Staff Governance Committee

Wed 13 January 2021, 10:00 - 12:00

via MS Teams

Agenda Presentation: Implementation of the new General Medical Services Contract

10:00 - 10:00
0 min

1. Apologies for Absence

Margaret Wells

10:00 - 10:00
0 min

2. Declaration of Members' Interest and Chairs opening Remarks

Margaret Wells

10:00 - 10:00
0 min

3. Minutes of Previous Meetings held on 29 October 2020

Enclosed *Margaret Wells*

Item 03 Board Committee Minute - Staff Governance 29.10.20 UNCONFIRMED.pdf (7 pages)

10:00 - 10:00
0 min

4. Action List

Enclosed *Margaret Wells*

Item 04 Table of Actions From Meeting on 29 October 2020.pdf (1 pages)

10:00 - 10:00
0 min

5. Matters Arising

10:00 - 10:00
0 min

6. Quality, Planning & Performance

6.1. Integrated Performance and Quality Report

Enclosed *Linda Douglas*

Item 06 - 6.1 IPQR Covering Paper.pdf (3 pages)
Item 06 - 6.1 IPQR December 2020.pdf (48 pages)

6.2. Staff Health & Wellbeing inc Promoting Attendance Update

Enclosed *Rhona Waugh*

Item 06 - 6.2 Staff Health and Wellbeing incl Promoting Attendance - 13.1.21.pdf (7 pages)

6.3. Health and Safety Issues Update

Verbal *Andy Fairgrieve*

6.4. Bi-Annual Consultant Recruitment Update

Enclosed *Rhona Waugh*

Item 06 - 6.4 Bi-Annual Consultant Rectruitment Activity Update - 13.1.21.pdf (4 pages)

6.5. Medical Appraisal and Revalidation Update

Enclosed *Rhona Waugh*

Item 06 - 6.5 Medical Appraisal & Revalidation Update.pdf (3 pages)
Item 06 - 6.5 Medical Appraisal & Revalidation Annual Report 2019-2020.pdf (10 pages)

6.6. South East Payroll Services Consortia Business Case

Enclosed *Margo Mcgurk*

Item 06 - 6.6 Payroll Services Consortium Business Case 13.01.21.pdf (3 pages)
Item 06 - 6.6 South East Payroll Services Consortium Business Case v1.0.pdf (71 pages)
Item 06 - 6.6 South East Payroll Financial Appraisal Appendix.pdf (7 pages)

6.7. Strategic Planning and Resource Allocation

Enclosed *Margo McGurk*

Item 06 - 6.7 Strategic Planning and Resource Allocation - 13.1.2020.pdf (4 pages)
Item 06 - 6.7 Strategic Planning and Resource Allocation Proposal Guidance - Appendix 1.pdf (12 pages)

6.8. Core Training Update

Enclosed *Kirsty Berchtenbreiter*

Item 06 - 6.8 Core Training as at 30.09 V0.1.pdf (6 pages)

6.9. Performance Development Plan and Review (PDPR) Update

Enclosed *Kirsty Berchtenbreiter*

Item 06 - 6.9 PDPR Trajectory as at 30.09 V0.1.pdf (4 pages)

10:00 - 10:00
0 min

7. Governance

7.1. Board Assurance Framework Workforce Sustainability

Enclosed *Linda Douglas*

Item 07 - 7.1 NHS Fife Board Assurance Framework (BAF) - 13.1.21.pdf (4 pages)
Item 07 - 7.1 NHS Fife Board Assurance Framework (BAF) - Appendix 1 Workforce Sustainability.pdf (2 pages)
Item 07 - 7.1 NHS Fife Board Assurance Framework Risks - Appnedix 2 Workforce Sustainability Linked Operational Risks.pdf (1 pages)

7.2. Internal Audit Annual Report 2019-20

Enclosed *Linda Douglas*

Item 07 - 7.2 Annual Internal Audit Report 2019-20.pdf (3 pages)
Item 07 - 7.2 B06-21 Annual Internal Audit Report.pdf (38 pages)

10:00 - 10:00
0 min

8. Linked Committee Minutes and Annual Reports-for Information

8.1. Minute of the Area partnership Forum Dated 18 November 2020 (Unconfirmed)

Enclosed

Item 08 - 8.1 APF Minutes 18.11.20 V01.pdf (7 pages)

8.2. Minutes of the Health & Social Care Partnership LPF dated 18 November 2020 (Unconfirmed)

Enclosed

Item 08 - 8.2 Final H&SCP LPF Minute 18.11.20.pdf (3 pages)

8.3. Minutes of the ASD&CD LPF dated 22 October 2020 (unconfirmed)

Enclosed

Item 08 - 8.3 ASD&CD LPF Minute 22.10.20.pdf (12 pages)

8.4. Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 20 November 2020 (Unconfirmed)

Enclosed

Item 08 - 8.4 Strategic Workforce Group Minutes 20.11.20 V02.pdf (5 pages)

10:00 - 10:00
0 min

9. Issues/Items to be Escalated

Margaret Wells

10:00 - 10:00
0 min

10. Any Other Business

10:00 - 10:00
0 min

11. Date of Next meeting: 4 March 2021 Via MS Teams (TBC)

(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 OCTOBER 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
Rhona Waugh, Head of Human Resources
Audrey Crombie, PA to Linda Douglas
Kevin Reith (SAS)

The Chair welcomed members and attendees to the meeting and introductions were made The Chair welcomed A Crombie and thanked her for taking the notes of the meeting and advised the echo pen was being used. The Chair also welcomed Kevin Reith of Scottish Ambulance Service who has been appointed Deputy Director of Workforce for NHS Fife commencing 30th November 2020.

The Chair confirmed that the NHS is still on an emergency footing across Scotland and thanked all staff for maintaining their efforts.

01. Apologies for Absence

Apologies were received from attendee Gillian Macintosh. Head of Corporate Governance & Board Secretary, and Katy Miller, Non Executive.

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.

04. Action List

Nothing to report, noted as it stands.

05. Matters Arising

W Brown raised the point S Fevre made last meeting on the difficulty locating information on Staff Link and asked if there was an answer to that? Kirsty McGregor from communications team had agreed to speak with S Fevre offline and Communications is a standing item on the APF agenda. S Fevre advised that he has since had help but recommended that we put a simple message on Staff Link to advise people how to access information on StaffLink.

Action: LD/KM

R Waugh advised that hard copies of the Return to Work Guidance tool were distributed by the workforce directorate. W Brown asked where they had been sent to as some enquiries have come to her on where to find the guidance. R Waugh advised that hard copies were sent to all areas using the managerial distribution list.

06. COVID-19 UPDATE

06.1 Workforce Update

L Douglas provided the workforce update under 4 priority headings:

- Test & Protect
- Flu Vaccination
- Redesign of Urgent Care
- Winter Planning

Test & Protect
The workforce requirement in Test and Protect has grown significantly over a short period. This demand is being met through a number of actions (redeployment of current staff, successful external advertising – 45 successful applicants and the first group currently in training. The recruitment processes used during the COVID Friends and Family campaign have been utilised again to good effect. We will continue to increase recruitment activity until we meet our full complement. The immense effort made by Public Health and the HR/Recruitment team was noted and their effort recognised.

Flu Vaccination/Preparing for COVID
The flu vaccination programme this year is greater than programmes previously undertaken, covering an extended cohort of recipients. The consequential challenges of a larger programme than in previous years have been met by the H&SC team, with the programme lead by Nicky Connor. Again, the workforce requirement has in the main been met by reassigning existing staff and recruits of the Friends and Family campaign from earlier this year.

Scheduling of Unscheduled Care
This project currently designing the workforce plan and considering issues including skill mix and a numbers and types of role to deliver the outcome. The workforce impacts are likely to be met from our existing workforce, but this will be kept under review.

Winter Plan
The Winter Plan has an associated workforce plan attached to it. This year is a different proposition and we are paying particular attention to testing and ensuring that we have all the right plans in place. Plans reflect recruitment, redeployment and training requirements.

Staff Wellbeing will be a continuing focus of attention. We have received confirmation of funding for the work that the Occupational Health Team undertake to support staff and, it was noted that a request is being considered by the Endowments Fund for staff wellbeing support.

M Wells thanked L Douglas for the comprehensive outline that is taking place and asked that the slides be sent round to the committee after the meeting.

Action: LD/BA

W Brown acknowledge all the actions being taken and noted increased concern around wellbeing of staff over the winter. Staff dealt well with 1st wave of COVID as the hospital was emptied to allow to deal with it, however they don't have that luxury this time round. We don't' have a contingency in the system for staff.

A Morris asked, on staff numbers, where we were on compliment, what percentage of vacancies do we have, and what percentage are critical? H Buchannan advised that numbers are starting to increase into the organisation as we are recruiting in a way we have never done before. Agreed we don't have the availability we had in the 1st wave in that we were able to employ e.g. 204 student nurses were available earlier in the year. L Douglas advised there is work being undertaken to ensure we have the workforce available to us, e.g. the Nurse Bank has been recruiting regularly.

M Wells acknowledged that some areas are flagged within the Board Assurance Framework but there may be others that emerge and asked for clarification on what the mechanism that connects these? L Douglas described the regularly review of workforce risks as part of the overall risk management approach taken. The mechanisms are there, and we continue to review risks and workforce plans within our workforce planning groups.

S Fevre discussed that NHS Fife coped with COVID due to the ability to redeploy staff and that as things eased, we were able to deploy those staff back to their posts. We also have staff redeployed to Test & Protect, potentially to the COVID Vaccine and the natural winter surge. It would be helpful to pull together some workforce statistics and to communicate to staff that we have additional staffing being recruited via the briefings that we send out.

The Committee **noted** the presentation.

Action: LD/SR

07. QUALITY, PLANNING & PERFORMANCE – COVID-19

07.1 Integrated Performance and Quality Report

L Douglas presented one information relating to Sickness Absence and noted absence has been lower during this period. The figures are separate from the COVID related leave categories. Several improvement actions have been completed and the updates are within

the Report. Review and Improvement Panels have resumed, and she thanked colleagues who participate in the panels.

W Brown was disappointed that all that is measured in terms of staff performance is staff absence and highlighted that there are many others measures that highlight positive performance of staff, such as care opinion. She advocated that other measures should be considered by the Committee. M Wells agreed that it would be good to headline some of the positives on our agenda going forward and asked L Douglas to respond. L Douglas highlighted the routine reporting on wellbeing matters, on training and performance reviews, and iMatter which offer the Committee additional information. This can be reflected in future reports to the Committee.

M Wells commend the level of sickness absence.

The Committee **noted** the report and proposed to escalate this point to the Board.

Action: BA

07.2 Staff Health & Wellbeing (incl. Promoting Attendance) Update

R Waugh presented the report and highlighted that the review of the Health and Wellbeing Strategy has commenced with a workshop with representation from the NHS Fife Well at Work Group and COVID Staff Health and Wellbeing support group. The workshop was positive, and the contributions will be taken forward to inform our future strategy.

S Fevre highlighted the absence figures and the fact that the figures are going in the right direction we should be satisfied that the extra Health and Wellbeing support we are offering staff is making a difference, it should be seen as a good news story and not dismissed.

The Committee **noted** the update.

The Chair agreed to consider agenda item 7.4 next

07.4 South East Payroll Services Consortia Business Case

M McGurk presented the report, describing the history since 2016 when the Boards Chief Executives group established a Payroll Services Programme Board. The main driver in the case is to develop a more sustainable service, 7 boards are participating in this proposal. No decision has been made by NHS Fife the ask of this committee is to give consideration around whether there is a case to support the Consortia Programme Board decision. The main benefit is the long-term resilience that a consortium arrangement would deliver. The proposal is to create a single employer, multiple base arrangement. C Potter advised that this project has been ongoing for a number of years to look at all services to identify what can be done at a Regional or on Once for Scotland basis.

The Committee **asked** for a further report setting out the benefits and considerations of the proposal, the governance route and the recommendations.

Action: MM

07.3 Youth Employment Update

B Anderson presented the report highlighting the progress made last year and advised that in the current climate a number of initiatives on youth employment activities have been paused. M Wells welcomed the report noting that opportunity's for young people could not come at a better time.

The Committee **noted** and welcomed the content of the Youth Employment section of the Workforce Strategy.

07.5 Workforce Planning Guidance Update

L Douglas introduced the item and referred to the letter appended to the report setting out the revised workforce planning guidance. Section 2.3 sets out the new time frame for the next iteration of the Workforce Strategy which will cover period 2022 to 2025. This document being published by 31 March 2022. Initial scoping work to update the Workforce Strategy has been initiated. Regular updates on the strategy's development will be provided to the Committee.

The Committee **noted** the content of the paper and also noted the revised timescales for completion and publication of the next edition of the Workforce Strategy.

07.6 East Region Recruitment Transformation

L Douglas presented the paper. The Recruitment Transformation project focusses on service enhancement/resilience and career structure rather than financial savings. The paper appraises the Committee of the business case. W Brown asked for clarification on interest in being the host Board and L Douglas confirmed that NHS Lothian has express an interest.

The Committee **noted** the contents of the Business Case

07.7 Winter Plan

H Buchanan provided a verbal update on the Winter Plan explaining that the plan will follow as soon as it is finalised. The update confirmed that a Silver Command Group had been established which will oversee the plan and its implementation. There are a number of items within the plan which are slightly different this year, the first is COVID 19 Pathway Plan, we also have a surge capacity plan, the redesign of Urgent Care. Staffing has been escalated to Scottish Government given the challenges faced not only across Fife. A Verrecchia asked if there is a winter staffing plan and H Buchanan confirmed that staffing has been highlighted in the winter plan. When asked about staff side representation on this group H Buchanan invited a staff side representative onto the Silver Command group.

Committee **noted** the discussion and looked forward to receiving the plan

Action: HB

08. GOVERNANCE

08.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee. The ongoing operational risks are unchanged in terms of workforce sustainability and we have recorded the mitigations that we have so far. A more thorough review of the risks is planned in discussion with Pauline Cummings. The risks are presented for Committees' approval.

M Wells asked about the community paediatric service and the workforce sustainability risks and asked why not reflected in the BAF?

A review of the risk associated with community paediatrics will be undertaken and the workforce risk register updated accordingly.

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

Action: LD

08.2 HR Policies Monitoring Update

B Anderson presented the 6-monthly update on the monitoring of HR policies in line with the requirements set out to staff governance standards. All our policies continue to be reviewed and are updated accordingly. W Brown asked about moving to the digital platform noting that generally people have adapted well but that has not been the case in all instances and sought assurance that there is direct communication to managers when things change. B Anderson agreed to review how we currently provide communications to managers and make improvements as and where necessary.

The Committee **noted** the work undertaken by the HR Policies Group in developing and maintaining HR polices and noting that the work nationally will continue from 2021.

08.3 Whistleblowing Standards Update

B Anderson highlighted the main points of the paper; the implementation date for the new Whistleblowing Standards will be 1 April 2021; and the Once for Scotland Policy will accompany the Standards; the advice phoneline will be hosted by the Scottish Public Services Ombudsman from the 1st November 2020. The DATIX system is being considered as the national recording system for NHS Scotland.

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

08.4 EU Withdrawal (Brexit) Update

L Douglas referred the Committee to the paper and drew attention to the work that has been successfully completed by the Board including; the early renewal of our sponsor licence for UK VI certificates for employment related visas, ongoing communication with affected staff who are progressing settled status application(s) and promotional campaigns e.g. Stay in Scotland

The Committee **noted** the update and the work that is taking place

09. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION

09.1 Minute of the Area Partnership Forum dated 24 September 2020 (unconfirmed)

Noting the level of apologies, C Cooper queried if this was impacting on any of the decisions being made at these meetings. It was confirmed that this was not the case and the issue had been identified and action taken to address this.
The Committee **noted** the minutes.

09.2 Minutes of the Health & Social Care Partnership LPF dated 15 September 2020 (unconfirmed)

The Committee **noted** the minutes

09.3 Minutes of the NHS Fife Strategic Workforce Group Meeting dated 16 June 2020 and 20 August 2020 (unconfirmed)

The Committee **noted** the minutes

10. ISSUES/ ITEMS TO BE ESCALATED

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the current level of improvement.
- The investment in Occupational Health including Mental Health Nursing to add to measures taken to address mental health and anxiety as a key reason for staff absence.
- On Whistleblowing Standards, the implementation date for new standard is 1st April 2021 and that the Scottish Public Services Ombudsman will host the national helpline from 1st November 2020.
- On EU Withdrawal, to note that arrangements are in place to provide workplace information and support to staff who are EU citizens, e.g. gaining settled status.
- The Committee encourages attendance at partnership forum meetings, recognising the challenge of demanding jobs but the importance of participation at these meetings.

