INWO website

The key elements of the Standards include:

- Providing a supportive environment for raising concerns
- Access to a clear, timely two-stage procedure for raising concerns
- Signposting to the INWO for independent review as the final stage in the process
- Systems in place for recording, reporting and learning from concerns.
  From 1 April 2021, the INWO will be able to investigate concerns that have been through the local whistleblowing process.

From **1 April 2021**, anyone raising concerns about the NHS in Scotland will be covered by the new National Whistleblowing Standards. Whistleblowers will also have the option of raising a concern with the INWO, who will be able to consider whistleblowing complaints from the same date.

To assist with implementation, and to ensure those wanting to raise concerns have access to all the information they need in relation to the Standards, the INWO team will operate an advice phone line from **1 November 2020**. This service is open to all NHS providers, staff and members of the public.

The INWO team will be available to offer the following advice:

- Information on transitional arrangements, including signposting whistleblowers who need to raise concerns before 1 April 2021
- Support and advice on implementation of the Standards
- General enquiries from members of the public.

Existing NHS Fife whistleblowing arrangements and policy will continue to apply until 1 April 2021.

It is important that staff have easy access to the information they need about the Standards. The INWO team are working on a series of training modules for the NHS. The modules will be available from January 2021 and will cover different areas of the National Whistleblowing Standards, including specific modules for staff with management responsibility. They are being developed with input from NHS Education for Scotland (NES) and will be hosted on their learning portal.

The standards require systems in place in Boards for recording and reporting of Whistleblowing concerns. Scottish Government have worked with the Datix User group to consider Datix and similar systems to meet the recording requirements set out in the Standards. The group have developed and tested a template that can be used to upload the required data fields onto the Datix system.

Boards that tested the Datix template reported that it worked well and fulfilled the recording requirements set out in the standards while providing a secure platform to protect the confidentiality of whistleblowers. While there are significant advantages in adapting the datix system to record whistleblowing concerns and report on their progress and outcome there remains a risk of confusion for users in reporting a “business as usual” datix concern and the difference between that concern and a whistleblowing concern.

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 Committee is asked to **note** the content of the Whistleblowing Standards update.

Report Contact
Bruce Anderson
Head of Staff Governance
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Cabinet Secretary for Health and Sport
Jeane Freeman MSP

Scottish Government
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NHS Scotland Board:

HR Directors
Employee Directors
Chief Executives
Chairs
Whistleblowing Champions

15th October 2020

Dear Colleagues

INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER (INWO)

You will be aware from the formal notification sent out by the Scottish Public Services Ombudsman (SPSO) that the role of the Independent National Whistleblowing Officer (INWO) will be implemented with effect from the 1st of April 2021.

This new role, the first of its kind in the UK, provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case.

As advised in the Pausing of Work Programmes During Coronavirus letter dated the 30th of March 2020, the implementation date that was originally scheduled for Summer 2020, was revised in view of the current pandemic. The rescheduled date of 1 April 2021 is in recognition of the risk of potential pressures on Health Boards over the winter period.

The Whistleblowing Standards that SPSO have developed as a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services, will be formally published when the INWO goes live on 1 April 2021. For NHSScotland staff, these will form the 'Once for Scotland' Whistleblowing Policy that will go-live at the same time.

The Whistleblowing Policy will be available as a 'soft launch' approximately 3 months, in advance of the INWO go live date to enable Boards to prepare. SPSO are working with NHS Education Scotland (NES) to develop training materials that are expected to be available for the 'soft launch' period, through the Turas Learn website.

Other organisations that deliver NHSScotland services, such as primary care providers and contracted services, must also implement the Standards, ensuring their procedures are fully compliant. This means that health boards need to ensure there are systems in place for primary care providers in their area to report their concerns handling performance data to the board.

The Scottish Government have worked with the Datix User group to consider Datix and similar systems to meet the recording requirements set out in the Standards. The group have developed a

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www.gov.scot

template that can be used to upload the required data fields onto the Datix system or where the Board doesn't have Datix, onto an alternative system.

Please be assured that SPSO and Scottish Government will continue to liaise with stakeholders to prepare for implementation. We will be working with Boards to ensure that they engage with staff and other stakeholders in this regard. In particular the Non-Executive Whistleblowing Champions; the Employee Directors; and HR Directors will have a role in ensuring communication and engagement with staff to successfully implement the Standards and raise awareness of the new INWO role.

SPSO and the Scottish Government will continue to work with the Whistleblowing Champions to enable them to support boards with implementation.

I remain absolutely clear that everyone who works in our Health Service must have the confidence to raise any concerns they may have, particularly in these unprecedented and challenging times. When a whistleblower raises a concern, this must be treated with the upmost seriousness and thoroughly investigated and I am confident that the introduction of the INWO and Whistleblowing Standards will further support staff to speak up.

JEANE FREEMAN

Appendix 2

Bulletin from the SPSO Independent National Whistleblowing Officer October 2020

This bulletin provides an update from the SPSO about:

- **The implementation of the National Whistleblowing Standards, and introduction of the Independent National Whistleblowing Officer role**
- **What this means for NHS providers**
- **What this means for whistleblowers**
- **Advice phone line and support for implementation**
- **Training for all staff and managers**

We want to provide this information to as wide an audience as possible, so please pass this bulletin on to any colleagues who may have an interest. If you would like to receive future e-bulletins from the INWO, click on the button below to sign up to the mailing list.

Sign up for further updates!

You have received this e-bulletin because you have been identified as an organisation with an interest in the INWO or have previously received or taken part in public consultations about the INWO. We would like to keep you informed about INWO news in the future.

If you would like to receive future INWO e-bulletins, please sign up below!

Sign up now

If we don't hear from you, we will not keep your details on any mailing lists and you will not receive future updates.

If you experience any difficulty with the subscription sign-up, please contact communications@spso.gov.scot.

Updated go-live date for the National Whistleblowing Standards: 1 April 2021

The go-live date for the National Whistleblowing Standards (the Standards) is **1 April 2021**. We appreciate that there is no ideal time, so have given this date very careful consideration.

The intended date for the INWO's powers to come into force, and for the Standards to apply across the NHS in Scotland, was originally 27 July 2020. However as a result of the COVID-19 pandemic and the clear and immediate strain it placed on the NHS, we decided to postpone implementation.

We recognise that it is important the NHS is able to prepare properly, with the appropriate level of support, so we have given several months' notice. The implementation date of 1 April 2021 takes into account the pressures of the winter season on the NHS in Scotland as well as the significant risk of a resurgence of COVID-19 infections (nationally and locally).

What this means for NHS providers

Any organisation providing an NHS service will be expected to have procedures in place that enable their staff, students, volunteers and others delivering services, to access the Standards. The full Standards and supporting information and guidance are available on the **INWO website**.

The key elements of the Standards include:

- Providing a supportive environment for raising concerns
- Access to a clear, timely two-stage procedure for raising concerns
- Signposting to the INWO for independent review as the final stage in the process
- Systems in place for recording, reporting and learning from concerns.

From 1 April 2021, the INWO will be able to investigate concerns that have been through the local whistleblowing process. We will not be able to investigate concerns that are handled under current arrangements.