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

Action: MW/LD

11. ANY OTHER BUSINESS

W Wells highlighted that this was Bruce Andersons last meeting prior to his retiral on the 27th November 2020 and thanked him for his work and support to this Committee and the enormous contribution taking forward the Agenda. The Committee wished him a long and happy retirement.

Date of Next Meeting: 13 January 2021 at 10am via MS Teams.

ACTION LIST from
STAFF GOVERNANCE COMMITTEE MEETING
Held on Thursday 29 October 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
29.10.20				
Item 05	"**Return to Work Guidance" printed copies** – clarify if hard copies have been distributed.	RW		**Completed:** Paper copies distributed
Item 06	**Vacancy Levels** – information on vacancy levels to be provided to next meeting of SGC.	SR	15 January 2021	Agenda item on 13 January 2021 meeting
Item 07.4	**Payroll Consortia** – SGC requested a follow-up paper that allows the governance of the proposal to be advanced.	MM	15 January 2021	Agenda item on 13 January 2021 meeting
Item 07.7	**Winter Plan** – to be distributed to SGC members.	HB	06 November 2020	**Completed:** Issued by e-mail 5 November 2020
Item 09	**Attendance at Meetings** – Members of committees to be encouraged to attend meetings.	All	ASAP	**Completed:** Action taken to encourage attendance
Item 10	**Escalation to Board** – Relevant items to be highlighted to the Board.	MW	25 November 2020	Items from the 29 October 2020 meeting to be escalated to the Board meeting on 25 November 2020

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Wednesday 13 January 2021**
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 October 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)	4.93% in October 2020 (worse than the planned improvement trajectory for 2020/21 at this stage, and 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 December IPQR will be available for discussion at the round of January meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and circulated to EDG members for consideration on 14 December. Following minor cosmetic changes, it was 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
Bryan Archibald
Head of Performance
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Fife Integrated Performance & Quality Report

Produced in December 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 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- FOI – achievement of the 85% target for closure within 20 days during 3-month period ending October
- Delayed Discharges – lowest number of patients in delay and bed days % lost due to delays since June

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 7 (24%) within upper quartile, 18 (62%) 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	Oct-19	52	Sep-20	23	Oct-20	17	↑	N/A			
	N/A	HSMR	N/A	Year Ending	Jun-19	1.04	Mar-20	1.01	Jun-20	1.00	↑	YE Jun-20	1.00	●	1.00
	N/A	Inpatient Falls	5.97	Month	Oct-19	6.76	Sep-20	9.54	Oct-20	7.94	↑	N/A			
	N/A	Inpatient Falls with Harm	2.16	Month	Oct-19	1.17	Sep-20	2.12	Oct-20	1.68	↑	N/A			
	N/A	Pressure Ulcers	0.42	Month	Oct-19	1.00	Sep-20	1.44	Oct-20	1.04	↑	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	Oct-19	6.6	Sep-20	17.3	Oct-20	15.7	↑	QE Jun-20	6.3	●	20.3
	N/A	SAB - Community	N/A	Quarter Ending	Oct-19	8.5	Sep-20	7.4	Oct-20	10.6	↓	QE Jun-20	14.0	●	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Oct-19	14.2	Sep-20	9.3	Oct-20	9.2	↑	QE Jun-20	7.9	●	15.4
	N/A	C Diff - Community	N/A	Quarter Ending	Oct-19	2.1	Sep-20	6.4	Oct-20	3.2	↑	QE Jun-20	1.1	●	5.9
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Oct-19	43.8	Sep-20	44.0	Oct-20	39.3	↑	QE Jun-20	36.4	●	39.7
	N/A	ECB - Community	N/A	Quarter Ending	Oct-19	43.7	Sep-20	38.2	Oct-20	34.0	↑	QE Jun-20	38.8	●	35.9
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-19	82.8%	Sep-20	74.8%	Oct-20	79.8%	↑	2018/19	70.7%	●	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-19	60.8%	Sep-20	44.4%	Oct-20	32.5%	↓	2018/19	49.1%	●	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Oct-19	100.0%	Sep-20	100.0%	Oct-20	100.0%	↔	N/A			
	95%	4-Hour Emergency Access	95%	Month	Oct-19	92.7%	Sep-20	95.4%	Oct-20	94.1%	↓	Oct-20	94.1%	●	89.6%
	100%	Patient TTG (Ongoing Waits)	N/A	Month	Oct-19	90.5%	Sep-20	44.1%	Oct-20	54.9%	↑	Jun-20	32.1%	●	28.5%
	95%	New Outpatients Waiting Times	N/A	Month	Oct-19	92.4%	Sep-20	57.4%	Oct-20	59.3%	↑	Jun-20	37.4%	●	35.4%
	100%	Diagnostics Waiting Times	N/A	Month	Oct-19	99.0%	Sep-20	93.1%	Oct-20	94.3%	↑	Sep-20	93.1%	●	53.3%
	95%	Cancer 31-Day DTT	N/A	Month	Oct-19	98.1%	Sep-20	100.0%	Oct-20	100.0%	↔	QE Jun-20	96.3%	●	97.1%
	95%	Cancer 62-Day RTT	N/A	Month	Oct-19	91.0%	Sep-20	85.0%	Oct-20	81.7%	↓	QE Jun-20	77.7%	●	84.1%
	90%	18 Weeks RTT	N/A	Month	Oct-19	79.6%	Sep-20	59.7%	Oct-20	65.1%	↑	QE Sep-20	63.8%	●	67.3%
	29%	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	2018, 2019	26.1%	●	25.6%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-19	6.4%	Sep-20	6.4%	Oct-20	5.2%	↑	QE Jun-20	4.6%	●	3.8%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Oct-19	64	Sep-20	48	Oct-20	35	↑	Oct-20	9.37	●	13.20
	80%	Antenatal Access	80%	Month	Mar-19	90.2%	Feb-20	84.1%	Mar-20	88.2%	↑	FY 2019/20	89.0%	●	88.3%
	473	Smoking Cessation	473	YTD	Aug-19	94.4%	Jul-20	38.6%	Aug-20	38.6%	↔	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times	N/A	Month	Oct-19	62.5%	Sep-20	70.4%	Oct-20	76.5%	↑	QE Sep-20	63.9%	●	60.6%
	90%	Psychological Therapies Waiting Times	N/A	Month	Oct-19	64.2%	Sep-20	77.0%	Oct-20	64.7%	↓	QE Sep-20	76.6%	●	75.1%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	66.1%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jul-19	97.2%	Jun-20	93.4%	Jul-20	96.8%	↑	QE Jun-20	87.3%	●	95.3%
	N/A	Dementia Post-Diagnostic Support	N/A	Annual	2017/18	86.7%	2018/19	94.0%	2019/20	95.5%	↑	2017/18	86.8%	●	72.5%
	N/A	Dementia Referrals	N/A	Annual	2017/18	55.4%	2018/19	60.7%	2019/20	58.1%	↓	2017/18	55.3%	●	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Oct-19	58.2%	Sep-20	81.5%	Oct-20	85.7%	↑	N/A			
Finance	N/A	Revenue Expenditure	£0	Month	Oct-19	N/A	Sep-20	+£1.859m	Oct-20	+£2.822m	↓	N/A			
	N/A	Capital Expenditure	£15.471m	Month	Oct-19	N/A	Sep-20	£3.323m	Oct-20	£3.789m	↑	N/A			
Staff Governance	4.00%	Sickness Absence	4.39%	Month	Oct-19	5.70%	Sep-20	5.69%	Oct-20	4.93%	↑	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 Jun-20	1.00	YE Jun-20	
The HSMR for NHS Fife for the year ending June 2020 improved slightly in comparison to the year ending March 2020, and was equal to 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	Oct-20	2.16	Oct-20	1.68	N/A	N/A
A small reduction in the falls with harm rate has been noted, and local focus continues to support consideration of practice to continue this trend. The COVID context remains the significant challenge in patient placement and e.g. PPE. Ward 41 at VHK (changed from a Stroke focus to general Medicine of the Elderly) is identified as having an upward falls trend, and work is already underway to change processes to mitigate this. Work is also underway to analyse the data from SACH, which shows a higher falls rate, albeit without a corresponding rise in the falls with harm rate.							
Pressure Ulcers 50% reduction by December 2020	0.42	Never Met	0.42	Oct-20	1.04	N/A	N/A
FHSCP hospital acquired pressure ulcers have increased slightly in Q3 from Q2 (from 13 incidents to 16), and the current rate of 0.60 is the highest since December 2019. ASD hospital acquired pressure ulcers have decreased slightly from Q3 from Q2, the current rate of 1.54 being the lowest since July. An improvement collaborative started on 24th September in three wards in the East Division, and no hospital acquired pressure ulcers were reported in these wards in September or October.							
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	
Mandatory SSI surveillance has been paused since the starte of the Covid-19 pandemic, although Maternity Services have continued to monitor Caesarean Section SSI cases throughout the year. The performance data provided is non-validated and does not follow the agreed NHS Fife methodology, and there is currently no national comparison available beyond the final quarter of 2019.							
SAB (MRSA/MSSA) We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022	18.8	QE Oct-20	19.5	QE Oct-20	15.7	QE Jun-20	
Mandatory surveillance of SABs has continued throughout the COVID-19 pandemic. The NHS Fife HCAI rate was below National levels for Q2 2020, and also continues to be below the improvement trajectory; we are higher than the national average for community SABs. Surveillance has identified a cluster of unrelated SABs in ICU, partly related to post-COVID bacterial pneumonias. There have been just 4 PWID SABs so far in 2020, a marked improvement from 14 in 2019.							
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 Oct-20	9.2	QE Jun-20	
CDI surveillance has continued throughout the COVID-19 pandemic. While NHS Fife remains below the national rates for both HCAI and CAI CDI, we are currently above the HCAI performance improvement trajectory. Recurrence of infection continues to be the ongoing challenge to address in reducing this rate to meet the reduction target by March 2022.							
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 Oct-20	39.3	QE Jun-20	
ECB surveillance has continued during the COVID-19 pandemic. NHS Fife achieved a rate below the national levels for Q2 2020 for Healthcare (HCAI) rates, although above for community ECBs. Whilst there has been a slight improvement in Fife's ECB rate from 2019, achieving the HCAI reduction target by March 2022 remains a challenge. Reducing urinary tract infections & CAUTIs remains the key to achieving this.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Oct-20	32.5%	FY 2018/19	
Performance in closing complaints fell sharply during the early months of the pandemic, a common pattern across all Health Boards. We have been clearing the backlog of cases, expending particular effort on closing older complaints in October. The Patient Relations capacity to respond to complaints has been significantly impacted recently by the influx of complaints and calls relating to the Flu Vaccination Programme, while the hospital sites continue to be busy in responding to the Covid-19 pandemic, affecting the ability to respond to complaints within normal timescales.							

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%	Sep-20	95%	Oct-20	94.1%	Oct-20	●
The decrease in performance is reflective of the increasing capacity challenges the hospital is seeing and the lack of flow, especially early in the day. Attendances remain below the projected numbers which is supporting the improved performance on last year.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	Oct-20	54.9%	Jun-20	●
The number of patients waiting greater than 12 weeks decreased further in October (to 1,253, around 55% of the waiting list), with similar improvement in the % of patients waiting more than 18 and 26 weeks. Additions continue to increase (though still 33% below average), and this trend is expected to continue as routine outpatient clinics increase in line with plans. Activity delivered continues to increase in line with projections, however, elective theatre capacity reduced in November due to unscheduled care pressures. Additional in-house weekend activity funded by Scottish Government commenced in November and will enable a reduction in the backlog of routine procedures over the next 5 months. We are on course to deliver around 80% 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	N/A	Oct-20	59.3%	Jun-20	●
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 improved slightly from a position of over 7,400 (50% of the waiting list) in August to just below 7000 (40% of the waiting list) in October. Referrals remain at 78% and activity remains at 74% of the average before lockdown resulting in an increase in the size of the outpatient waiting list. The activity delivered has been less than projected in some specialities due to challenges with the number of urgent review appointments and the impact of infection control measures. Unscheduled care pressures may also impact on outpatient capacity over the winter months. Efforts continue to find solutions to maximise the use of available clinical capacity. Additional in house and in-sourced activity has been delivered in November to reduce the backlog of routine referrals in a number of specialities and along with clinical validation of the waiting lists is beginning to reduce the number of patients waiting over 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	N/A	Oct-20	94.3%	Sep-20	●
The percentage of patients waiting less than 6 weeks for a diagnostic test has increased from to 78% in August to 94% in October following the increase in capacity in line with remobilisation plans. The percentage of patients waiting less than 6 weeks in endoscopy has risen from 41% in August to 59% in October. Capacity continues to be reduced by 30% due to physical distancing and infection control procedures. 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 percentage of patients waiting less than 6 weeks in radiology has risen from 87% in August to 100% in October due to increased activity and demand which is below that before lockdown. An increase in demand for inpatient diagnostic imaging in November will impact on performance in routine patients waiting over 6 weeks. 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	N/A	Oct-20	81.9%	QE Jun-20	●
Performance deteriorated in October, with the majority of breaches being seen in prostate due to the challenging pathway; improvement work in this area is delayed due to COVID. Delays at the start of the colorectal, lymphoma and upper GI pathways led to breaches in those specialties, while issues with PET reporting resulted in delay to MDT within the cervical pathway. Cancer patients continue to be prioritised and no breaches were as a direct result of COVID. Breaches ranged between 2 and 48 days, with an average of 24 days.							

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 Oct-20	85%	QE Oct-20	85.7%	N/A	N/A
Work has continued at a positive pace within FOI, in NHS Fife with particular attention being paid to raising the level of compliance regarding responding to requests, ensuring AXLR8 is functioning well and looking ahead to the larger and more strategic next steps in bring NHS Fife up to full compliance under the Act.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-20	5%	Oct-20	5.2%	QE Jun-20	●
Bed days lost due to patients in delay icreased above the local target in late summer, after falling during the early months of the pandemic. However, this is now reducing and for October we are close to again achieving the 5% target. We have seen occupancy rise across our Acute and community hospitals, but LOS has been steadily reducing within our community hospitals, and this is supporting flow.							
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 Aug-20	38.6%	FY 2019/20	●
Staffing levels have been severely affected due to personnel taking up posts with Test and Protect, leaving the organisation or taking Maternity Leave. Recruitment has taken place, with new staff taking up post in December and January, and alternative arrangements put in place to support current clients has enabled continuity of care. The service has seen a drop in self referral to support over November which has allowed it to cope without having to create a waiting list. The Better Beginning work with pregnant mums has not progressed as expected as one staff member has been moved to work on other maternity priorities.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Oct-20	76.5%	QE Sep-20	●
Referral rates are marginally higher than those received at the same point last year however urgent presentations direct to CAMHS and via VHK have increased significantly over the past 3 months. This has resulted in increased capacity being targeted to respond to these presentations, drawing away staff from existing waiting list and longest waits. 'DNA's' and 'Treatment not required' continues to be a factor that effects performance and is under review by the service.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Oct-20	64.7%	QE Sep-20	●
As anticipated, the increase in clinical activity with the longest waiting patients has led to reduced performance on the target. The numbers waiting for PTs continues at present on a positive downward trajectory. Referrals, however, continue to rise and the demand/capacity gap remains significant in many areas of service.							

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	Oct-20	+ £2.822m	N/A	N/A
The position to month 7 is an overspend of £2.8m; the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions (from pausing core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m. The impact of Covid-19 on the financial performance is a key issue. Our initial allocation of Covid-19 funding is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland. There is a level of risk in that final funding has yet to be confirmed across Scotland.							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£15.471m	N/A	£15.471m	Oct-20	£3.789m	N/A	N/A
The total Capital Resource Limit for 2020/21 is £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% 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%	Oct-20	4.93%	YE Mar-20	
Sickness absence levels continue to fluctuate, however it is positive to note that the trend improved for the first seven months of the year, albeit the rates BEING above 5% in July and September. Given COVID-19 and Winter pressures, we continue to anticipate that it will be challenging to maintain the current sickness absence performance levels. Business as usual Promoting Attendance activities in terms of Promoting Attendance Review & Improvement Panels and training have recommenced.							

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources – Operational Performance

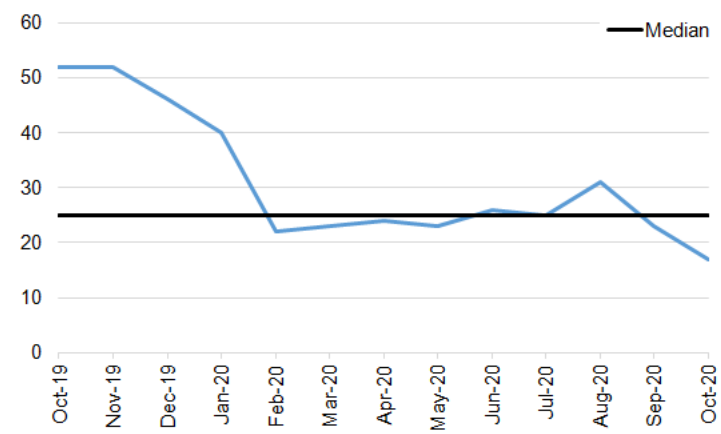
Finance, Performance & Resources – Finance

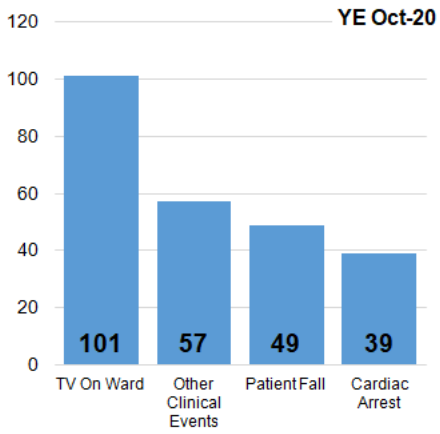
Staff Governance

Clinical Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2019/20						20/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ALL	NHS Fife	1355	1358	1389	1397	1307	1119	891	1064	1122	1325	1238	1279	1322
	Acute Services	658	575	585	616	634	470	372	474	463	559	502	602	553
	HSCP	647	735	767	745	623	625	486	557	626	727	694	633	739
	Corporate	50	48	37	36	50	24	33	33	33	39	42	44	30
CLINICAL	NHS Fife	939	890	931	911	923	797	609	724	739	905	832	914	887
	Acute Services	592	534	527	556	572	438	343	431	421	513	465	554	504
	HSCP	321	339	393	337	333	344	248	278	298	371	351	341	371
	Corporate	26	17	11	18	18	15	18	15	20	21	16	19	12

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 addition to this change, there have been changes and improvements made to the reporting pathway of unexpected death, specifically those within mental health and addiction services. These changes have become noticeable within the system from July onwards. This, along with natural variation in a system would explain some of the change evidenced in the reported numbers of major and extreme adverse events.

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. This led to a reduction in the number of events reported across NHS Fife in Q2 of 2020. From July onwards, as services have resumed, the numbers of reported events has increased and is now in line with previous months.

Clinical Governance

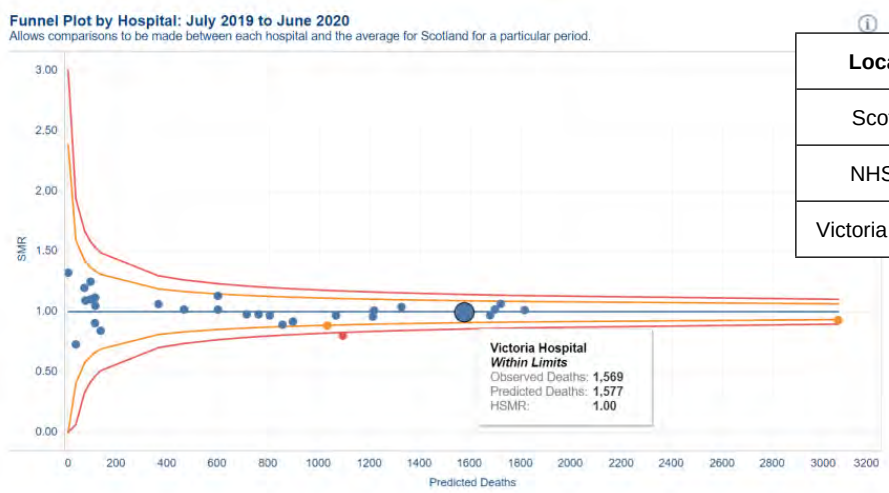
HSMR

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; July 2019 to June 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	1.00
Victoria Hospital	1.00

Commentary

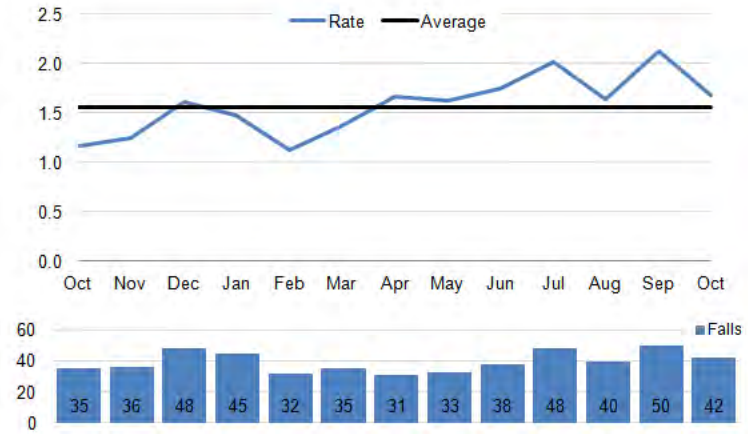
The annual HSMR for NHS Fife decreased during the second quarter of 2020, with both the actual and predicted number of deaths falling slightly in comparison to the previous 12-month period. This should be seen as normal variation, but we will continue to monitor this closely.

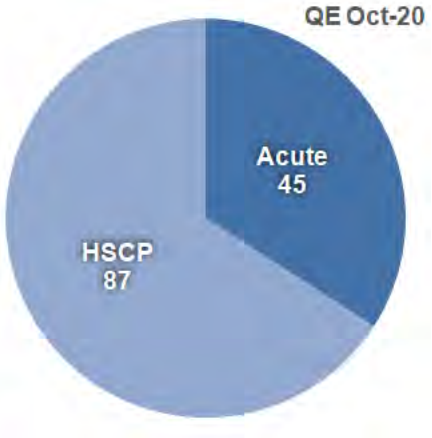
Clinical Governance

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						2020/21						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
WITH HARM	NHS Fife	1.17	1.24	1.61	1.47	1.13	1.37	1.67	1.62	1.75	2.01	1.64	2.12	1.68
	Acute Services	0.81	1.08	1.03	0.99	0.84	1.26	1.93	1.21	1.38	1.26	1.26	1.55	1.20
	HSCP	1.48	1.37	2.10	1.89	1.37	1.44	1.53	1.95	2.08	2.66	1.96	2.62	2.10

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 remains the same and in addition a number of key staff who support improvement activity are unable to commit the same focus in the current context. As previously noted a change in numbers of patients in ward footprints, the use of PPE and social distancing, and the resultant impact on the way that staff deliver care will be a focus of the revised workplan.

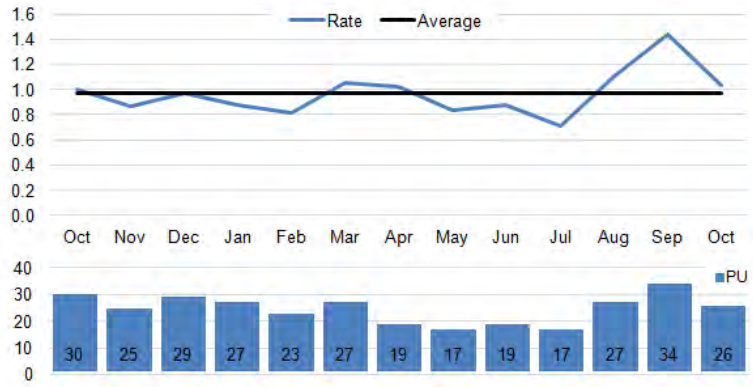
Improvement Actions	Update
20.3 Falls Audit *By Jan-21 (was Nov-20)*	Plans to complete the Falls audit have been delayed as a result of the ongoing situation but an adapted format is being developed and will be done as per audit. This is planned to begin before the end of 2020, recognising that a significant number of wards have changed function over this year.
20.5 Improve effectiveness of Falls Champion Network *By Feb-21 (was Nov-20)*	This work has been significantly delayed and is part of the draft refreshed work plan to consider. At initial consideration, there were only three wards noted not to have falls champions across in-patients settings. We require to review this in light of wards changing function and staff being redeployed to respond to COVID. There will be a reviewed focus on this in early 2021.
21.1 Refresh of Plans *By Jan-21 (was Oct-20)*	The refreshed workplan has been redrafted and is with the group members as part of a virtual discussion to finalise. This will be agreed in January.

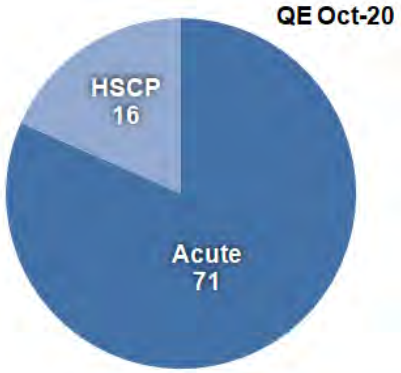
Clinical Governance

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	1.00	0.86	0.97	0.88	0.81	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.04
Acute Services	1.54	1.62	1.40	1.27	1.23	1.94	2.08	1.21	1.57	1.17	2.07	2.73	1.54
HSCP	0.55	0.25	0.62	0.55	0.46	0.46	0.42	0.53	0.26	0.31	0.30	0.32	0.60

Key Challenges in 2020/21	Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

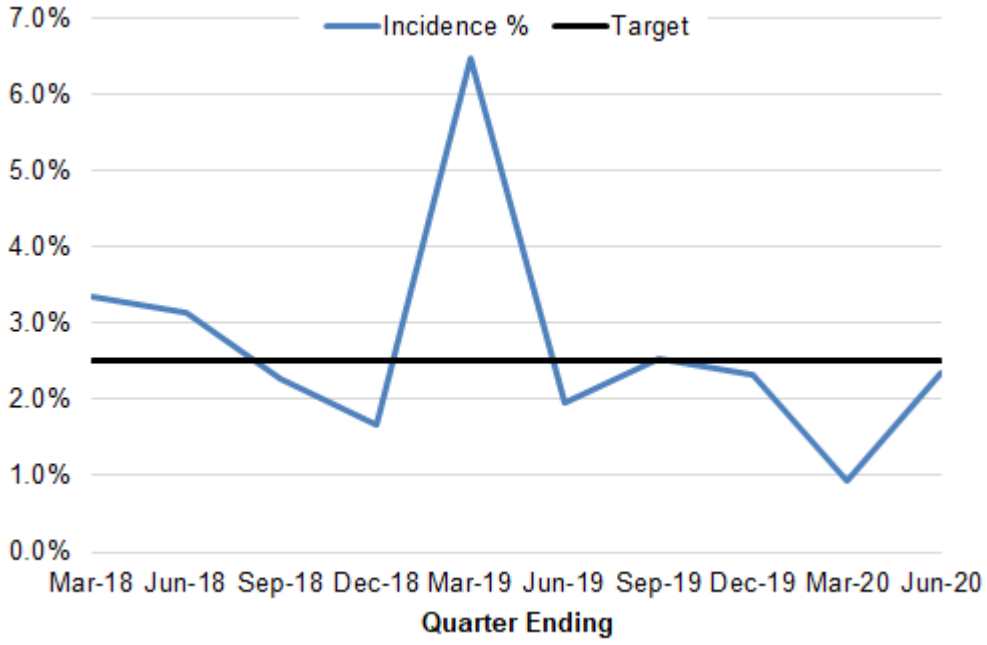
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	Action closed – effectively superseded by new Action 21.2, below
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	Action closed – effectively superseded by new Action 21.3, below
21.2 Integrated Improvement Collaborative *By Feb-21*	An integrated improvement collaborative started in September, with three wards in the East Division participating. The collaborative aims to enhance comfort rounding and person-centred approaches in reducing patient falls and pressure ulcers, whilst also increasing knowledge and confidence in applying improvement methodology to measure outcome. ASD continue to progress quality improvement with specific wards for improvement, supported by ongoing QI education.
21.3 Implementation of robust audit programme for audit of documentation *By Jan-21*	A rolling programme of documentation audit is in development. This will be carried out by the Senior Charges Nurses within each ward area, supported by the senior nursing team. This will also incorporate assessment documentation for the prevention and management of pressure ulcers.

Clinical Governance

Caesarean Section SSI

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

Local Performance



Service Performance

Quarter	2017/18	2018/19				2019/20				2020/21			
Ending	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-21
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)

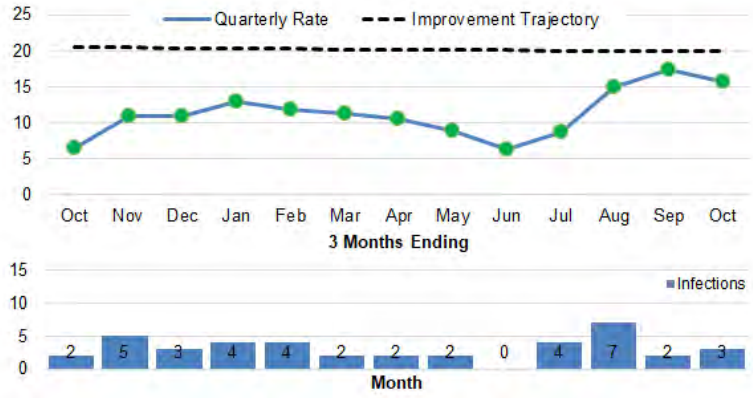
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan *By Mar-21*	The SSI Implementation Group de-mobilised in early August as there were no outstanding actions, infection rates had improved and a robust system was in place for any major SSI review. If there are any further concerns, the group will re-establish. On resumption of the C-section SSI surveillance programme, we will continue to adopt the new methodology, which worked well previously in assessing SSI and type. Refresher training will be provided to staff to ensure awareness and understanding of the process. SSI incidence in the last three quarters has been calculated using raw data available from maternity services. This data is unverified with no National comparison, and should be interpreted with caution.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

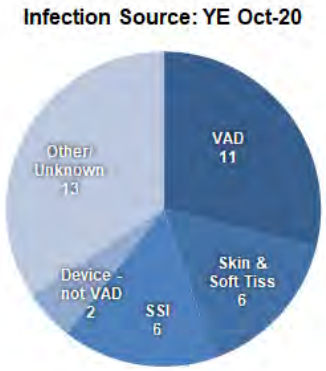
Clinical Governance

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

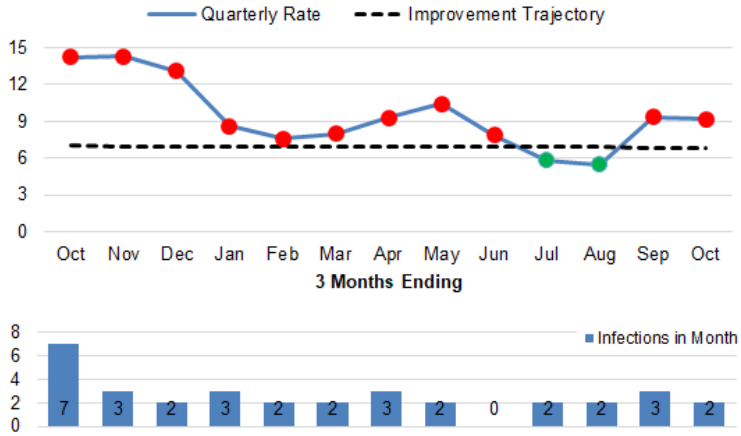
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs *By Mar-21*	There have only been 4 PWID SABs so far in 2020, a marked improvement compared to the same period in 2019. Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in September. 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 have been no further SABs associated with the renal unit following a cluster in August.
20.3 Ongoing surveillance of all CAUTI *By Mar-21*	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met in October, and will meet again on 18th December. 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 were distributed in October.

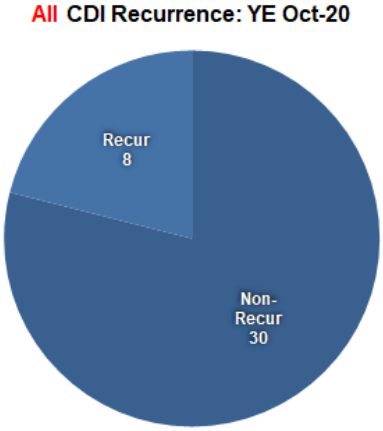
Clinical Governance

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

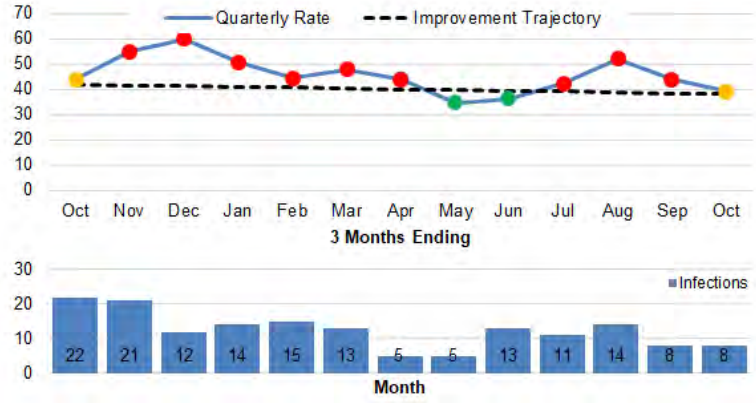
Improvement Actions	Update
20.1 Reducing recurrence of CDI *By Mar-22 (was Oct-20)*	To reduce recurrence of CDI Infection, 2 treatments are utilized in Fife: 1) Fidaxomicin is used for patients at high risk of recurrent CDI. 2) Bezlotoxumab is also used to prevent recurrence, whilst FMT (Faecal microbiota 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 Mar-22 (was Oct-20)*	NHS Fife utilises National antimicrobial prescribing targets 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 Mar-22 (was Oct-20)*	Monthly CDI reports are 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. This has continued throughout the pandemic. 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 were distributed to all wards within the Acute services in October.