What this means for Whistleblowers

From the **1 April 2021**, anyone raising concerns about the NHS in Scotland will be covered by the new National Whistleblowing Standards. Whistleblowers will also have the option of raising a concern with the INWO, who will be able to consider whistleblowing complaints from the same date.

In the meantime, the INWO team will be available to offer advice and information via email and phone (details below). We will also continue to update the **INWO website,** where you can already find lots of helpful information on the National Whistleblowing Standards.

Existing NHS whistleblowing policies will continue to apply until 1 April 2021.

New information and advice phone line

To assist with implementation, and to ensure those wanting to raise concerns have access to all the information they need in relation to the Standards, the INWO team will operate an advice phone line from **1 November 2020**. You can contact the team on:

Phone: **0800 008 6112**
Email: **INWO@spso.gov.scot**

This service is open to all NHS providers, staff and members of the public.
The INWO team will be available to offer the following advice:

- Information on transitional arrangements, including signposting whistleblowers who need to raise concerns before 1 April 2021
- Support and advice on implementation of the Standards
- General enquiries from members of the public.

Training for staff and managers

It is important that staff have easy access to the information they need about the Standards. The INWO team are working on a series of training modules for the NHS. The modules will be available from January 2021

and will cover different areas of the National Whistleblowing Standards, including specific modules for staff with management responsibility. They are being developed with input from NHS Education for Scotland (NES) and will be hosted on their learning portal.

If you have questions, queries or would like further information, please contact us.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 29 October 2020**
Title:	**European Union Withdrawal (Brexit) Update**
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
- Sustainability of services

2. Report Summary

2.1 Situation

The purpose of this report is to update Staff Governance Committee members on the current known workforce implications of the UK exit from the European Union (EU) which will be informed by future UK and Scottish Government legislation, as the current period of transition progresses.

2.2 Background

Members of the Committee will be aware that discussion remains ongoing between the UK Government and the EU in respect of the decision made by the UK to leave the EU.

In terms of employees affected by this change, the EU Settlement Scheme continues to operate and enables EU citizens already living in the UK to apply for settlement to remain in the UK indefinitely. The deadline for applications is 30 June 2021.

In future, the Government intends to implement a points based Immigration policy and minimum salary thresholds. New employees recruited on or after 1 January 2021 will be subject to the new Immigration system. The new system will treat EU and non-EU citizens equally and transform the way in which all migrants come to the UK to work. Anyone coming to the UK to work, excluding Irish citizens, will need to apply for permission in advance. However, how Brexit and these policy proposals continue to evolve remains to be seen.

In the interim, the following steps have been taken within the Board:

- Early renewal of our UK Visas & Immigration (UKVI) Sponsor Licence to prevent any "queuing" for this at a later date.
- Successful application for an increased number of UKVI Certificates of Sponsorship to allow us to recruit non UK candidates where required and use of the recently issued UKVI Toolkits.
- Increased communication with staff already identified as potentially affected and access to Citizens and Rights Advice Fife on site information and support events on the Settlement scheme. Local promotion of the "Stay in Scotland" campaign materials.
- Support for employees who may not be directly affected but whose family members may be, thereby influencing their life decisions.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term, will support service sustainability and the Board's employment position.

2.3.2 Workforce

There may be an impact on the ability to recruit and retain staff from current sources.

2.3.3 Financial

Leaving the EU has the potential to impact on the financial landscape within the Board.

2.3.4 Risk Assessment / Management

Risk assessment is needed for the whole of the organisation to identify the overall corporate risk.

2.3.5 Equality and Diversity, including health inequalities

An EQIA has not been completed but will be considered as this work progresses.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

This paper has been considered by Workforce Leadership Team and the Director of Workforce as part of its development and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Committee members are asked **to note** this update.

3. List of Appendices

N/A

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 23RD SEPTEMBER 2020 AT 13:30 PM VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Bruce Anderson, Head of Staff Governance
Kirsty Berchtenbreiter, Head of Workforce Development
C Dobson, Director of Acute Services
Willie Duffy, UNISON
Simon Fevre, British Dietetic Association
Scott Garden, Director of Pharmacy and Medicines
Lynne Garvey, Divisional General Manager, H&SC (representing Nicky Connor)
Maryann Gillan, Royal College of Midwives
Paul Hayter, UNISON
Joy Johnstone, FCS
Chu Lim, BMA
Wendy McConville, UNISON
Chris McKenna, Medical Director
Dona Milne, Director of Public Health
Louise Noble, UNISON
Lynne Parsons, Society of Chiropodists and Podiatrists
Rose Robertson, Deputy Director of Finance (representing Margo McGurk)
Jim Rotheram, Head of Facilities
Rhona Waugh, Head of Human Resources
Mary Whyte, Royal College of Nursing

In Attendance:

Janet Melville, Personal Assistant (Minutes)

		Actions
55/20	**WELCOME AND APOLOGIES**	
	W Brown welcomed everyone to the meeting, especially C Dobson in her new role as Director of Acute Services and L Garvey (also in a new role as Interim Divisional General Manager, H&SCP) attending her first Area Partnership Forum (APF). Apologies had been received from I Banerjee, N Connor (L Garvey attending), L Douglas, A Fairgrieve, N Groat, L Hood, A Kopyto, M McGurk (R Robertson attending), L Murray, C Potter, S Robertson and A Verrecchia.	
56/20	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**	
	The minutes of the meeting held on 22nd July 2020 were accepted as a true and accurate record. It was agreed it would be helpful to review and simplify the current layout of the action list.	**BA/ WB**
57/20	**MATTERS ARISING**	
	a. Management Passport K Berchtenbreiter explained that the NHS Fife document had been prepared several years ago to provide the appropriate tools to support effective manager development, but has never been fully completed or	

		launched: it is felt it is no longer applicable to the 'new normal' working environment. To this end, the local Foundation Management Programme (FMP) has been reviewed and modernised. In addition, the national online Leadership & Management Zone developed by NES has a wealth of up-to-date, relevant and comprehensive resources and would dovetail well with the revised FMP. It was therefore agreed not to progress with implementation of the NHS Fife Management Passport. W Brown recounted the idea of a 'national passport' which recognises prior training when an individual moves to/ from another NHS Board. B Anderson advised that this is being taken forward nationally with subject experts agreeing transferable competency standards to ensure a consistent approach. W Brown drew attention to the fact that within NHS Fife, some managers won't accept the training history of those moving from another department and insist the member of staff redo the training; and queried whether a 'local passport' would be helpful. It was noted that individuals should maintain their training record; however, it was acknowledged that several platforms for recording training are in use at present and not all of the systems are compatible; some, such as TURAS require manual input. K Berchtenbreiter agreed to raise these issues and the development of a 'Once for Scotland' approach at the next Training and Learning Sub-Group meeting.	**KB**
	b.	**Pool Car Scheme** J Rotheram talked to the report which outlined the viability of the Enterprise Pool Car Scheme, originally implemented to reduce staff travel costs. The predicted savings have never materialised and the scheme has been under constant review. The initial 3 year contract is coming to an end, so it is a timeous opportunity to evaluate the scheme. During the early stages of COVID-19, demand for the pool cars dropped substantially, but use is now increasing e.g. to avoid car sharing. However, issues remain with staff not cancelling pre-booked cars preventing others from using the vehicles. W Brown suggested deferring the decision to the November 2020 meeting of the APF so that the various options can be appraised and use/ mileage monitored. Any comments to be sent to J Rotheram by 16 October 2020.	**JR/ All**
58/20	**FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT**		
	R Robertson summarised the financial position to date. The report has been expanded to incorporate COVID-19 expenditure as well as core business: as at end July 2020 there is a combined overspend of £6.9m (comprising a core underspend of £1.6m and additional COVID-19 spend of £8.5m). The Q1 Financial Return has been submitted to the Scottish Government, capturing additional COVID-19 costs to date and the expected underachievement of savings targets. There has been slippage in the transformation programmes/ schemes due to the focus on COVID-19. Likely remobilisation costs have been assessed and estimated. COVID-19 funding allocations will be based on these figures and notified/ paid in October 2020. It is difficult to forecast the outturn position without knowing the level of funding; but come October this will be reviewed and reported in		