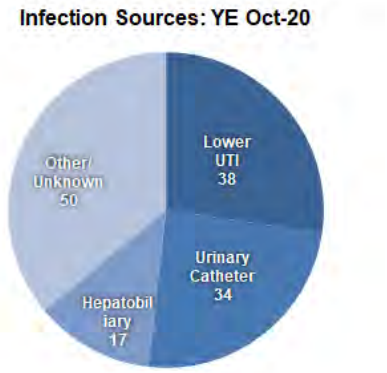
Clinical Governance

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

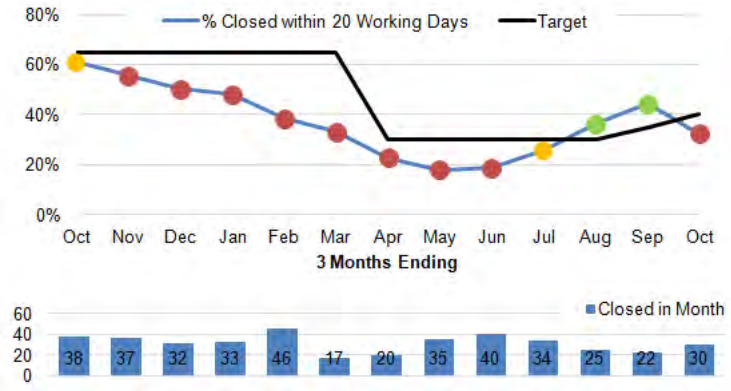
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP *By Mar-22*	Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. These demonstrate the underlying source of each ECB to raise awareness to clinical staff. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted to DATIX. There have been 3 trauma associated CAUTIs in 2020 - learning from these DATIX will be fed back to the Urinary Catheter Improvement Group.
20.2 Formation of ECB Strategy Group *By Mar-22 (was Mar-21)*	The ECB Strategy Group, initially looking at infections caused predominantly by urinary sources other than CAUTI, had 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-22 (was Mar-21)*	The UCIG last met in October, to review the following topics: • A CAUTI QI programme which started at Cowdenbeath GP practice • E-documentation bundles for catheter insertion and maintenance • Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes • Education 'Top Tips' videos and newsletters published on BLINK Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed.

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	60.8%	55.6%	50.5%	48.0%	38.7%	33.3%	22.9%	18.1%	18.9%	25.7%	36.4%	44.4%	32.5%
Ack <= 3 Days (Monthly)	97.4%	89.2%	93.8%	93.9%	95.7%	94.1%	95.0%	97.1%	87.5%	97.1%	100.0%	95.5%	93.3%
ASD	60.5%	60.0%	57.1%	56.5%	49.4%	56.2%	55.2%	54.3%	53.5%	54.7%	55.3%	56.0%	55.1%
HSCP	57.6%	45.2%	33.3%	23.3%	9.7%	28.6%	28.4%	26.8%	25.7%	25.5%	26.9%	27.7%	26.5%

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

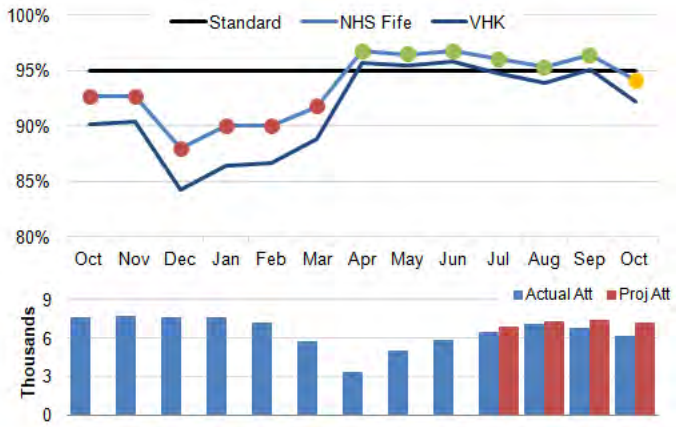
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance 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 Mar-21 (was 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. While some training has been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.

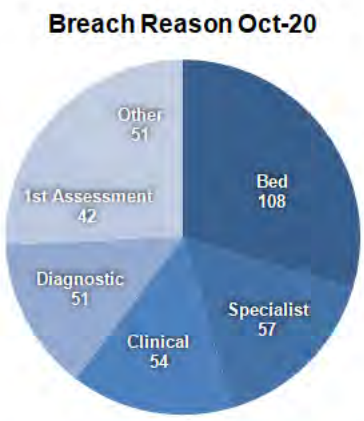
Finance, Performance & Resources – Operational Performance

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%
Scotland	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%

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

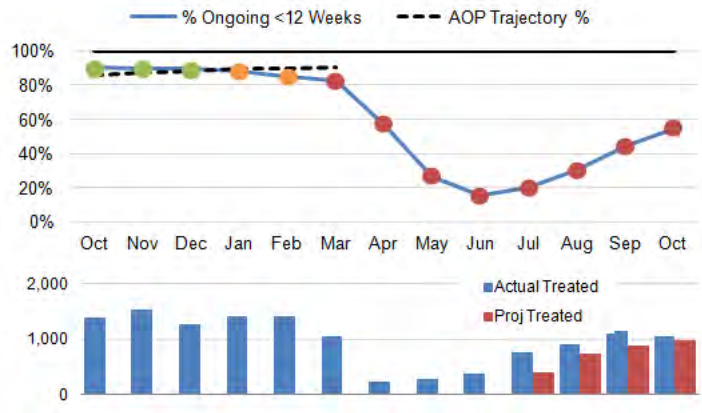
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Remodelling of Outpatient services *By Dec-20*	Outpatient activity continues on a limited face to face function and is balanced against the ongoing demands of the inpatient focus.

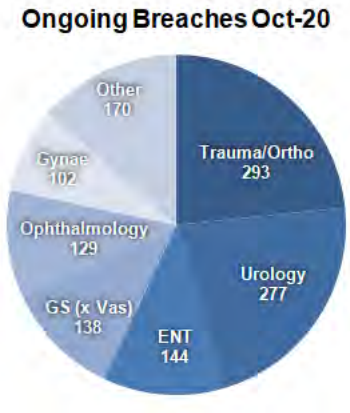
Finance, Performance & Resources – Operational Performance

Patient TTG

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

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%
Scotland	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

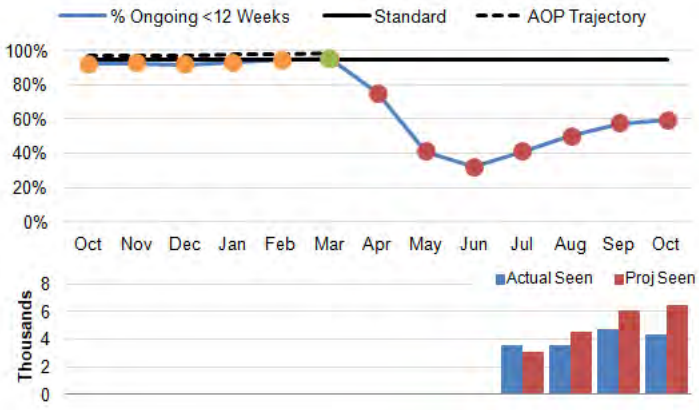
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan *By Mar-21*	This action is related to 20.2 and 20.3, 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	Action is complete, this is now an ongoing activity

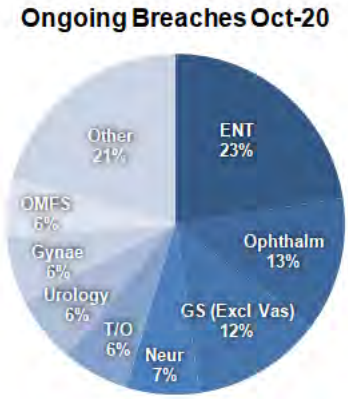
Finance, Performance & Resources – Operational Performance

New Outpatients

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

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%
Scotland	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

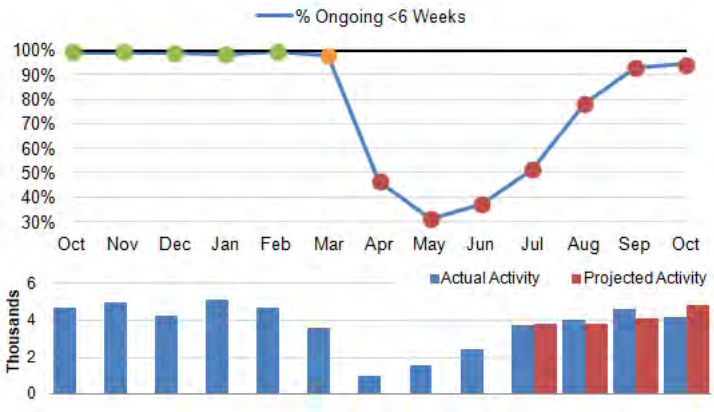
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts *By Mar-21*	Action continues – includes consideration of service redesign to increase capacity
21.1 Review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

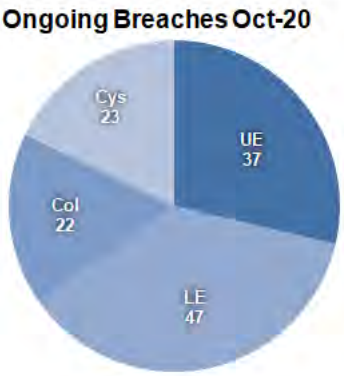
Finance, Performance & Resources – Operational Performance

Diagnostics Waiting Times

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

Local Performance





National Benchmarking

	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%
Scotland	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	

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

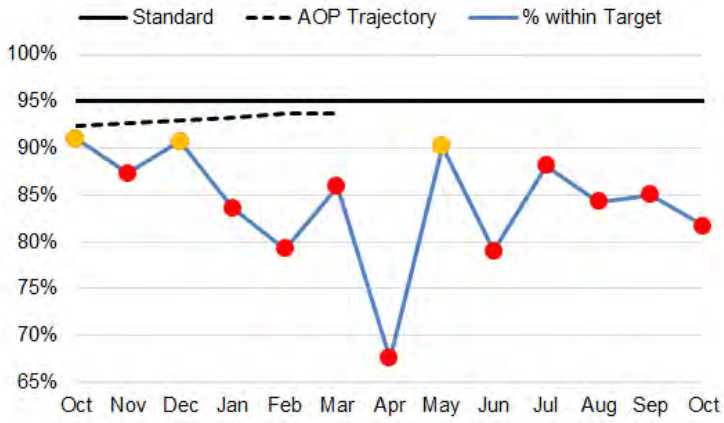
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria *By Mar-21*	Complete for radiology and complete for new referrals for Endoscopy. Planned waiting list validation for 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

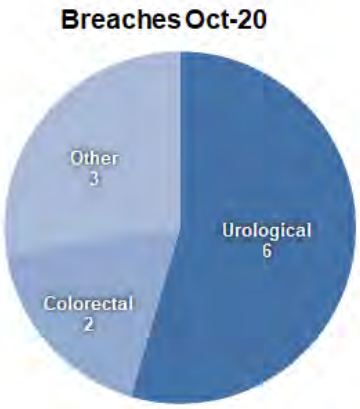
Finance, Performance & Resources – Operational Performance

Cancer 62-Day Referral to Treatment

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

Local Performance





National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%
Scotland	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%

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

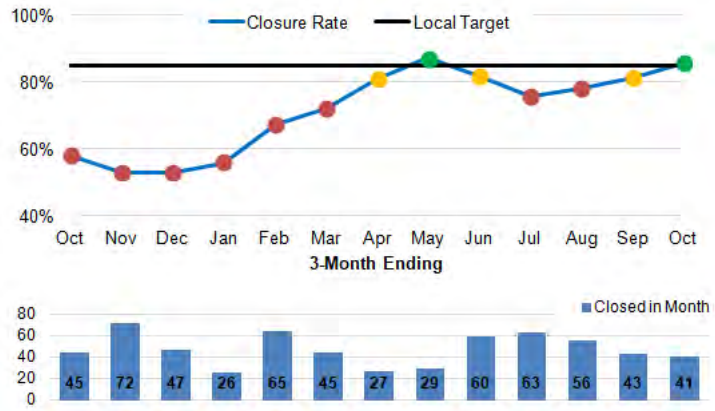
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points *By Mar-21*	This will be addressed as part of the overall recovery work and in line with priorities set by the leadership team. DCAQ of cancer pathways delayed due to pandemic, but work is to restart.
20.4 Prostate Improvement Group to continue to review prostate pathway *By Mar-21*	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.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan *By Jun-21*	The National Cancer Recovery Plan is due to be published. The group have agreed to build on this to develop and take forward a NHS Fife Cancer Strategy.

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%
IJB	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%

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

Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	
20.7 Formalise long-term resource requirements for FOI administration	

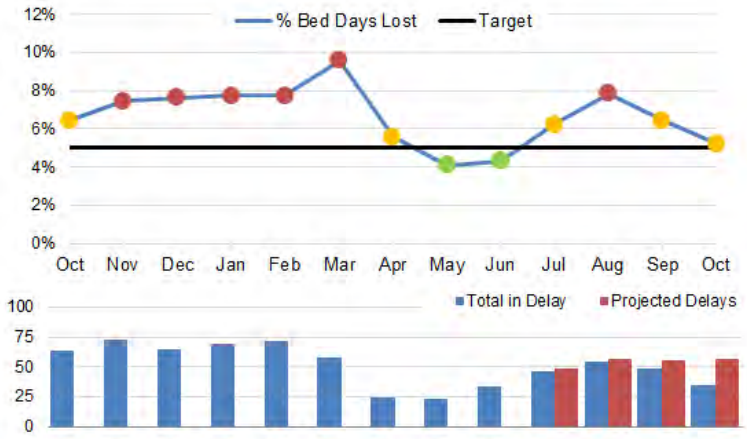
THERE ARE NO CURRENT SPECIFIC IMPROVEMENT ACTIONS. PERFORMANCE HAS IMPROVED SIGNIFICANTLY OVER THE LAST 3 MONTHS, AND THE AIM IS TO CONTINUE TO ACHIEVE THE 85% TARGET FOR CLOSURE WITHIN 20 DAYS OF RECEIPT

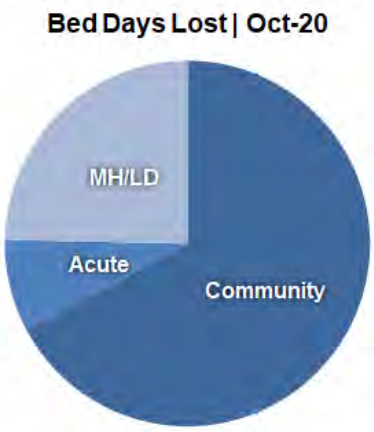
Finance, Performance & Resources – Operational Performance

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				2020/21
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	87,695	63,241
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	7,276	2,931
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	1,505,172	1,105,676
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	110,003	41,729
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	7.3%	3.8%

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

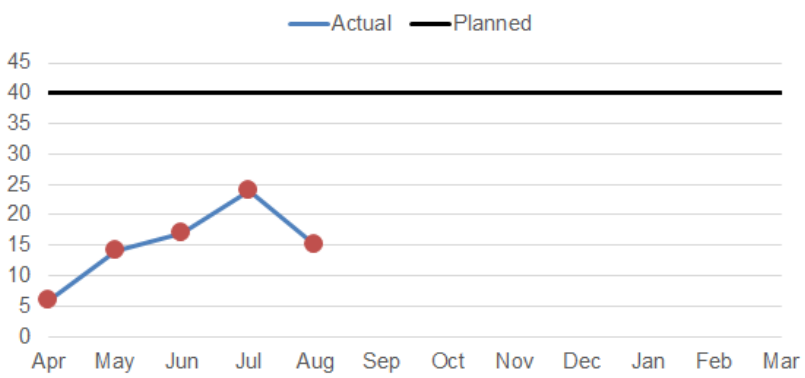
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented *By Jan-21 (was Nov-20)*	The moving on policy will be reviewed by the HSCP Senior Leadership Team in December. This will further support new processes 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*	The working group continue to progress the actions to ensure 95% of all discharges occur safely and before 2 p.m. and to ensure assessments for LTC are not carried out within an Acute setting.

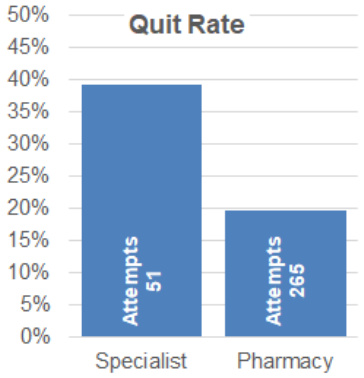
Finance, Performance & Resources – Operational Performance

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	14	17	24	15							
	Actual Cumul	6	20	37	61	76	76	76	76	76	76	76	76
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	38.6%	38.6%	32.2%	27.5%	24.1%	21.5%	19.3%	17.5%	16.1%
Scotland	Achieved												

Key Challenges in 2020/21	• Service Provision within GP practices, hospitals and community venues • Staffing levels • Unavailability of mobile unit (re-deployed during pandemic) • Inability to validate quits as part of an evidence based service

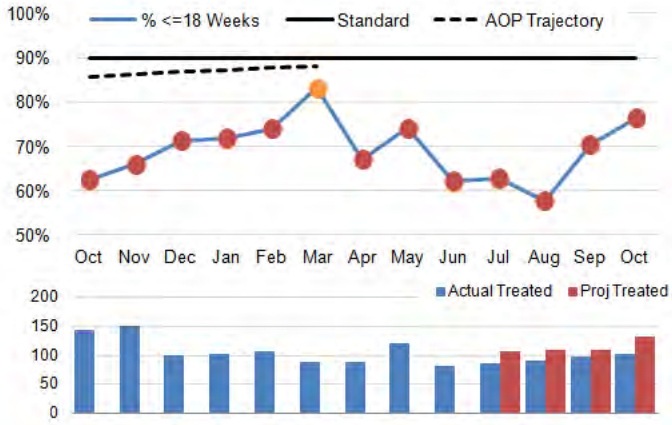
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic *By Mar-21*	The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.
20.3 'Better Beginnings' class for pregnant women *By Mar-21*	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 *By Mar-21*	No progress has been made due to COVID-19
21.1 Assess viability of using Near Me to train staff *By Mar-21*	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.
21.2 Support Colorectal Urology Prehabillitation Test of Change Initiative *By Mar-21*	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. Rehabilitation ensures patients are actively managed against the pathway, and this delivery model also improves quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

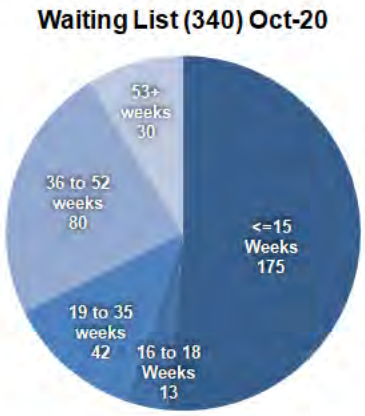
Finance, Performance & Resources – Operational Performance

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%
Scotland	64.6%	64.2%	71.5%	67.5%	63.8%	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	

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

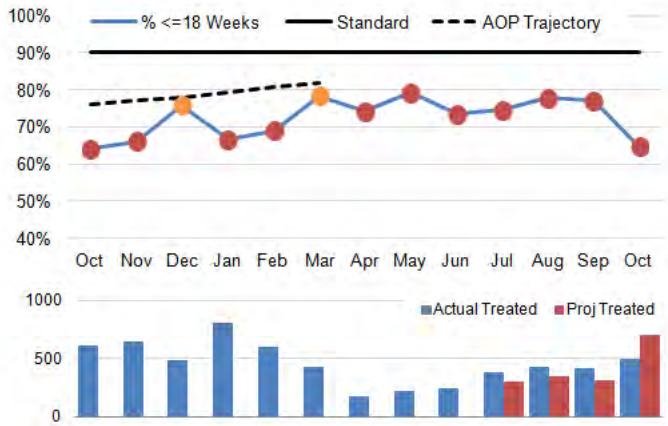
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System *By Dec-20*	Recruitment is underway to appoint to two existing vacancies, which occurred due to staff leaving to take up permanent positions. This impacts on the level of activity and ability to maintain a 2-4 week response time, which had been achieved during the third quarter of the year.
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. Alternative delivery models of group therapy have been designed and will be rolled out from January 2021, focusing initially on Decider Skills Training and Anxiety Management.
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 ensures that appointments are identified and allocated quickly and equitably 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 March 2021, 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

Local Performance



National Benchmarking

Month	2019/20						2020/21						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%
Scotland	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	

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

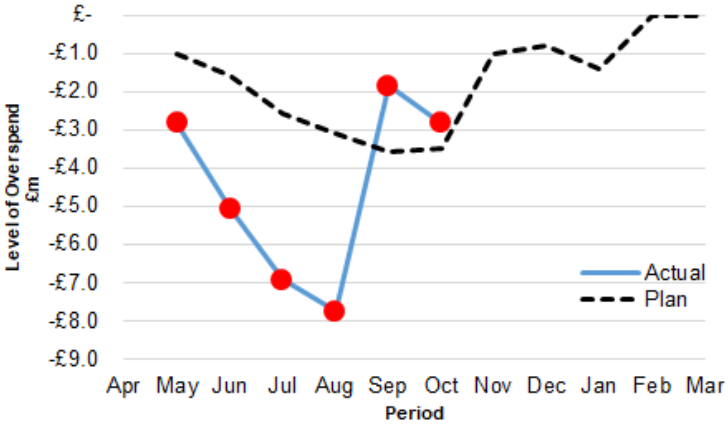
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	Redesign has been implemented and developments are underway relating to therapeutic provision – action complete
20.4 Implement triage nurse pilot programme in Primary Care *By Jan-21 (was Dec-20)*	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation was due this September, but has been delayed due to impact of COVID on data collection.
20.5 Trial of new group-based PT options *By Mar-21 (was Dec-20)*	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated. On-going development of Compassion Focused therapy group; anticipate pilot in New Year.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	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. Work to enable digital delivery of range of group programmes complete or nearing completion. Clinical delivery underway or planned for early 2021. Training programme to further develop capacity in MDT's underway. Action complete

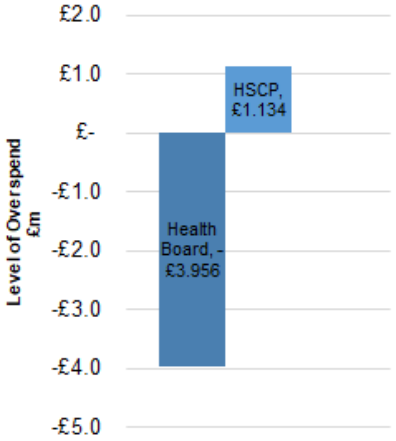
Finance, Performance & Resources – Finance

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	Net Core Position £'000	Covid Unmet Savings £'000
Health Board	420,887	448,120	247,275	251,231	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	357,254	376,583	216,845	215,711	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	778,141	824,703	464,120	466,942	-2,822	-0.61%	3,408	-1,116	2,292	-5,114

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 confirmed in January. • Our ability as a Board to regain traction in our savings and strategic 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 • 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, the Redesign of Urgent Care Scotland-wide, the Covid-19 vaccination programme; and the identification of further financial flexibility mitigating opportunities • 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 October) 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 • Capture the overarching Board-wide workforce plan and additional costs of the immediate significant additional resource for: Test and Protect; Urgent Care redesign; extended flu immunisation; and the Covid-19 vaccination programme
21.2 Savings	The total NHS Fife efficiency requirement for 2020/21 including legacy

By Jan-21	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. We anticipate achieving £11m of the target resulting in £9m underachievement of savings.

Commentary

The position to month 7 is an overspend of £2.822m. This comprises a run rate underspend position of £3.408m; unmet core savings of £1.116m (to be delivered over the remaining months of the year); and anticipated underachievement of savings of £5.114m due to our focus on the Covid-19 pandemic.

The impact of Covid-19 on financial performance is a key issue. The revenue position for the 7 months to 31 October reflects the initial Covid-19 funding received from SG; and match funds additional Covid-19 expenditure to October, with the exception at this time, of unmet efficiency targets; and offsetting cost reductions. These have been excluded from SG funding assumptions due to wide variation across Scotland and will be reviewed over the coming months. Our initial allocation of Covid-19 funding covers: Test and Protect; significant investment in equipment and digital; labs expansion; seasonal flu; Urgent Care redesign; staff health and wellbeing; and staff occupational health requirements. The allocation is based on 70% of costs with a general 30% contingency retained by the Portfolio in recognition of the level of uncertainty reflected in financial assumptions. Scottish Government have indicated that a review of Boards' unachieved efficiency savings will be undertaken to inform a final allocation across Scotland.

The forecast outturn to the year end is a potential worst case overspend of £9.492m. This assumes retention of our offsetting cost reductions (from standing down of core services in the first half of the year) to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.

The total Capital Resource Limit for 2020/21 is £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October records spend of £3.789m. 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.

Finance, Performance & Resources – Finance

1. Annual Operational Plan

1.1 As previously reported, the AOP process for the 2020/21 financial year was paused earlier in the year as Boards and Scottish Government prepared to respond to 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 previously reported the initial Covid-19 funding allocation was made in the September allocation letter.

2. Financial Allocations

Revenue Resource Limit (RRL)

2.1 NHS Fife received confirmation of the October core revenue amount on 3 November. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £815.385m. Anticipated allocations total -£0.016m.

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 £9.334m.

Total RRL

2.3 The total current year budget at 31 October is therefore £824.703m as detailed in Appendix 1.

3. Summary Position

3.1 The revenue position for the 7 months to 31 October reflects an overspend of £2.822m.

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 £3.956m is attributable to Health Board retained budgets; and an underspend of £1.134m is attributable to the health budgets delegated to the IJB.

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

Memorandum	Budget			Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Health Board	448,120	-3,956	-1.60%	1,956	-1,073	883	-4,839
Integration Joint Board (Health)	376,583	1,134	0.52%	1,452	-43	1,409	-275
Risk Share	0	0	0.00%	0	0	0	0
Total	**824,703**	**-2,822**	**-0.61%**	**3,408**	**-1,116**	2,292	**-5,114**

Combined Position				Variance Split By			
	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	211,139	-8,090	-6.59%	-2,464	-803	-3,267	-4,823
IJB Non-Delegated	8,673	67	1.34%	86	-3	83	-16
Estates & Facilities	76,153	640	1.46%	644	-4	640	0
Board Admin & Other Services	65,961	416	1.01%	679	-263	416	0
Non-Fife & Other Healthcare Providers	90,973	1,030	1.94%	1,030	0	1,030	0
Financial Flexibility & Allocations	24,258	1,966	100.00%	1,966	0	1,966	0
HB Offsets	3,172	0	0.00%	0	0	0	0
Health Board	**480,329**	**-3,971**	**-1.48%**	**1,941**	**-1,073**	**868**	**-4,839**
Integration Joint Board - Core	417,410	1,041	0.42%	1,359	-43	1,316	-275
IJB Offsets	3,022	0		0	0	0	0
Integration Fund & Other Allocations	7,783	58	0.00%	58	0	58	0
Sub-total Integration Joint Board Core	**428,215**	**1,099**	**0.69%**	**1,417**	**-43**	**1,374**	**-275**
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	**428,215**	**1,099**	**0.69%**	**1,417**	**-43**	**1,374**	**-275**
Total Expenditure	**908,544**	**-2,872**	**-0.43%**	**3,358**	**-1,116**	**2,242**	**-5,114**
IJB - Health	-51,632	35	**-0.11%**	35	0	35	0
Health Board	-32,209	15	**-0.07%**	15	0	15	0
Miscellaneous Income	**-83,841**	**50**	**-0.10%**	**50**	**0**	**50**	0
Net Position Including Income	**824,703**	**-2,822**	**-0.61%**	**3,408**	**-1,116**	**2,292**	**-5,114**

3.3 The position at month 7 is a core net underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic.

3.4 Funding allocations of £8.972m and £4.506m have been allocated to HB and HSCP respectively to match April to October Covid-19 costs incurred. Further detail is provided in section 6 and later in Appendix 5.

4. Operational Financial Performance for the year

Acute Services

4.1 The Acute Services Division reports a **net overspend of £3.267m for the year to date**. This reflects an overspend in operational run rate performance of £2.464m, and unmet savings of £0.803m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.342m. Additional non pay cost pressures of £0.816m 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 which started to resume in October.

Table 2: Acute Division Financial Position for the period ended October 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Core Unmet Savings £'000
Acute Services Division								
Planned Care & Surgery	70,359	72,017	39,105	39,455	-350	**-0.90%**	-167	-183
Emergency Care & Medicine	74,482	77,490	46,589	49,573	-2,984	**-6.40%**	-2,631	-353
Women, Children & Cinical Services	54,723	55,112	31,761	32,290	-529	**-1.67%**	-214	-315
Acute Nursing	607	627	367	342	25	**6.81%**	25	0
Other	1,990	1,982	1,062	491	571	**53.77%**	523	48
Total	**202,161**	**207,228**	**118,884**	**122,151**	**-3,267**	**-2.75%**	**-2,464**	**-803**

Estates & Facilities

4.2 The Estates and Facilities budgets report an **underspend of £0.640m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs.

Corporate Services

4.3 Within the Board's corporate services there is **an underspend of £0.416m**. Included within this position is a cost pressure of £0.069m 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 £1.030m** 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 £1.966m released to the month 7 position is detailed in Appendix 4.

Integration Services

4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £1.374m 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 following service redesign, and also 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 October 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	**£'000**	**£'000**	**£'000**	**£'000**
Pay	397,727	231,561	232,267	-706
GP Prescribing	70,607	40,918	41,454	-536
Drugs	31,475	19,056	19,404	-347
Other Non Pay	388,900	227,768	224,844	2,924
Efficiency Savings	-12,205	-6,230	0	-6,230
Commitments	32,041	2,024	0	2,024
Income	-83,841	-50,976	-51,026	50
Net overspend	**824,703**	**464,120**	**466,942**	**-2,822**

Pay

5.2 The overall pay budget reflects an overspend of £0.706m. 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 7,952 wte across all staff groups, there was an average 8,036 wte core staff in post in October. 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 £0.883m on medicines. The GP prescribing budget is overspend in-year by £0.536m with a forecast overspend of £1m. The change from previous reporting is due to the retraction of budget in respect of Tariff reductions effective from April. Significantly higher drug prices are being experienced, likely exacerbated by the impact of Covid on supply and demand, raw material availability, transportation, and production. Opportunity to realise planned saving schemes have been lost as workforce is focused on Covid services and patient care. Implementation of Freestyle Libre (flash glucose monitoring system) continues to exceed original forecast and funding provided. £0.875m has been recharged to Covid whilst local and national work continues to establish the true Covid-19 impact on prescribing. An update will be provided when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively underspent by £2.924m. This includes underspends across the system within sterile and diagnostics supplies, and travel and subsistence; and an updated position on the 2020/21 spend associated with the Royal Hospital for Sick Children which is significantly less than had been anticipated. As in every month, a detailed review of financial flexibility has been conducted.

6 Covid-19 Initial Funding Allocation

6.1 As previously reported, initial Covid-19 funding allocation was confirmed in 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. From this allocation we have fully match funded NHS Fife's additional Covid-19 costs (excluding unmet savings) for the 7 months to October. As previously reported 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.

This carries a level of risk in that final funding has yet to be confirmed across Scotland. A summary of Covid-19 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 A separate allocation of £1.3m relating to payments to primary care for additional costs in responding to the pandemic has been received in the October allocation letter.

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 final Covid-19 allocation. Table 4 summaries the position for the 7 months to 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 Oct £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,571	8,297	1,024	2,298	3,322	3,249
Integration Joint Board	5,147	4,675	472	2,520	1,969	4,489	186
Total Savings	**20,015**	**11,246**	**8,769**	**3,544**	**4,267**	**7,811**	**3,435**

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 £0.312m. Whilst we await SG decision on the treatment of offsetting cost reductions, there is a potential benefit of £6.194m if we can retain offsets. We would plan to use these offsetting cost reductions to mitigate some of the anticipated unachieved savings of £8.769m. If the aforementioned assumptions crystallise, the NHS Fife forecast RRL position would be an overspend of £2.263m. Further detailed review work will be undertaken to identify any further options and financial flexibility in an effort to deliver an improved position with a target balanced position.