	the monthly IPQR. The IJB Risk Share has not been factored in to the current position; there is a review planned of the Integration Scheme Rules and the Risk Share Agreement. The Core Capital allocation at end July 2020 was £7.4m and it is forecast this will be fully spent by the end of the financial year. There are additional allocations for the Elective Orthopaedic Centre and for COVID-19 equipment, and it is expected that the required funding is forthcoming. R Robertson confirmed the forecast costs for the redesign of urgent care have been included in the Scottish Government Return, it is hopeful that this funding will be received. However, pressures remain with unachieved savings and any core overspend. Implications of risk share: actions and mitigations are being prepared. W Brown requested that M McGurk or R Robertson meet APF Staff Side colleagues to discuss the financial situation.	**RR/ APF Staff Side**
	APF **noted** the report.	
59/20	**REGIONAL WORKING UPDATE**	
	B Anderson reported on the key issue for East Region: Recruitment Transformation. A paper was circulated to APF in August 2020, together with a copy of the business case proposing the Single Employer/ Multiple Locations model as the preferred option; no comments were received from the APF - it is therefore presumed members are comfortable with this decision. Each Board is currently considering the proposal. If all of the Boards are content for the proposal to go forward, expressions of interest for being Host Employer will be requested at the next Recruitment Transformation Programme Board meeting scheduled for 30 September 2020.	
	APF **noted** the update.	
60/20	**ATTENDANCE MANAGEMENT**	
	a. Staff Health and Wellbeing Update R Waugh guided the Forum through the report, drawing attention to: • the staff health and wellbeing activity, including resilience support for managers and support materials for staff. • the Going Home Checklist will be published on StaffLink. • the Hub refurbishment proposal for the disused Squash Courts at Victoria Hospital. • the staff survey in relation to gyms – a report will be brought to APF in November 2020. • continuing to link in with national work on wellbeing. R Waugh reported that although it is difficult to draw any particular conclusions, given the impact of COVID-19, the overall Board sickness absence rate was <5% for the first quarter of 2020 and was at 4.5% for August 2020. The trends and reasons for absence are detailed in the paper; as is information on priority high absence rate areas. Also in the report is feedback in relation to staff using the Staff Support Hubs prepared by Jackie Fearn, Consultant Psychologist; and feedback from Alison Linyard and Wendy Simpson on the Good Conversations and Mindfulness approaches,	**RW**

	S Fevre queried whether the improved absence figure is a combination of staff working from home and/ or the additional Psychology, Spiritual Care and other, support available to staff during the pandemic? It was recognised that the capacity to continue the support is unsustainable without additional resources. R Waugh indicated that confirmation of the funding bid is awaited; W Brown advised it is being considered but implored colleagues to champion the issue at every opportunity. Volunteers are assisting within the Staff Support Hubs as the support provided in the last few months is reduced to allow staff to return to their substantive posts. R Waugh was pleased to report that temporary additional Mental Health Nursing Support has been secured for the Occupational Health Service.	**All**
	APF **noted** the updates.	
61/20	**SHORT LIFE WORKING GROUP ON CULTURE UPDATE**	
	a. **'Partnership Working' Event** B Anderson recounted that it had been agreed to set up a small working group to plan and prepare for an event to be held in the spring of 2021. B Anderson advised that one or two volunteers have come forward to join the group but encouraged other APF members to participate; and a management representative from Acute Services and from Health & Social Care Partnership areas would be welcomed. Proposals for the event will be brought back to APF for discussion and approval, especially if it has to be held 'virtually'. W Brown suggested sending another invitation to include members of the Local Partnership Forums, in addition to the APF.	**JM**
	APF **noted** the update.	
62/20	**COMMUNICATIONS**	
	a. **New Website/ StaffLink Update – APF Feedback** K MacGregor was not able to join the meeting.	
	APF **noted** the feedback.	
63/20	**EMPLOYEE RELATIONS CASE MANAGEMENT**	
	B Anderson introduced the previously circulated position paper which has incorporated comments received. On the whole, the situation is more positive, as the number of cases 'progressing' or 'resolved' has increased and the number of 'paused' cases is reducing. However, issues remain with the use of technology or securing suitable rooms to allow for social distancing. It was recognised that some situations are best dealt with face-to-face. W Brown requested clarity on whether an individual (manager) can choose to attend virtually rather than in person as is usually the case. W Brown acknowledged that sending a letter to keep individuals informed about their case was a step forward, but the content is very 'formal'; what is missing is the personal touch, the discussion between the manager and the person involved. M-A Gillan was concerned that a lot of cases continue to be 'paused'. B Anderson assured the Forum that the back log is being addressed as	

	quickly as possible within the current COVID-19 constraints.	
	APF **noted** the update.	
64/20	**COVID-19 UPDATE**	
	W Brown invited D Milne to provide a local update following the First Minister's announcement yesterday. D Milne confirmed that the COVID-19 situation has escalated rapidly. The Scottish Government has instructed Boards to ramp up their local Test & Protect programme; work is ongoing to increase the current workforce. There are presently 6 situations being managed in Fife; information is being proactively shared as much as possible. D Milne indicated she had filmed a short statement with Comms, reinforcing the First Minister's message. D Milne expressed her surprise that the Government had imposed such strict measures at this time; however, D Milne highlighted how easy it is for COVID-19 to be passed on when multiple households meet. D Milne encouraged APF members to remind colleagues that FACTS applies in the workplace as well as elsewhere. D Milne advised that 40% of positive cases are related to individuals socialising indoors and the most affected age group is 20 – 50 years old. D Milne made an ask of managers to release staff to join /return to the Test & Protect Team as a matter of urgency as the number of individuals to be contacted is ever increasing. S Fevre raised a concern in regard to what will be stopped to allow the release of staff. C McKenna advised that this has been discussed at the Remobilisation Oversight Group; it is extremely complicated but as the NHS is under emergency legislation (extended to 31 March 2021) there is no choice but to comply with the direction. There are finite resources and services will have to be prioritised accordingly. In addition, D Milne suggested that the implications for NHS Fife of the First Ministers statement in relation to Working from Home should be discussed with HR/ Infection Control and at EDG.	
	Flu Vaccination In addition, the enhanced Flu Vaccination programme is a must in order to mitigate possible additional pressures to the NHS; older individuals and those with underlying health conditions are the priority. NHS Fife has been inundated with calls requesting a flu jab; D Milne reassured colleagues there is enough vaccine to go round and asked APF members to spread the word. D Milne welcomed 'vaccinators' to be allocated to the programme for the next 12 weeks. The staff vaccination programme commences 1 October. D Milne agreed to circulate the Flu Briefing for to the APF for information.	**DM**
	APF **noted** the update.	
65/20	**POLICIES, PROTOCOLS AND CIRCULARS**	
	a. **Circulation of Policies, Protocols and Circulars** W Brown urged colleagues to ensure policies, protocols and circulars are cascaded as appropriate to ensure relevant personnel are kept informed.	
	b. **HR43 – NHS Fife Gender-Based Violence Policy** B Anderson explained that the policy had been reviewed by subject experts and asked APF members to approve the recommended	