8.2 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 forecast outturn to the year end is a potential worst case overspend of £9.492m. The component parts which inform the forecast outturn are detailed in Table 5 and assumes retention of our offsetting cost reductions, to contribute to our unmet savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.229m.

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. Dialogue is ongoing with Scottish Government colleagues to highlight the position and to discuss potential mitigating actions.

Table 5 – Forecast (modelling based on actual position at 31 October 2020)

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000
Acute Services Division	-8,337	2,809	-8,264	0
IJB Non-Delegated	88	0	-33	0
Estates & Facilities	700	312	0	0
Board Admin & Other Services	1,007	51	0	0
Non-Fife & Other Healthcare Providers	604	0	0	0
Financial Flexibility	3,886	0	0	0
Miscellaneous Income	100	0	0	0
Health Board Retained Budgets	**-1,952**	**3,172**	**-8,297**	**0**
IJB Delegated Health Budgets	2,264	3,022	-472	0
Integration Fund & Other Allocations	0	0	0	0
Total IJB Delegated Health Budgets	**2,264**	**3,022**	**-472**	**0**
Risk share	**0**	**0**	**0**	**-7,229**
Total Forecast Outturn	**312**	**6,194**	**-8,769**	**-7,229**

9 Key Messages / Risks

9.1 The month 7 position reflects an overspend of £2.822m; which comprises a core underspend of £2.292m; and unmet savings of £5.114m as a consequence of diversion of resources to deal with the Covid-19 pandemic. All other additional Covid-19 costs for April to October 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 in-year position; however the potential risk share cost assuming no change to the Integration Scheme would mean a full year forecast cost of £7.2m,.

9.3 Further work continues to identify any financial flexibility opportunities (further slippage on key projects/initiatives; review of revenue and balance sheet) which may improve the forecast overspend 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 £2.292m for the 7 months to October
- **Note** that initial funding allocations for Covid-19 reflected in the month 7 position match fund additional costs to month 7
- **Note** the forecast outturn to the year end is a potential worst case overspend of £9.5m. This assumes retention of our offsetting cost reductions to contribute to our unachieved savings; and recognises our current commitment to the IJB risk share as a potential cost to NHS Fife of £7.2m.

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	Confirmed Allocations		9,474	1,547	11,021	
Sep-20	Confirmed Allocations	-69	56,750	32,764	89,445	
Oct-20	MPPP Respiratory projects 2			29	29	Specific Project
	Primary Care out of hours funding			340	340	Annual Allocation
	Preparing for Winter			661	661	Share of £10m
	Community Pharmacy Champions		20		20	Annual Allocation
	Mental Health Outcomes Framework		1,363		1,363	Annual Allocation
	Veterans First Point			116	116	Annual Allocation
	PfG School Nursing Service 2nd Tranche			69	69	Specific Project
	Covid-19 additional funding for GPs			1,325	1,325	Payments made to GP as per circular
	£20m (2018-19) tariff reduction to global sum		-1,142		-1,142	As per allocation letter
	£20m (2019-20) tariff reduction to global sum		-1,380		-1,380	As per allocation letter
	£20m (2020-21) tariff reduction to global sum		-1,723		-1,723	As per allocation letter
	6 Essential Actions			457	457	As per letter
	Redesign of Urgent Care			671	671	Share of £10m
	New Medicines Fund		5,390		5,390	Annual Allocation
	Total Core RRL Allocations	**700,161**	**68,752**	**46,472**	**815,385**	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		243		243	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-840		-840	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Primary Care Improvement Fund		277		277	
Anticipated	GP pension		85		85	
Anticipated	COVID 19- GP Payments			233	233	
Anticipated	COVID 19 - 30%			1,370	1,370	
Anticipated	Top Slice NSS		-962		-962	
Anticipated	Cancer Strategy			-381	-381	
Anticipated	Capital to Revenue			6	6	
	Total Anticipated Core RRL Allocations	**0**	**-1,244**	**1,228**	**-16**	
Anticipated	IFRS			8,874	**8,874**	
Anticipated	Donated Asset Depreciation			132	**132**	
Anticipated	Impairment			500	**500**	
Anticipated	AME Provisions			-172	**-172**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,334**	**9,334**	
	Grand Total	**700,161**	**67,508**	**57,034**	**824,703**	

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,561	7,374	7,462	-88
Nhs Fife Chief Executive	206	120	163	-42
Nhs Fife Finance Director	6,420	3,734	3,421	313
Nhs Fife Medical Director	7,310	3,652	3,577	76
Nhs Fife Nurse Director	4,105	2,323	2,168	156
Legal Liabilities	8,093	6,367	6,415	-49
Early Retirements & Injury Benefits	814	475	448	27
Regional Funding	272	164	140	25
Depreciation	17,774	10,642	10,642	0
Nhs Fife Public Health	2,119	1,189	1,171	18
Nhs Fife Workforce Directorate	3,146	1,857	1,806	51
Nhs Fife Major Incident - Flooding			69	-69
Total	**62,820**	**37,898**	**37,482**	**416**

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	57	55	2
Borders	45	26	32	-6
Dumfries & Galloway	25	14	32	-18
Forth Valley	3,179	1,855	2,072	-217
Grampian	359	210	178	32
Greater Glasgow & Clyde	1,655	966	948	18
Highland	135	79	116	-37
Lanarkshire	114	67	144	-77
Lothian	31,518	18,386	17,136	1,250
Scottish Ambulance Service	101	59	60	-1
Tayside	41,096	23,971	23,707	264
	78,325	**45,690**	**44,480**	**1,210**
UNPACS				
Health Boards	10,627	6,199	6,528	-329
Private Sector	1,245	726	917	-191
	11,872	**6,925**	**7,445**	**-520**
OATS	711	415	77	338
Grants	65	65	63	2
Total	**90,973**	**53,095**	**52,065**	**1,030**

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Oct-20 £'000
Financial Plan		
Drugs	2,869	0
CHAS	0	0
Unitary Charge	100	29
Junior Doctor Travel	35	12
Consultant Increments	23	13
Discretionary Points	205	0
Cost Pressures	3,342	1,152
Developments	4,498	758
Pay Awards	26	0
Sub Total Financial Plan	**11,098**	**1,964**
Allocations		
Waiting List	2,927	0
AME: Impairment	500	0
AME: Provisions	-130	0
Neonatal Transport	12	2
Cancer Access	301	0
Hospital Eye	193	0
Endoscopy	178	0
Advanced Breast Practitioner	31	0
ARISE	68	0
National Cancer Strategy	41	0
Covid 19	7,215	0
MPPP Respiratory Projects	29	0
Winter Funding	661	0
6 essential actions	457	0
Redesign urgent care	671	0
Capital to revenue	6	0
Sub Total Allocations	**13,160**	**2**
Total	**24,258**	**1,966**

Appendix 5 – Initial Covid-19 funding

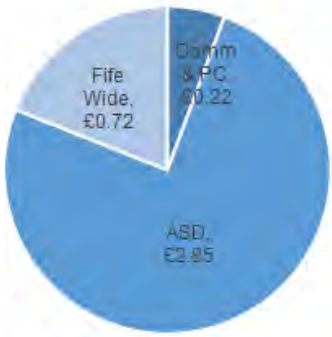
COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital	Primary Care Funding
	£000's	£000's	£000's	£000's	£000's	£000's
Allocation Q1 to Q4	22,540	6,546	4,458	33,544	999	1,559
Anticipated allocation	1,580		5,287	6,867		
Total funding	**24,120**	**6,546**	**9,745**	**40,411**	**999**	**1,559**
Allocations made for Apr to Oct						
Planned Care & Surgery	1,082			1,082		
Emergency Care & Medicine	1,952			1,952		
Women, Children & Clinical Services	860			860		
Acute Nursing	17			17		
Estates & Facilities	1,277			1,277		
Board Admin & Other Services	2,914			2,914		
Income	642			642		
Test and Protect	228			228		
West Division		1,560		1,560		
Pharmacy Division		65		65		
Fife Wide Division		1,202		1,202		
East Division		757		757		
Primary Care		922		922		1,559
Total allocations made to M6	**8,972**	**4,506**	**0**	**13,478**	**0**	**1,559**
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	**16,696**	**4,506**	**0**	**21,202**	**999**	**1,559**
Balance In Reserves	**5,844**	**2,040**	**4,458**	**12,342**	**0**	**0**

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 £15.417m including anticipated allocations for specific projects. The capital position for the 7 months to October shows investment of £3.789m equivalent to 24.58% 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; an allocation of £0.999k for Covid equipment in the September allocation letter; an allocation of £0.381m for Cancer Waiting Times Equipment and is anticipating allocations of £4.5m for the Elective Orthopaedic Centre, HEPMA £0.025m, Lochgelly Health Centre £0.025m, Kincardine Health Centre £0.025m and Radiology funding of £2.068m. The total capital plan is therefore £15.417m.

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 £3.789m or 24.58% 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	£1.671m
Equipment	£0.780m
E-health	£0.642m
Elective Orthopaedic Centre	£0.582m

4. Capital Expenditure Outturn

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

5. Recommendation

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

note the capital expenditure position to 31 October 2020 of £3.789m and the forecast year end spend of the total capital resource allocation of £15.417m.

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	272	52	272
Statutory Compliance	150	102	150
Capital Equipment	31	31	31
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Total Community & Primary Care	479	212	479
ACUTE SERVICES DIVISION			
Statutory Compliance	3,189	1,509	3,189
Capital Equipment	549	108	549
Covid Acute Equipment	973	524	973
Minor Works	193	40	193
Cancer Waiting Times Equipment	381	0	381
Condemned Equipment	91	91	91
Total Acute Services Division	5,376	2,272	5,376
NHS FIFE WIDE SCHEMES			
Equipment Balance	235	0	235
Information Technology	1,041	642	1,041
Minor Works	33	0	33
Statutory Compliance	100	0	100
Contingency	0	0	0
Asbestos Management	85	0	85
Fire Safety	85	60	85
Scheme Development	60	8	60
Vehicles	60	9	60
Capital In Year Contingency (EDG)	1,220	0	1,220
Total NHS Fife Wide Schemes	2,919	719	2,919
TOTAL CONFIRMED ALLOCATION FOR 2020/21	**8,774**	**3,202**	**8,774**
ANTICIPATED ALLOCATIONS 2020/21			
Elective Orthopaedic Centre	4,500	582	4,500
Radiology Funding	2,068	0	2,068
HEPMA	25	2	25
Lochgelly Health Centre	25	2	25
Kincardine Health Centre	25	0	25
Anticipated Allocation for 2020/21	**6,643**	**586**	**6,643**
Total Anticipated Allocation for 2020/21	**15,417**	**3,789**	**15,417**

Appendix 2: Capital Plan - Changes to Planned Expenditure

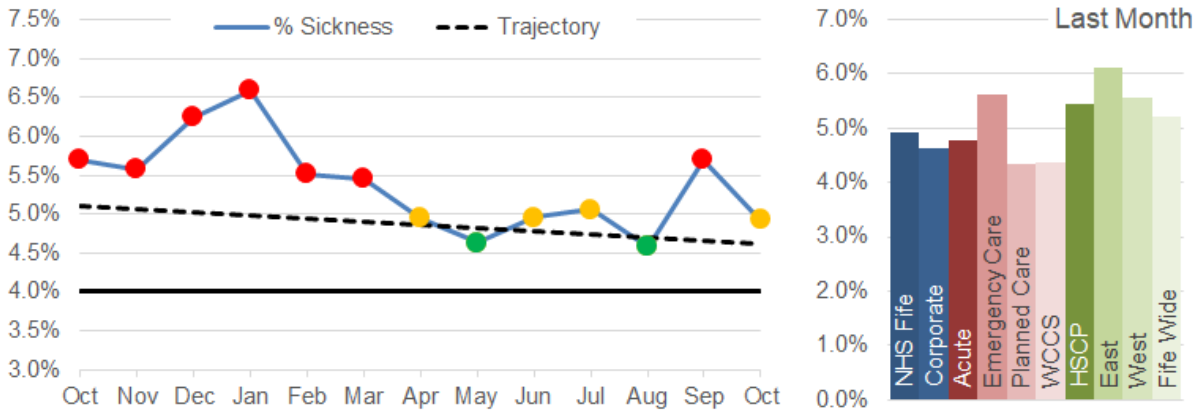
Capital Expenditure Proposals 2020/21 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to September £'000	October Adjustment £'000	Total October £'000
Community & Primary Care				
Capital Equipment	0	31	0	31
Condemned Equipment	0	0	0	0
Minor Capital	0	208	64	272
Covid Equipment	0	26	0	26
Statutory Compliance	0	150	0	150
Total Community & Primary Care	**0**	**414**	**64**	**479**
Acute Services Division				
Capital Equipment	0	549	0	549
Condemned Equipment	0	90	1	91
Cancer Waiting Times Equipment	0	0	381	381
Minor Capital	0	160	34	193
Covid 19 Acute Equip	0	973	0	973
Statutory Compliance	0	3,089	100	3,189
	0	**4,861**	**515**	**5,376**
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,469	0	100
Fife Wide Equipment	2,036	-1,800	-1	235
Information Technology	1,041	0	0	1,041
Minor Work	498	-367	-98	33
Fife Wide Contingency Balance	100	0	-100	0
Condemned Equipment	90	-90	0	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	0	0	0
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	1,220	0	1,220
Total Fife Wide	**7,394**	**-4,276**	**-199**	**2,919**
Total	**7,394**	**999**	**381**	**8,774**
ANTICIPATED ALLOCATIONS 2020/21				
Elective Orthopaedic Centre	4,500	0	0	4,500
Radiology Funding	2,068	0	0	2,068
HEPMA	25	0	0	25
Lochgelly Health Centre	25	0	0	25
Kincardine Health Centre	25	0	0	25
Anticipated Allocation for 2020/21	**6,643**	**0**	**0**	**6,643**
Total Planned Expenditure for 2020/21	**14,037**	**999**	**381**	**15,417**

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						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	5.70%	5.57%	6.25%	6.59%	5.51%	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%
Scotland	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%

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 Workforce Dashboard (delivered via Tableau) has been rolled out to circa 100 users within NHS Fife to date and roll out will continue on a planned basis. This provides Line Managers, Human Resources and Occupational Health staff with timely workforce information, which can be interrogated and drilled down in order to identify trends and priority areas. The Dashboards provide an additional resource to Promoting Attendance and Well@Work Groups, with Review and Improvement Panels utilising trend and priority indicators to target future interventions. Business Units are continuing to utilise trajectory reporting and RAG status reports. Bespoke training on the new Once for Scotland Promoting Attendance policy was offered in November, and will continue with short focussed sessions.
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 given the current COVID-19 pandemic situation, an additional Mental Health Nursing resource was secured within Occupational Health (OH) to provide support to staff who may be struggling with their mental health during the pandemic. This provides OH clinicians the option of referring employees for interventions which will help support them in the workplace. High level feedback is that all staff who have received support to date found it beneficial and some have found it helpful for them to return to work earlier and for others to remain at work. This is based on the number of staff who have completed the full journey. Funding has been secured to enhance the current OH staffing provision and will enable this service to continue on an on-going basis. 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 in April 2020 and is an ongoing feature of the

Staff Governance	
	Promoting Attendance training and a foundation of the COVID-19 resources. This has been supplemented and complemented 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.
21.1 Once for Scotland Promoting Attendance Policy *By Mar-21 (was 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 it, which was just being implemented at the start of the pandemic. Sessions were delivered across Fife when the policy was launched. Having completed the action as initially set out, we can confirm that additional focussed sessions have been offered since November, via MS Teams, to support implementation of the policy. These will conclude in March 2021.
21.2 Review the function of the Promoting Attendance Group *By Dec-20*	The review of the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements of each group and how they interrelate, has commenced. The aim is to provide a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels	

CAROL POTTER
Chief Executive
16th December 2020

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Nov 2020

Higher than Projected
Lower than Projected

		Quarter End	Month End			Quarter End	Quarter End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,040	974	1,066	1,004	3,044	3,220
	Actual	2,589	1,056	1,007	0		
	Variance	549	82	-59			
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected	14,042	7,386	7,520	7,659	22,565	21,906
	Actual	15,881	6,058	6,111			
	Variance	1,839	-1,328	-1,409			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	13,602	6,466	6,997	7,166	20,630	22,208
	Actual	11,844	4,402	5,427			
	Variance	-1,758	-2,064	-1,570			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,648	848	848	600	2,296	2,544
	Actual	1,110	420	462			
	Variance	-538	-428	-386			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,074	4,000	4,000	3,450	11,450	10,850
	Actual	11,264	3,735	3,634			
	Variance	1,190	-265	-366			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	21,495	7,190	7,180	7,335	21,705	21,810
	Actual	20,303	6,133	6,005			
	Variance	-1,192	-1,057	-1,175			
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	775	280	300	420	1,000	985
	Actual	815	363	426			
	Variance	40	83	126			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	9,225	3,225	3,375	3,500	10,100	9,970
	Actual	8,755	2,931	2,875			
	Variance	-470	-294	-500			
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	4,354	1,450	1,430	1,470	4,350	4,160
	Actual	4,467	1,492	1,364			
	Variance	113	42	-66			
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,195	690	700	750	2,140	2,320
	Actual	2,097	773	856			
	Variance	-98	83	156			
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	309	103	103	103	309	309
	Actual	291	91				
	Variance	-18	-12				
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	325	132	135	89	356	295
	Actual	274	102				
	Variance	-51	-30				
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	970	702	715	539	1,956	1,985
	Actual	1,233	499				
	Variance	263	-203				

		Month End	Month End			Month End	Month End
		Sep-20	Oct-20	Nov-20	Dec-20	Dec-20	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	79	80	90	79	79	74
	Actual	75	65	98			
	Variance	-4	-15	8			

[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:	**Wednesday 13 January 2021**
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:

- Awareness

This report relates to an:

- On-going issue

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

- Effective
- 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 NHS Fife 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

The following report provides an overview on recent activity undertaken to support the health and wellbeing of NHS Fife staff.