		amendments.	
	c.	**Briefing Note: Once for Scotland Workforce Policies** W Brown indicated that the briefing note updates colleagues on progress.	
	d.	**Guidance on Payment for Christmas and New Year Holidays at Weekends** W Brown advised colleagues to be prepared for the usual queries, despite the guidance being fairly self-explanatory.	
	APF **approved** the Policy and **noted** the briefing note and guidance.		
66/20	**ITEMS FOR NOTING/ INFORMATION**		
	The following items were **noted** for information by APF:		
	a.	H&SCP LPF – Minutes of 19 August 2020 (confirmed)	
	b.	ASD&CD LPF – Minutes and Action List of 20 August 2020 (unconfirmed)	
	c.	Staff Support and Safety Sub-Group – Minutes of 26 August 2020 (unconfirmed)	
	W Brown invited C Dobson and L Garvey to give a verbal update on their respective areas:		
67/20	**ACUTE SERVICES DIVISION UPDATE**		
	C Dobson explained that she is newly in post and has met with staff across the Acute site. Performance is positive, but mindful of demands for staff to support Test & Protect and Flu Vaccination programmes which may impact on Acute Services. Unscheduled Care performance is positive despite increased attendance; ongoing waits in TTG although theatre activity is increasing. Within Outpatients, priority is being given to Cancer and 'Urgents'. Cancer performance is improving to pre-COVID-19 levels. Other pressures in the system will be supported as possible.		
	APF **noted** the update.		
68/20	**HEALTH & SOCIAL CARE PARTNERSHIP UPDATE**		
	L Garvey advised that a Development Session is being held next week at which N Connor will outline her vision and direction of travel for Health & Social Care, including a revision of management structures at all levels. The main focus is on the forthcoming winter surge, given Test & Protect and Flu Campaign resource requirements.		
	APF **noted** the update.		
69/20	**AOB**		
	Urgent Care It was agreed to add 'Urgent Care' to the APF agenda as a Fife-wide item to provide clarity on this complex issue. W Brown suggested a briefing paper would be helpful.		**? who to provide**
	Kingdom Lottery Annual Report		

	J Rotheram highlighted from the report that the current committee is working well and has continued its activities, albeit virtually. There is a healthy finance balance (audited annually) and membership is increasing (helped by promotional work e.g. the chance to win a car last year; and this year, the overwhelming response to the team 'fit bit' challenge). J Rotheram thanked Communciations for their important contribution to promoting the Kingdom Lottery activities. 50% of 'income' is given away as prizes. Due to COVID-19 restrictions, suppliers of indoor corporate ticket activities have generally offered refunds/ extended the 'use by' date. Tickets are booked via the Room Booking System. The AGM will be held on 26 October 2020 with a view to refreshing the committee membership. The APF **noted** the report.	
	BAME Group W Brown explained that the Scottish Government had directed each NHS Board to establish a local Group to address concerns and issues affecting BAME employees and to ensure these individuals have a support network. B Anderson assured the APF that this is being taken forward.	**HR?**
	Staff paid Incorrectly – Paid as if at Work W Brown advised that a paper had been submitted to the Executive Directors Group (EDG) regarding a group of staff who have not been paid correctly since 2008, and who were not willing to accept the proposed resolution. This requires clarification by EDG.	**EDG**
	Discounted Stagecoach Travel R Waugh was pleased to report that the conversation with Stagecoach in relation to offering discounted travel to NHS Fife employees – paused due to COVID-19 – had resumed and terms have been agreed. The scheme will be publicised on StaffLink.	
	Mr Brechin W Brown ended the meeting by informing colleagues of the extremely sad news that George Brechin, former NHS Fife Chief Executive, is terminally ill and in the final stages of pancreatic cancer.	
70/20	**DATE OF NEXT MEETING**	
	The next Area Partnership Forum meeting will be held on Wednesday, 18 November 2020 at 13:30 hrs via MS Teams.	

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

UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
TUESDAY 15 SEPTEMBER AT 10.30 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Audrey Valente, Chief Finance Officer, H&SC
Belinda Morgan, NHS Fife (for Claire Dobson)
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Louise Noble, UNISON Fife Health Branch
Lynn Barker, Interim Associate Nurse Director
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Bruce Anderson, HR Head of Staff Governance, NHS Fife
Claire Dobson, Divisional General Manager (West)
David Heaney, Divisional General Manager (East)
Eleanor Haggett, Staff Side Representative
Gillian Tait, RCN
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Fife Council Health & Safety Lead Officer
Leigh Murray, RCN
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife Council

NO	HEADING	ACTION
1	**APOLOGIES**	
	As above.	
2	**PREVIOUS MINUTES**	
2.1	**Minute from 19 August 2020**	
	Debbie Thompson asked for an addition to Item 8 – Attendance Management. Once this has been done the Minute will be sent to Debbie to ensure additional wording is sufficient. Minute will then be accepted as accurate.	**WA**

NO	HEADING	ACTION

2 PREVIOUS MINUTES (Cont)

2.2 Action Log from 19 August 2020

Item 1 – Fife Council Training – Elaine Jordan has provided a copy of the H&SC Revised Workforce Development Plan which is to be circulated to all LPF members. Comments on this to be fed back to Elaine before the October LPF meeting if possible. **WA ALL**

Item 2 – Urgent Care – Assessment Centre has been moved into Diabetic Centre. Paper to come to LPF in October.

Item 3 – Community Hospitals – as part of this item, Simon Fevre asked for an update to be shared on the closure of the Wellesley Unit at Randolph Wemyss Hospital. Nicky Connor confirmed that the Direction agreed at the Integration Joint Board meeting on Friday 28 August 2020 has been sent to both NHS Fife and Fife Council. The last patient left the unit last week and tribute has been paid to the high-quality care which had been provided within the Unit. Simon advised that 1:1 meetings with staff are ongoing and that there is some disquiet amongst some of the staff with the closure of the Unit. An update on the outcomes for staff the will be brought to the November LPF meeting. **NC**

Item 4 – LPF Action Plan – Nicky Connor advised that Jim Crichton is now the SLT Lead on this. An update will be provided at the next meeting. **JC**

Item 5 – Remobilisation and Staff Reflections – no feedback has been received from Scottish Government to date.