2.2.1 Seasonal Influenza Campaign

This year's NHS Fife Seasonal Influenza programme was successful, with over 5,172 staff receiving their flu vaccination to date, which means that the 60% vaccination target has been exceeded.

2.2.2 Occupational Health Service

NHS Fife's Occupational Health team continue to support efforts during the pandemic, with a focus on contact tracing, staff testing and supporting recruitment of supplementary staff.

2.2.3 Staff Communication and Guidance for Managers and Staff

The Workforce Directorate continues to provide guidance and support to Managers and staff during the COVID-19 pandemic.

2.2.4 Good Conversations / Personal Outcomes

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.

2.2.5 Going Beyond Gold

The Going Beyond Gold Project, running since April 2018, has been very successful in introducing mindfulness training to large numbers of health and social care staff across Fife, showing clear evidence of increased ability amongst staff to manage their own stress levels and improve their sense of wellbeing, both at work and in their personal lives.

In the time of the COVID-19 pandemic, there is now an even greater need for access to mindfulness for health and social care staff, whose wellbeing is paramount. Mindfulness is well-evidenced as being able to help us cope with uncertainty, to reduce stress and increase enjoyment in our lives. Being mindful on a regular basis helps staff to increase their own mental and physical health and improve their work satisfaction, thereby increasing staff retention and reducing sickness absence. It also helps workers find the focus and energy required to meet their patients' needs.

Further bids were approved and on-going Mindfulness training and Supporting Mindful Mentors support sessions will be made available to all staff from January 2021.

The first 8-week mindfulness online evening course starting on Monday 11 January 2021 is full, with a waiting list. Given the popularity of this approach, we have arranged weekly drop in sessions on Tuesdays from 5.00 pm to 5.45 pm, starting on Tuesday 19 January 2021.

2.2.6 Kingdom Lottery Fitbit Challenge

The Kingdom Lottery Fitbit Challenge is well underway with 10 Teams, involving 127 staff, participating. Various staff have provided video updates on how their Kingdom Fund Staff Lottery FitBit step challenge is going, which can be viewed on StaffLink.

2.2.7 Weight Management Service

The Health Psychology Service launched a Weight Management Intervention for NHS staff in October 2020. This service provides one-to-one support to staff and will explore their thoughts and experiences of engaging in physical activity and healthy eating behaviours, as well as their views on a staff weight management programme. Feedback is very positive to date.

2.2.8 Managerial Support Short Life Working Group

As part of the work being progressed by the group a suite of webinars on resilience, wellbeing and compassionate leadership are being developed, along with updates to NHS Fife's stress e-learning module, which and will be available to staff in due course.

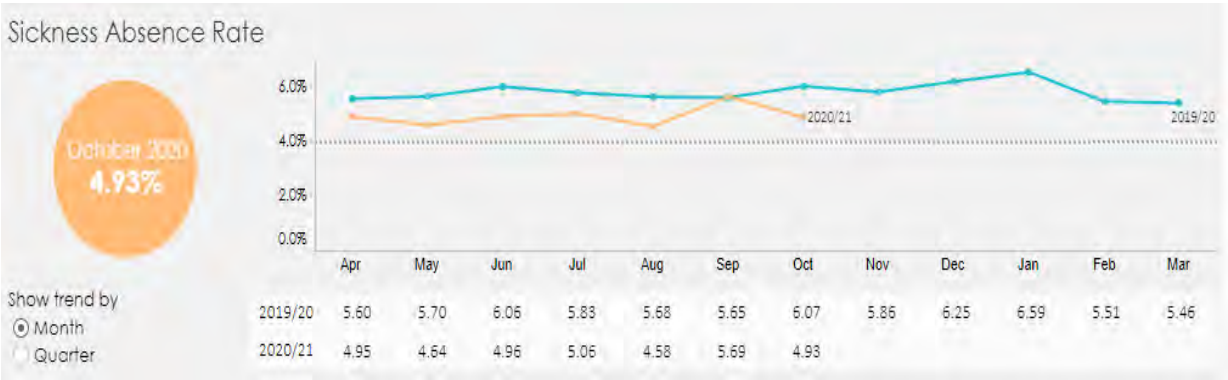
In addition, 'Keep Trauma in Mind' / Good Conversations Training is currently being developed and will be rolled-out to NHS Fife staff in due course.

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 five of the first eight months of the 2020/21 financial year, with an absence rate of 4.93% in October 2020, as detailed in the graph below:

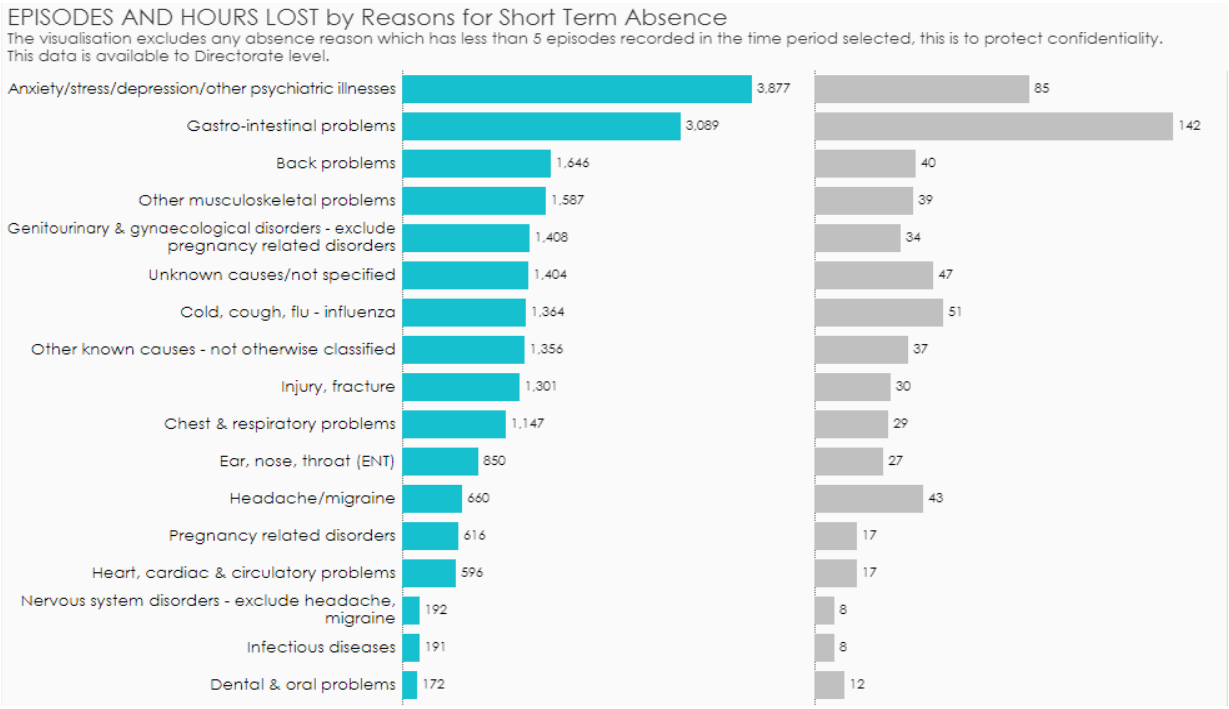


2.2.2 Reasons for Absence

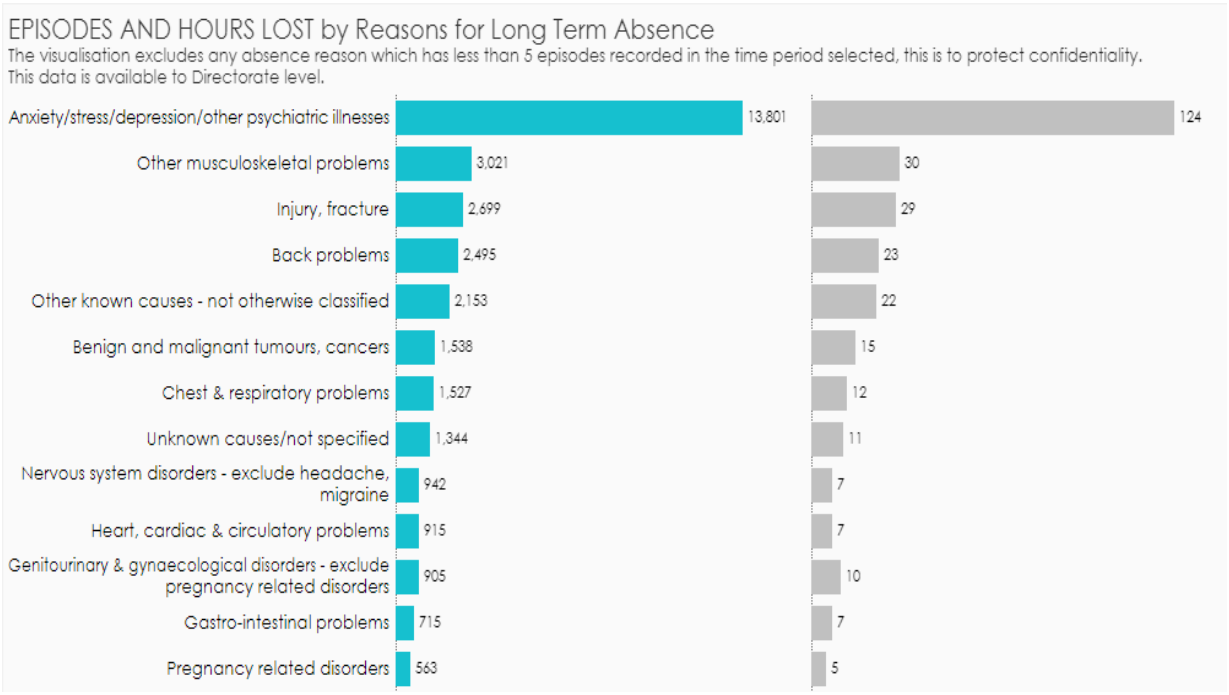
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with the absence rate decreasing by 1.06% from 30.49% in September 2020 to 29.43% in October 2020; followed by Other Musculoskeletal Problems reducing from 7.97% in September 2020 to 7.67% in October 2020; and Back Problems increasing from 5.78% in September 2020 to 6.89% in October 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 October 2020.

Short term Absence by Reason



Long term Absence by Reason



2.2.3 Management Actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. Given COVID-19 and Winter pressures, there will be a challenge in maintaining the current sickness absence performance levels.

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 and 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. 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.

2.3.3 Financial

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 and Well@Work Group members, Employee Director and Workforce Directorate Senior Leadership Team.

Discussions will continue to take place with General Managers, via Promoting Attendance Review and Improvement Panels, Promoting Attendance Group members and within the Workforce Directorate, with a view to meeting the planned trajectory 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

The Staff Governance Committee is asked to **note** the contents of this report.

3. List of Appendices

Appendix 1 – Health and Wellbeing Information / Campaigns publicised to NHS Fife staff.

Report Contact:

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

Appendix 1 – Recent Health and Wellbeing Information / Campaigns Publicised to NHS Fife Staff

Health Improvement Scotland – Navigating the Mental Health Impacts on COVID-19 on Staff Wellbeing and Population Mental Health

There has been a great deal of commentary on the impact the COVID-19 pandemic on mental health, which may account for the increasing rate of anxiety and depression. The whole population is affected, either as a direct result of the virus or due to national measures to reduce transmission, such as social distancing.

Healthcare Improvement Scotland is currently hosting a Staff Communication line up of monthly webinar sessions and staff can link in from a PC to learn from national and international leaders in quality improvement.

HPMA Scotland Creating a Culture of Kindness Webinars

The following HPMA Scotland webinars have been arranged:

- HPMA Scotland Creating a Culture of Kindness webinar led by Ben Thurman, Carnegie UK Trust took place on Thursday 10 December 2020 (1.30 – 2.30pm)
- HPMA Scotland Wellbeing, resilience and performance at work webinar led by David Taylor, Project Lift on Thursday 21January 2021(1.00 – 2.00 pm)

Be Kind, Reach Out, Coorie In Campaign

As it is going to be a strange winter - and kindness and self care will be so important in getting through it. The Be Kind, Reach Out, Coorie In campaign is about how we look after ourselves, our communities and each other. We want to encourage everyone to keep offering help to their friends and neighbours, but also to make sure they ask for it for themselves. As well as suggestions for winter acts of kindness, there is signposting to resources on mental health and self care, including Samaritans and Breathing Space. Further information is available via www.edenprojectcommunities.com/winter

National Education Scotland Leadership Links – Health and Wellbeing Festival

A series of short lunch-time webinars on Health and Wellbeing from Leadership Links have been arranged during January 2021. These sessions will incorporate webinars and coaches offering live Q&A sessions. Speakers will share different approaches to managing your own health and wellbeing and for supporting the people and teams that you lead. Further information is available via: https://learn.nes.nhs.scot/1246/leadership-links/upcoming-events

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Wednesday 13 January 2021**
Title:	**Bi-Annual Consultant Recruitment Activity 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:

- Awareness

This report relates to an:

- On-going issue

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

- Effective

2. Report Summary

2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with an update on the current position with regards to Consultant Recruitment activity, based on information held by the Workforce and Finance Directorates and Service Managers.

2.2 Background

As part of the Staff Governance Committee's work plan we provide a bi-annual report on Consultant Recruitment and retention. This report provides that information.

2.3 Assessment

As at 30 November 2020, NHS Fife has 37.11 wte Consultant vacancies, taking account of confirmed appointments to date. The number of vacancies has decreased from the June 2020 position of 38.70 wte vacancies. The vacancy rate, once the new Consultants take up post, will be 13.4%.

The vacancy rate is driven by Mental Health and Radiology.

2.3.1 Consultant Vacancies

There are on-going vacancies in Acute Medicine, Elderly Medicine, Ear Nose & Throat (ENT), Gastroenterology, Haematology, Mental Health, Neurology, Ophthalmology, Radiology, Renal Medicine and Rheumatology. Mental Health and Rheumatology are advertising in January 2021. Mental Health and Radiology are also exploring other external avenues. In addition, Radiology and other services will advertise later in 2021, based on known completion of Higher Specialist Training of Trainees within the service.

Recent recruitment activity has been successful in Emergency Medicine, Oral & Maxillo Facial Surgery, Orthodontics, Paediatrics, Palliative Medicine and Public Health. While appointments have been made in ENT, Ophthalmology and Renal Medicine, there still remains 1.0 wte vacancy in each of these specialties.

The Consultant staff turnover from January 2020 to date is detailed in Table 1 below:

Table 1: Turnover between 1 January 2020 to date

	YearServiceCount			
Directorate	1. Year1	2. Leavers	3. Year2	Turnover
Grand Total	**322.00**	**19.00**	**325.00**	**5.87**
Board Medical Directorate (Dir)	3.00		2.00	
East Division Hospital Services (Dir)	1.00		2.00	
Emergency Care & Medicine (Dir)	83.00	2.00	86.00	2.37
Human Resources (Dir)	1.00		2.00	
Mental Health Services (Dir)	33.00	4.00	30.00	12.70
Planned Care & Surgery (Dir)	100.00	7.00	104.00	6.86
Public Health (Dir)	6.00		7.00	
Rheumatology (Dir)	3.00		2.00	
Sexual Health Services (Dir)	3.00		3.00	
West Division Hospital Services (Dir)	4.00		5.00	
Women & Children/Clinical Support & Access (Dir)	85.00	6.00	82.00	7.19

The main areas of turnover are within Mental Health, (vacancies highlighted above) Planned Care and Women & Children / Clinical Support & Access (in particular Laboratory specialties).