Items 6 and 7 – Remobilisation – Attendance Management – Nicky Connor has spoken to Alison McArthur in the NHS Fife Recruitment Team to discuss the perceived blockages in their recruitment process. So far nothing has been identified which is holding up recruitment.

Item 8 – Health & Safety Update – Completed.

Item 9 – Capacity, Flow and Winter Resilience – Completed.

3 JOINT CHAIRS UPDATE

Nicky Connor updated the meeting on changes within the Senior Leadership Team. Claire Dobson has been successful in obtaining a year's secondment to the post of Chief Operating Officer within the Acute Division of NHS Fife and David Heaney will retire in November 2020. This will provide opportunities and challenges going forward. Recruitment to a temporary Interim Divisional General Manager post, to support Claire's portfolio, has already begun and Nicky will update on this at the next meeting.

Nicky Connor, Simon Fevre and Debbie Thompson will meet to discuss next steps.

4 HEALTH AND SAFETY UPDATE

Craig Webster updated on issues which have been identified with a particular type of surgical face mask and progress which is being made with see through masks. Debbie Thompson asked if see through masks would be made available for social care staff. Once a suitable supplier has been identified Fife Council would need to procure these for staff use where appropriate.

NO	HEADING	ACTION

4 HEALTH AND SAFETY UPDATE (Cont)

Discussion took place round the NHS five step process for undertaking Risk Assessments for individual and groups of staff returning to the workplace.

Craig Webster advised that a meeting of the Ligature Risk Assessment Group was scheduled for later today. Work on this had stopped due to Covid-19 and in the first instance work will concentrate on new areas. The programme should be fully reinstated during 2021. Jim Crichton welcomed the restarting of this work and asked for an oversight on Risks to be provided (including RAG status if available).

Craig also advised that face to face training in Violence and Aggression and Manual Handling should be able to resume shortly following Risk Assessment.

Elaine Jordan, on behalf of Kenny Grieve, gave an update on testing for some home care employees. Council employees should refer to the staff update given on Friday 11 September 2020 for information on the Council's updated Risk Assessment tool.

5 FINANCIAL UPDATE

Audrey Valente gave an update on the financial position as at July. There is a projected overspend of £6.8m, £6.5m of which is unachieved savings. Reasonable expenses from Mobilisation Plans will be provided by the Scottish Government, but there is like to be a shortfall in the funding available. The Senior Leadership Team are pressing ahead with delivery of their savings to mitigate the overspend. A draft Recovery Plan was discussed at the Finance and Performance Committee on 11 September 2020. Cashable savings of £1.1m could be achieved by cost reductions in year from four different sources. Debbie Thompson asked for information on these to be shared with herself and Simon Fevre. **AV**

6 WINTER READINESS

Belinda Morgan did a presentation which covered a review of winter 2019/20 and the period since then when Covid-19 has been present. This review was discussed at a recent workshop, NHS Fife's Clinical Governance Committee and our own Finance & Performance and Clinical & Care Governance Committees. A full report will be brought to the Integration Joint Board meeting on Friday 23 October 2020.

Copies of the presentation will be circulated to LPF members. **WA**

Learning from winter 2019/20 will feed into the Urgent Care Transformation Programme which is ongoing. The oversight group has five key workstreams.

Debbie Thompson acknowledge the huge amount of work which staff had undertaken and the team working which prevailed. She questioned whether Covid testing for staff had been factored into winter plans going forward. Belinda Morgan confirmed that this had been factored in and staff remobilised to testing teams will continue to work in these teams in the meantime to retain resilience.

NO	HEADING	ACTION

6 WINTER READINESS (Cont)

Discussion took place around the capacity of surge beds in the system and the use of AHP staff. Capacity will be managed by a Home First approach in the first instance.

Debbie Thompson questioned what could be done to educate the public that A&E is not always the first point of call. Lynn Barker advised that the Scottish Government are just about to launch a national campaign.

7 HEALTH & WELLBEING

Elaine Jordan signposted staff to the Fife Council Staff and Manager Updates from Friday 11 September 2020 as they provide support and resources around health and wellbeing.

The August attendance figures are not yet available.

Simon Fevre asked Hazel Williamson to include information on where to access health and wellbeing information in future staff briefings. **HW**

8 AOCB

Lynn Barker to be invited to LPF meetings for the rest of 2020 to provide updates on the Unscheduled Care Review. **WA**

9 DATE OF NEXT MEETING

Tuesday 20 October 2020 at 10.00 am

CONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE GROUP MEETING HELD ON FRIDAY 19TH JUNE 2020 AT 09:30 HRS VIA MS TEAMS

Chair: Linda Douglas, Director of Workforce

Present:
Jacqui Balkan, Regional Workforce Planning Manager
Wilma Brown, Employee Director
Susan Fraser, Associate Director Planning & Performance
Scott Garden, Director of Pharmacy & Medicines
Donna Galloway, Laboratory Services Manager (rep Gemma Couser)
Cath Gilvear, Fife HSCP Quality, Clinical and Care Governance Lead (rep Lynn Barker)
Brian McKenna, HR Manager – Workforce Planning
Janette Owens, Associate Director of Nursing
Derek Phillips, Regional Workforce Director
Rose Roberton, Deputy Director of Finance
Rhona Waugh, Head of Human Resources
Amanda Wong, Interim Associate Director of Allied Health Professions

In Attendance:
Janet Melville, Personal Assistant (Minutes)

		Actions
00.	**Welcome and Apologies**	
	L Douglas welcomed everyone to the meeting and apologies were noted from L Barker (C Gilvear attending), G Couser (D Galloway attending), H Hellewell, J Rotheram and M Wood. L Douglas drew attention to, and acknowledged, all of the hard work undertaken across Fife in supporting the efforts to tackle COVID-19.	
01.	**Minutes and Matters Arising**	
	The minutes of the previous meeting held on 21st February 2020 were accepted as a true and accurate record. There were no matters arising.	
02.	**National Workforce Planning Group - Update**	
	D Phillips advised the National Workforce Planning Group met on 10 June 2020 (the first since 18 December 2019 which was curtailed due to a bomb hoax). A number of key items were discussed, including an exercise on the lessons learned from producing the Health & Social Care Workforce Plan published in December 2019. Recommendations accepted and being addressed are the need for better project management; for greater clarity of scope and national objectives; for improved engagement with stakeholders; improved communication in general; the need for clearer governance structures and	

	timescales (not helped by the delays); for better alignment of workforce planning and other policy teams; and improvement in consultation processes. L Douglas highlighted that the landscape we are now in has changed considerably since the plan was published, including more collaborative and joint working, and noted any reference to this plan should be heavily caveated. D Phillips agreed that the plan's assumptions and commitments may need to be reviewed since priorities have changed as a result of the COVID-19 crisis in terms of workforce demands; training and education delivery; significantly more and different use of IT solutions; redesign of services both in Acute Services and Community; and governance arrangements fit for purpose in the post COVID-19 environment. D Phillips noted that the expectation of Boards producing a Workforce Plan by March 2021 is now unrealistic as the focus is currently on repurposing services; the timetable will be advised in due course. L Douglas suggested this provides the opportunity for reflection locally and to garner the necessary information in readiness. L Douglas commented that although the creation of the stand alone Accelerated Recruitment Portal was useful, it had placed additional demands and a more integrated process could perhaps have been provided via the already established JobTrain system.	**DP**
03.	**East Region Workforce Planning - Update**	
	J Balkan reported that most of the East Region Planning was put 'on hold', as there were no major issues or anything to progress, which allowed focus on the more pressing COVID-19 pandemic. It is planned to restart the Physicians Associates programme in September 2020: J Balkan will liaise with R Waugh and M Wood to take this forward in Fife. D Phillips advised priorities include work around Cancer Services and Eating Disorders. A lot of the regional project work was funded through Transformation Funding, the future of which the Scottish Government has been unclear; however there is funding for this financial year. The main projects include the Physician's Associates Programme and Diabetes Prevention; others have been mainstreamed into routine work locally. There is a general re-energising of the regional agenda, including a change of Chair and to Leads of regional services to ensure each Board has representation (C McKenna is the Cancer Services Lead).	**JB**
04.	**Workforce Projections 2020 - Update**	
	B McKenna explained that the Scottish Government advised in May 2020 that they were suspending the workforce projections exercise for 2020/21, negating the need to submit projections and the abbreviated update as the three-yearly Workforce Plan wasn't to be published. There are plans to streamline the workforce projections activity moving forward, a change in position even since last year. More information is to follow in the coming months. However, It is expected that some information and numbers will be required later this year, so it will be necessary to capture this in the remobilisation plans for services. A revised template for the workforce plan will also be issued in the near future.	

	L Douglas highlighted that although this work is currently paused, she requested that when the three yearly planning cycles resume, colleagues are ready and prepared to respond.		**All**
05.	**Internal Audit - Report on Audit B22A/20 Review of Workforce Strategy Implementation**		
	R Waugh indicated that the mostly positive audit resulted in two 'green' category recommendations, reflecting areas of good practice generally. Firstly in relation to the action planning attached to the Workforce Strategy, and secondly regarding how the action plan is reported back to the Board's Staff Governance Committee. The feedback and actions arising are already being worked on, so not much concern for this group. The audit report is being provided to the Staff Governance Committee for noting on 3 July 2020, including feedback received on the overall content of the strategy. It was acknowledged that a lot has changed since the Workforce Strategy was prepared.		
06.	**Review of 2019/20 Action Plans**		
	06.1	**Acute Services Division** D Galloway reported that following a review of roles and skill mix within Audiology Services, Band 4 Associate Practitioner posts have been introduced to help make the service more sustainable. Cardiophysiologist posts – the training of thirty supernumerary trainees across Scotland has been paused, but the intention is to resume next year. The Healthcare Science Group has restarted and will ensure this is taken forward. The Haematology Service has undergone a complete reconfiguration in response to COVID-19: consideration of expanding the Clinical Nurse Practitioner role. Doing a 'gap analysis' to build on the different and improved ways of working during the pandemic. In the Laboratories – it is uncertain whether East Regional Programme Board funding will continue. There is a move towards national working and funding. The national response to the challenging COVID-19 testing requirements has gone very well. The introduction of Band 8a BioMedical Science roles has worked well and would hope to do again. Radiology still has a high level of Consultant vacancies; continue to consider role extension and skill mix of the department.	
	06.2	**Medical Directorate** M Wood for Acute Services and H Hellewell for Primary Care were unable to attend the meeting.	
	06.3	**Nursing Directorate and Area Clinical Forum** J Owens advised that there are currently vacancies within Practice & Professional Development and with the new ways of working including the use of technology, looking to redesign training and work smarter. The Safe Staffing Group agenda has been put on hold until September 2020. However, although the schedule is paused, work including on the Nursing & Midwifery workforce tools e.g. recruitment, return to practice, supplementary staffing continues.	

		The Health & Social Care Staffing Act, now incorporates all professions, not only Nursing & Midwifery; and an Area Clinical Forum development session was held in February 2020 to assess the implications. The AHPCAF meetings are paused but hope to restart soon. Recruitment of nurses has gone well: working with the University of Dundee, whose students will have achieved their academic work by July 2020 (rather than by September 2020) – few other Boards in Scotland are doing this. B McKenna and Payroll colleagues are liaising to ensure a smooth transition from their student placement to a substantive post. There has been little Nursing & Midwifery agency usage during the COVID-19 crisis. J Owens confirmed she has previously presented to NHS Fife Staff Governance Committees and H&SCP on the implications of the Health Care Staffing Bill and the Health & Social Care Staffing Act.	
	06.4	**Corporate Functions** S Fraser advised that the already small number of administrative staff working at a skeleton level; mostly working from home, but occasionally in the office, which will be assessed going forward. There are no vacancies.	
	06.5	**Strategy & Planning** S Fraser indicated that the small department is working on Strategic Planning and Performance and have been asked to consider more operational planning. Work has changed through the COVID-19 pandemic. See also update on Remobilisation under AOB.	
	06.6	**Estates, Facilities & Capital Services Directorate** There was no representative to provide an update at the meeting (update to follow).	
	06.7	**Finance Directorate** R Robertson confirmed M McGurk has joined as Director of Finance, with a new vision for the Directorate. Presently there are a number of senior level vacancies. Some recruitment was in progress prior to COVID-19 but didn't conclude; some staff have/ are retiring; others are going part-time/ on secondment. Other considerations include how to resource the provision of finance support to the Health & Social Care Partnership. Planning is also underway to reintroduce the team back into the workplace in line with national and local guidance. W Brown requested that any review of the Directorate structure is carried out with partnership involvement and it was acknowledged that this would always be the case.	
	06.8	**Workforce Directorate** R Waugh indicated that the Workforce Directorate also has a new Director. Work continues on the action plans on the various workforce directorate aspects, including remobilisation arrangements for staff who have been working differently during COVID-19 times. As a consequence of the pandemic, the Occupational Health Service has been especially busy, the expectation being that this work will continue to expand.	

		Other issues arising from COVID-19 include working with eESS; the bank and supplementary staffing agenda, as NHS Fife is not continuing with the national nurse bank arrangement; consider what's best for NHS Fife to take forward and lessons learned from COVID-19; work continues to fully implement JobTrain and on the Regional Recruitment Model. B McKenna reported that the Developing the Young Workforce agenda was put on hold due to COVID-19 but is ready to resume in the near future. The regional model for Doctors in Training has been implemented, with Dentists in Training to follow (paused due to COVID-19). The Regional Workforce Dashboard, Tableau is now available to complement eESS reporting for a more complete picture; work is ongoing with the Sickness Absence reporting facility.	
	06.9	**Health & Social Care Partnership** C Gilvear reported that the Workforce Mobilisation Hub had been created in response to the COVID-19 crisis in March 2020, the focus of which has been redirected to Care Home work: NHS Fife staff are working collaboratively with Health & Social Care colleagues to develop a series of processes around daily contact and testing in Care Homes. There is some staff anxiety regarding child care over the school holidays and when schools open part-time in August 2020 as there is currently a lack of clarity regarding home schooling and maintaining/ sustaining service delivery. In addition, remobilisation and considering the impact on staffing is being considered.	
	06.10	**Allied Health Professionals** A Wong advised that nationally, there are a couple of hotspots for recruitment and workforce, specifically in Radiography and Physiotherapy. Training has been challenging in part helped by new HAI courses are coming online. In relation to remobilisation, reviewing where staff have been redeployed, and how to maintain the good work where possible.	
	06.11	**Pharmacy Services** S Garden explained that there has been a vacancy rate of 18% within Pharmacy Services as at end March 2020, and has been at this level for about 18 months: this has forced different ways of thinking, especially around Primary Care Improvement Funding, and a review of skill mix. Looking to influence where possible, around Pharmacy Technicians and Support Workers. There is funding uncertainty but plans are in place to link with colleges and due to a change of regulations and new standards, moving away from Edinburgh and on to a more blended model of distance learning. COVID-19 has provided an additional challenge for newly qualified Pharmacists (Band 6) as pre-registration exams are postponed (date of online exam to be advised). A provisional register for those signed off is being set up, with caveats around what they can/ cannot do and supervision requirements; also affecting Community Pharmacies -	

		having to manage entry of a different workforce in a different way from normal. The remobilisation/ re-imagine services has been a main focus: working in partnership to create a more innovative work environment and integrate roles across GP/ Community/ Health & Social Care sectors and to provide leadership opportunities; the intention being a more rounded workforce and improved retention rate. Appropriate risk assessment and training has been taking place to assist the process.	
	06.12	**Fife Council** There was no representative to provide an update at the meeting.	
	06.13	**Whole System** There was nothing further to add.	
07.	**2020/21 Action Plan - Future Expectations**		
	L Douglas recognised that most colleagues had incorporated future expectations in their review of the 2019/20 action plans in the previous item, but invited any additional information:		
	07.1	**Acute Services Division** D Galloway highlighted issues to be considered on a whole system basis: it is unknown how long social distancing measures will be required; the COVID-19 pandemic has led to different ways of working and a real appetite for home working/ extended working day, which will be discussed in partnership for the longer term. Overall, a timely opportunity to review the workforce and ensure plans are fit for purpose going forward. Home working in particular has worked well, helped by IT solutions. L Douglas encouraged colleagues to seek partnership involvement for any changes in relation to working practices: W Brown is happy to be contacted or A Verrecchia for Acute Services and S Fevre for Health & Social Care representation.	
	07.2	**Home Working** C Gilvear queried whether there are plans for a survey on working from home to include the impact on finance, use of MS Teams and staff health and wellbeing aspects? It would be a good opportunity to evaluate and to inform future plans.	
		R Waugh agreed a survey would be important and suggested it could be taken forward by the Staff Health & Wellbeing Sub Group. The intention is that when the Return to the Workplace Guidance is issued later today that under Employee Responsibilities, any ideas/ suggestions/ issues on home working/ returning to work can be sent to the generic email address. It is acknowledged that some staff have anxieties about coming into the workplace.	**RW/JR/WB**
		S Fraser suggested undertaking a Staff Survey through Comms – the one on post COVID-19 got a good return but warned not to have too much free text as it makes it difficult to analyse.	

		L Douglas referred to the drafting of the Home Working Policy. . W Brown highlighted that working from home, depending on their circumstances, has not been an enjoyable experience for everyone.	
		There were no further updates.	
08.	**Review of Terms of Reference**		
	L Douglas requested that members of the group review the Terms of Reference and send their comments to J Melville to collate. The revised document would then be circulated to the group for discussion and approval at the next meeting.		**All**
09.	**AOB**		
	Remobilisation Plans S Fraser advised that the NHS Fife's Remobilisation Plans submitted to the Scottish Government have received positive feedback. The plans include two staffing sections as workforce planning is an important element of remobilisation. The approach has been to review and re-imagine future service provision, in line with the Scottish Government's 4 phases of lifting lockdown restrictions, which is in the process of being done within individual services. An NHS Fife Remobilisation Oversight Group has been established, Co-Chaired by Dr C McKenna, Medical Director and H Buchanan, Nurse Director, a clinically led group overseeing the start up of services. It is supported by a number of sub groups leading on priority areas: Unscheduled Care, Primary Care, Cancer Services, Critical Care, Capacity and Flow, and Mental Health. A report will be going to the Clinical Governance Committee to advise of ongoing work. There is a template to complete when restarting a service, requiring HR, Finance and Staff Side involvement. Appropriate governance arrangements are in place and consideration has been given to interdependencies and to any unintended consequences.		
	L Douglas thanked colleagues and requested they review and refresh their section of the Workforce Plan and Workforce Action Plans in time for the next meeting.		**All**
10.	**Date of Next Meeting**		
	Friday 21 August 2020 at 09:30 hrs via MS Teams.		

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE GROUP MEETING HELD ON FRIDAY 21ST AUGUST 2020 AT 09:30 HRS VIA MS TEAMS

Chair: Linda Douglas, Director of Workforce

Present:
Jacqui Balkan, Regional Workforce Planning Manager
Gemma Couser, General Manager, Women and Children and Clinical Services
Susan Fraser, Associate Director Planning &Performance (part of meeting)
Helen Hellewell, Associate Medical Director, (Primary Care)
Dafydd McIntosh, Workforce Development Lead Officer, Fife Council
Brian McKenna, HR Manager – Workforce Planning
Rhona Waugh, Head of Human Resources
Amanda Wong, Interim Associate Director of Allied Health Professions

In Attendance:
Janet Melville, Personal Assistant (Minutes)

		Actions
00.	**Welcome and Apologies**	
	L Douglas welcomed everyone to the meeting and apologies were noted from Wilma Brown, Janette Owens and Derek Phillips (Jacquie Balkan attending).	
01.	**Minutes and Matters Arising**	
	The minutes of the previous meeting held on 19th June 2020 were accepted as a true and accurate record. There were no matters arising.	
02.	**Review of Terms of Reference**	
	L Douglas explained that this is a timeous opportunity to re-establish and refocus strategic workforce planning; the aim is to align and progress all elements of the Workforce Plan to inform the next iteration of the Workforce Strategy. As we move forward the intention would be to separate the strategic and operational responsibilities of Workforce Planning, with this group overseeing the work of the operational groups to ensure Action Plans are fit for purpose. It was agreed that the current Group membership was sufficient at present. Following a brief discussion, it was agreed to update the terms of reference to: • Incorporate reference to the Transformation Programmes • Capture the overall risks to workforce planning • Make explicit the connections to other groups (GP Practices, Community Pharmacists, Optometrists and Dentists) • Amend the organogram at 1.2 to reflect clear reporting lines.	

03.	**National Workforce Planning - Update**	
	J Balkan provided the update as D Phillips has officially retired. East Region feedback was provided to the National Workforce Planning Group to respond to the Scottish Government on the Once for Scotland Plan across Health & Social Care. J Balkan drew attention to concern around the GP contract being in the 'continue without changes' category and to the general slippage in recruitment throughout Boards. Other commitments may require to be amended from the original plan to make them more feasible. J Balkan invited B McKenna to report on the presentation made by an employee at Stirling University on Absence Predictions due to COVID-19. It utilised learning from the first wave of the pandemic to outline various scenarios which would enable the NHS to be better equipped to predict absence in subsequent waves, with the aim of identifying the leavers which would increase capacity at the peak of the curve. It is the intention to adopt the model as an NHS Scotland-wide approach.	
04.	**East Region Workforce Planning - Update**	
	J Balkan indicated that regionally, the Physicians Associate Programme continues, with 4 Physicians in GP Practices. The Regional Training Programme commences in Aberdeen in September 2020 and in NHS Lothian again, and 4 students could start in NHS Fife in January 2021. J Balkan encouraged placements from NHS Fife, including ANPs and Paediatric placement opportunities: there are 5 monthly rotations for 4 students. It was noted that one Physicians Associate (PA) who had been in Fife has secured a post in GP Practice in Glasgow. There will be 25 PAs graduating next year, with the option to work within East Region. R Waugh suggested input from Mental Health would be advantageous.	
05.	**Workforce Planning Updates from Associated Groups**	
	05.1 **GMS Contract Implementation Group** H Hellewell advised that the Group has restarted and has had two meetings since being paused in March 2020: still unclear around funding, but it is hoped confirmation will arrive soon. Recruitment has recommenced, otherwise there will be a considerable impact on GP resilience; it was hoped to accelerate this but it has not been possible. Within Mental Health, six GP Triage Nurses have been recruited to address more complex areas of stress – ongoing mental health support has been successful during COVID-19. GMS Contract implementation activity is continuing but amended – learning from the experience of COVID-19 and changing many of the configurations going forward. It is unclear nationally how long contract implementation will extended for, most likely to year 4; negotiations are ongoing. There are a number of challenges around this as remobilisation begins. The intention is still to have staged recruitment, so as not to impact adversely on the whole system within Fife. A local review of Local Area Coordinators (LAC) underway pre-COVID-19 will be picked up again by the Health & Social Care Partnership to	

		drive forward integrated working in a strategic, more effective way. **Medical Workforce Operational Group** The Group did not meet over the summer and is now meeting virtually. There are no worrying gaps around training posts, but there are areas of Consultant vacancies which need to be addressed, particularly in Mental Health and Community Paediatrics. G Couser confirmed that this is a huge risk – the Corporate Risk Register is being updated next week – and continuing gaps within Psychiatry and Radiology (the focus is on Consultant Job Plans to make the opportunities more attractive).	
	05.2	**AHP Clinical Advisory Forum** A Wong advised of an anomaly which meant that the Associate Director of AHPs isn't on the group, although she had been working with colleagues to explore the remit and effectiveness of the group. A baseline staff scoping exercise has been completed – WTE, Bands – and staffing levels established. Work is continuing with Heads of Service in relation to areas of concern; in particular Speech and Language Therapy and Mental Health. There is no 'workforce tool' for AHPs (14 professions); however, a national group has been set up to use lessons learned from COVID-19 to determine expectations of staffing and workforce, from which a professional judgement and safety tool will be developed (adapted from the Nursing & Midwifery tools), It is being piloted prior to being scaled up and rolled out nationally as a recognised 'fit for purpose' workforce tool. The group has recommenced with regard to establishing staffing requirements for the Major Trauma Centre (215 days until it opens); and the need to get posts out to advert.	
	05.3	**Nursing Workforce Planning Group** There was no representative present to provide an update.	
	05.4	**Area Clinical Forum** There was no representative present to provide an update.	
	05.5	**Acute Services Division Operational Workforce Planning Group** G Couser highlighted there is a recognition of the need to align the operational plan to the 5 year service strategy. Currently looking at a 7 day model for AHPs, to increase retention (an issue at present) and to improve recruitment. The Workforce Tools for Adult Nursing have been submitted; it is hoped Midwifery and Paediatrics will be recognised – they are a bit different as there are community aspects in addition to in-patient elements. As services remobilise and move to 'business as new normal', the pre-COVID-19 approach is now seen as overly prescriptive; going forward Acute Services would wish to be more agile and 'good enough' – with more autonomy and creativity.	
	05.6	**Health & Social Care Partnership Workforce and Organisational Development Group** H Hellewell reported that the Group will be reconvened, with the direction of travel being rethought in light of remobilisation and aligning the H&SCP Joint Group more closely with NHS Fife and Fife Council. It is planned to hold a workshop to bring together all elements of	

		workforce planning, including further integration to address challenges faced. Key reviews – stalled by COVID-19 – will be undertaken on how services are provided and to determine what could be done better/ differently/ virtually. D McIntosh added that the Incident Management Team has been stood down to Directorate level. Recruitment practices are under review – especially the Apprenticeship Programme which has been paused. Positive outcomes of COVID-19 are being incorporated into key areas and developed.	
	05.7	**Corporate Functions** R Waugh described the current data analytic limitations and possible developments with the roll out of the Regional Workforce Dashboard (Tableau). B McKenna confirmed the system provided enhanced analytics, providing managers with information that can be interrogated to provide information on sickness absence trends, establishment gaps, recruitment, and supplementary staffing use. Information was based on the financial hierarchy structure and it was hoped this system would aid operation groups to review their workforce challenges when reviewing their action plans. B McKenna noted that the workforce projections exercise had been suspended for 2020-21 due to the Covid-19 pandemic.	
	05.8	**Service Mobilisation Plans** L Douglas confirmed that the Remobilisation Oversight Group (ROG) continues to meet fortnightly, co-chaired by C McKenna and H Buchanan to determine remobilisation/ recommencement of clinical services. All restart plans for all services are considered by this group. It was noted that ways of working have changed rapidly and beyond what was previously imagined possible e.g. virtual consultations. L Douglas acknowledged the contribution of NHS Fife colleagues to the ROG and the compilation of the Remobilisation Plan in the move to the new norm.	
06.	**Review of 2019/22 NHS Fife Workforce Strategy, and requirements to support scheduled publication of 2021/24 Workforce Plan**		
	L Douglas advised that it will be necessary to actively review the current strategy, and in the implementation plans, account for the changes required to ensure the focus is on the appropriate activities to deliver the desired strategic results and outcomes. L Douglas indicated that she, R Waugh and B McKenna have started to look at the next iteration of the Workforce Strategy (2021-24) based on national workforce planning guidance. To develop the strategy, it is proposed to hold workshop type activities, incorporate changing governance, and to link with H&SC.	
07.	**AOB**		
	L Douglas requested that, as the meeting is being revamped, could group members give thought to and advise: • whether anyone else should be invited to join the Group	All

	• if there are any agenda items (e.g. risks, safe staffing) that should be considered as a standing item/ on a periodic basis.	
10.	**Date of Next Meeting**	
	Friday 20 November 2020 at 09:30 hrs via MS Teams.	