Graph 1: Consultant Leavers and Joiners – January to December 2020

The attrition rate detailed above is variable. Analysis of the reasons for leaving provided indicates that 46% of substantive Consultants left to take up other employment within NHS Scotland and 31% retired.

Most new Consultants are able to take up post after completion of Higher Specialist Training in February or August, which is reflected in the new start figures above.

2.3.2 Quality / Patient Care

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

2.3.3 Workforce

Services are required to re-consider redesign and alternative staffing arrangements where Consultant vacancies cannot be filled. The Medical Director is currently working on the overall approach to Consultant recruitment.

2.3.4 Financial

Costs of alternative cover / external service provision.

2.3.5 Risk Assessment / Management

Potential inability to maintain service delivery, potential impact on quality of care**.**

2.3.6 Equality and Diversity, including health inequalities

N/A

2.3.7 Other Impact

N/A

2.3.8 Communication, Involvement, Engagement and Consultation

N/A

2.3.9 Route to the Meeting

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

2.4 Recommendation

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

3. List of Appendices

N/A

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

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**13 January 2021**
Title:	**Medical Appraisal and Revalidation Annual Report 2019/2020**
Responsible Executive:	**Dr Chris McKenna, Medical Director, NHS Fife**
Report Author:	**Alison Gracey, Medical Appraisal and Revalidation Coordinator**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Medical Staff Revalidation and Appraisal report for 2019-2020 is being brought to the Staff Governance Committee for their awareness. The reports provides the committee with an assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

2.2 Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3 Assessment

NHS Fife responds well to the challenges of Medical Revalidation and Appraisal with few problems, is managing to meet the requirements of the GMC and are actively making efforts to improve the quality of Appraisal through local training sessions. However, Secondary Care have struggled to recruit and retain sufficient NES Trained Appraisers and continue to advertise the role, liaising with NES to gain additional places on courses and enlisting the assistance of Clinical Directors, Clinical Leads etc. for the recommendation and support of suitable candidates and those already in the role.

2.3.1 Quality/ Patient Care

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.2 Workforce

The last few months have been challenging for all those working in the health and care services. As a result of this pandemic, appraisal and revalidation activities were temporarily put on hold so that colleagues could focus on helping with the pandemic.

The national data collection for 2019/2020 was cancelled by National Education Scotland (NES) due to the Covid 19 pandemic. An abbreviated version of the data usually collected and submitted to NES is noted within the report.

2.3.3 Financial

- Not applicable

2.3.4 Risk Assessment/Management

There may be a risk of being unable to meet the GMC requirements for Medical Revalidation and Appraisal if unable to recruit and retain sufficient numbers of NES Trained Appraisers.

2.3.5 Equality and Diversity, including health inequalities

- Not applicable

2.3.6 Other impact

- Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a Medical and Appraisal Revalidation Group, who assess and implements any changes which need to be made to current system to keep in line with the national enhanced appraisal process.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

2.3.8 Route to the Meeting

- Not applicable.

2.4 Recommendation

- Awareness – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – NES Appraisal and Revalidation Quality Assurance Review 2019/2019

Report Contact

Alison Gracey
Medical Appraisal and Revalidation Coordinator, NHS Fife
Email alison.gracey@nhs.scot

Medical Appraisal and Revalidation Annual Report 2019/2020

Consultants, Career Grade Doctors and General Practitioners

Produced: 9 December 2020

Contents

Medical Appraisal and Revalidation 2019/2020

Consultants, Career Grade Doctors and General Practitioners

Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation requires annual appraisal, including feedback from colleagues and patients at least once during the five year period. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns is also reviewed.

Responsible Officer

Every doctor wishing to practise medicine in the UK must be linked to a Designated Body and its' Responsible Officer referred to as a "prescribed connection". Recommendations for the revalidation of all doctors is achieved through each Health Board's Responsible Officer.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Robert Cargill and Dr Helen Hellewell are NHS Fife's Deputy Responsible Officers. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Annual Appraisal

The Scottish Government agreed that for doctors in Scotland, revalidation is achieved by using a standardised bespoke "**Enhanced Appraisal"** system designed by the National Appraisal Leads Group for Scotland (NALG). All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal

NHS Fife has a Medical and Appraisal Revalidation Group (MARG), who assess and implements any changes which need to be made to current system to keep in line with the national enhanced appraisal process.

Although enhanced appraisal remains a largely formative process there is an element of assessment although documents make it clear that this is not the forum for performance management. The national guidance recommends that an Appraisee has a new Appraiser every three years.

NHS Fife has a Medical Revalidation and Appraisal Policy/Procedure for Doctors in Primary and Secondary Care to provide a standardised procedure for the annual appraisal of doctors. This policy/procedure covers key elements of the appraisal process and is reviewed on a regular basis with the policy/procedure last reviewed October 2018.

Appraisers

In Primary Care there are 13 NHS Fife appointed NES trained Appraisers. This allows every General Practitioner (GP) to have an annual appraisal. GP Appraiser recruitment is undertaken locally.

The Fife GP Appraisers group holds a meeting three times per year at which Appraisers exchange ideas and discuss scenarios from their own experiences and from cases provided. In addition to local meetings. GP Appraisers are required to attend at least 50% of all training activities over one year, i.e. two training events per year.

In Secondary Care there are 41 NES trained appraisers. NHS Fife has faced difficulties with recruitment and retention of appraisers in Secondary Care and enlisted the help of a small bank of retired appraisers to help undertake appraisals. NHS Fife has 7 retired appraisers on the bank. Three Educational Supervisors within Emergency Medicine have also now undertaken NES appraiser training to allow them to carry out appraisals for the Clinical Fellows in their department as the needs of the Clinical Fellow is slightly different to that of a consultant or career grade doctor.

The number of trained appraisers in Secondary Care has fluctuated over the years, however, NHS Fife continues to advertise, on an ongoing basis, for additional trained members of medical staff to undertake this training in an effort to ensure there are sufficient trained Appraisers to share the appraisal workload.

In 2019 three half day training sessions for appraisers were provided giving guidance on good practice with regards to the appraisal process, the opportunity to raise and discuss any issues or concerns they may have and to share their experiences. These were primarily for Secondary Care, however GP Appraisers were invited, some of whom attended, adding their perspective and valuable networking opportunities. In 2020, these have been postponed due to the Covid 19 pandemic.

Appraisers are also encouraged to attend any training provided by NES whether that be a specific training session or in conference format.

In accordance with national guidance NHS Fife only uses NES trained Appraisers for doctors' appraisals.

Appraisal System/Documentation

Scottish On-line Appraisal Resource (SOAR)

SOAR collects interview details such as date/location/Appraiser, etc and is used to aid the appraisal process for both GPs and secondary care doctors working in Scotland, maintained by the Appraiser and the local admin teams. The Medical Appraisal & Revalidation Coordinator checks the system on a regular basis to ensure everyone has their annual appraisal. Guidance is available on-line for all users.

A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

GMC Connect

GMC Connect allows the Responsible Officer to view and manage the list of doctors who have a prescribed connection to their designated body and submit revalidation recommendations when they are due.

NES reached agreement in 2013 with the GMC over linking their IT system so that ROs in Scotland can also make Revalidation recommendations via SOAR.

Clinical Governance, Activity, Outcome and Organisational Information/Data for Appraisal

During annual appraisal doctors use supporting information to demonstrate that they are continuing to meet the principles and values set out in "Good Medical Practice". Access to this information relies on effective Clinical Governance and information systems being in place.

In NHS Fife, a wealth of information is collected for national reporting and for operational reasons. There is significant variation across specialties regarding what information is available at individual doctor level to support the process of appraisal and job planning both at local and national level. Work is ongoing to provide doctors with a minimum data set to use to support appraisal and revalidation. Currently those working within Secondary Care are provided with information on incidents, complaints and medical legal statements by the Medical Appraisal and Revalidation Coordinator.

Supporting information required of all doctors also includes feedback from colleagues and, **where they have direct patient contact**, from patients. All doctors are expected to seek such feedback at least once in every revalidation cycle (5 years).

NHS Fife has adopted the GMC Patient Questionnaire and has pulled together guidance on its use. Primary Care clinicians (General Practitioners) and Secondary Care clinicians (Acute Division, Health & Social Care Partnership and Public Health) use this questionnaire and the MSF tool, on SOAR, for colleague feedback. NHS Fife has also allowed Anaesthetists and OHSAS clinicians to use patient questionnaires adapted for their specialty.

Governance Structure

Medical Revalidation is overseen by the Medical Appraisal and Revalidation Group chaired by Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife. This group reports to NHS Fife's Clinical and Staff Governance Committees.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

The GMC has a handbook for boards and governing bodies – "Effective governance to support medical revalidation".

Quality Assurance

On behalf of the Scottish Government, NHS Education for Scotland (NES) are responsible for providing external quality assurance (EQA) of the revalidation process and for reporting on this. They monitor all healthcare organisations' progress towards meeting the agreed revalidation targets. This is a stepped process to allow organisations to:

- ensure they have the systems and processes in place to support revalidation,

and

- sufficient trained Appraisers.

The data collected allows NES to compare information between and within healthcare sectors and on a national basis. Their report, NES Medical Appraisal and Revalidation Quality Assurance (MARQA) Review 2018/2019 can be seen in **Appendix 1**.

Update on Appraisal within NHS Fife for Period 1 April 2019 – 31 March 2020

The data collection for 2019/2020 was cancelled by NES due to the Covid 19 pandemic. An abbreviated version of the data usually collected can be seen in the tables below for 2019/2020.

Table 1: Doctors with a Prescribed Connection

	Primary Care	Secondary Care	Total
Total number of doctors with a prescribed connection to NHS Fife on 31 March 2020	**325**	**377**	**702**

Table 2: Doctors with valid reason for not having appraisal 2019/2020

Total number of doctors who were unable to be appraised for a valid reason (those issued with Form 5A)	**Primary Care**	**Secondary Care**	**Total**
Long term sick	**1**	**3**	**4**
Maternity leave	**5**	**7**	**12**
Sabbatical	**0**	**1**	**1**
Other **(details below)**	**36**	**35**	**71**
Primary Care - 1 suspended by GMC, 26 given Form 5A for Covid, 9 first trained post not due appraisal until 2020/2021 **Secondary Care** - First trained post - joined Board during 2019/2020 and are not expected to have their appraisal until 2020/2021 (includes 12 clinical fellows).			

Table 3: Doctors Eligible for Appraisal 2019/2020

Number of primary and secondary care doctors eligible for appraisal with a prescribed connection to NHS Fife on 31 March 2020 The appraisal period for all eligible doctors under review is 1 April 2019 - 31 March 2020. DOES NOT include doctors with a Form 5A: Exemption from Appraisal.	Number of doctors eligible for appraisal	Number of completed appraisals
Primary Care	283	283
Secondary Care	331	290*
TOTAL	**614**	**573**

*23 appraisals delayed due to Covid

Table 4: Revalidation

	Primary Care	Secondary Care	Total
Number of doctors with a prescribed connection to NHS Fife on 31 March 2020 that were identified by the GMC for revalidation between 1 April 2019 and 31 March 2020.	**107**	**109**	**216**
Of these, how many positive recommendations were made?	**102**	**96**	**198**
Of these, how many non-engagement notifications were made?	**0**	**1**	**1**
Of these, how many deferral requests were made?	**7**	**25**	**32**
How many individual doctors were deferred within the period 1 April 2018 and 31 March 2019?	**7***	**22****	**29**

* 2 PC doctors who were deferred were also revalidated later in same period.

** 9 SC doctors who were deferred were also revalidated later in same period.

Summary

The key issues for 2019/2020

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.
4. MARG continues to be instrumental in overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.

The key actions for 2019/2020

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a "prescribed connection".
2. Continue to advertise for doctors to become NES trained Appraisers to ensure that NHS Fife continues to have sufficient NES trained Appraisers to meet the number of Appraisees within NHS Fife.
3. Continue to provide appraisal and revalidation support to those doctors not employed or contracted to NHS Fife but who still have a prescribed connection.
4. Continue to provide training sessions for both Appraisers and Appraisees.
5. Action NES Feedback as appropriate.

Alison Gracey
Medical Appraisal and Revalidation Coordinator
NHS Fife
9 December 2020

Appendix 1

NESD1051_Medical-Appraisal-Revalidatio

NHS Fife

Meeting:	Staff Governance
Meeting Date:	Wednesday 13 January 2021
Title:	South East Payroll Services Consortium Business Case
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance

1. Purpose

This is presented to Staff Governance Committee members for:

- Discussion on the Business Case and consideration of next steps in the governance and review process.

This report relates to:

- Delivery against the national "Once for Scotland Policy"

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Payroll Service Consortium Business Case has been developed in line with the "Once for Scotland" national policy. The consideration of the business case was paused in March in the context of the COVID-19 pandemic, the payroll consortia have now requested that all Boards in the consortium consider the proposal and determine the level of support to progress.

2.2 Background

There is a long history to this Business Case. In 2016 a Payroll Service Programme Board was established by the NHS Board Chief Executives which was tasked with exploring a regional consortia approach to develop a more sustainable and resilient payroll service.

The business case provides an analysis of payroll services in the South East (SE) and explains the range of issues affecting the service, the key issue being the sustainability of the service workforce.

2.3 Assessment

The Business Case describes the benefits criteria considered when assessing the options available to deliver this change. The benefits criteria were: Sustainability, Staff Focus, Service Quality, Efficiency & Productivity, Customer Focus, Strategic Fit and Technology and Innovation.

An Option Appraisal exercise was carried out and the preferred option of a 'Single Employer and Multiple Base' was agreed 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 could 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.

Whilst there is a requirement to ensure payroll services remain resilient into the future, given the current work pressures for all our staff it will be important that should the case be supported and approved by the Board that very careful consideration be given to the timing of the change. Consideration should also be given to determining whether there could be a pragmatic and more staged approach to its introduction. That could potentially involve agreement to the creation of a single management structure with the full change programme to be delivered at an appropriate time in the future.

2.3.1 Quality / Patient Care

Delivering a more resilient service over time will ensure staff continue to be paid correctly and timeously for the services they deliver.

2.3.2 Workforce

The full proposal represents a significant change to the current arrangements for staff where they would require to be TUPE transferred to NSS should the full Business Case be approved. It is critically important that the engagement with our staff continues and that the decision taken reflects the current context where all staff are working remotely and will not necessarily have access to the same team support dynamic which was in place pre COVID-19.

2.3.3 Financial

The new service delivery model can be fully funded from within the existing NHS Fife budget for payroll services. There are no significant financial efficiencies associated with delivering this change.

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

A full integrated Impact assessment (IIA) was carried out and is located at section 9 of the Business Case.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife payroll staff are aware and have been actively engaged in the development of the proposed model and the business case. There have been a number of staff briefing and engagement sessions over the past 12-18months. The key issue raised by staff is in relation to TUPE Transfer and their preference not to lose their NHS Fife identity.

2.3.8 Route to the Meeting

This paper was considered by EDG on 22 October 2020 and the resilience case approved in principle subject to key consideration being given to the need to consider carefully the timing of such a change in the context of the current pandemic. EDG also supported that the Director of Finance should liaise with NSS on the potential for a more staged approach which could involve moving to a single management structure in the first instance.

The paper was also considered at Staff Governance on 29 October 2020. The Staff Governance Committee cover paper should however have contained greater clarity on the governance process in relation to local decision-making on this issue. The Director of Finance agreed to bring the Business Case back to the January 2021 meeting for further consideration.

The paper was also considered at Finance Performance and Resources Committee on 10 November 2020. The Committee considered the recommendations and agreed to support the key benefits, recognising the importance of this project moving forward. The Committee also considered the timing of this proposal and the impact on payroll staff and supported the Director of Finance initiating a discussion with NSS on a more phased approach.

2.4 Recommendation

Staff Governance members are asked to discuss and determine Committee support in principle for this proposed change. The Committee is asked to consider in particular:

- the value of the key benefit from the case which is to protect the resilience of payroll services both locally and nationally
- the need to consider carefully the timing of such a change in the context of the current pandemic with all the ongoing challenges for teams across the organisation
- advise on their support for the Director of Finance to continue to liaise with NSS on the potential for a more staged approach which could involve moving to a single management structure in the first instance.

3. List of Appendices

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

Report Contact: **Margo McGurk**, Director of Finance
Email: Margo.McGurk@nhs.scot

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

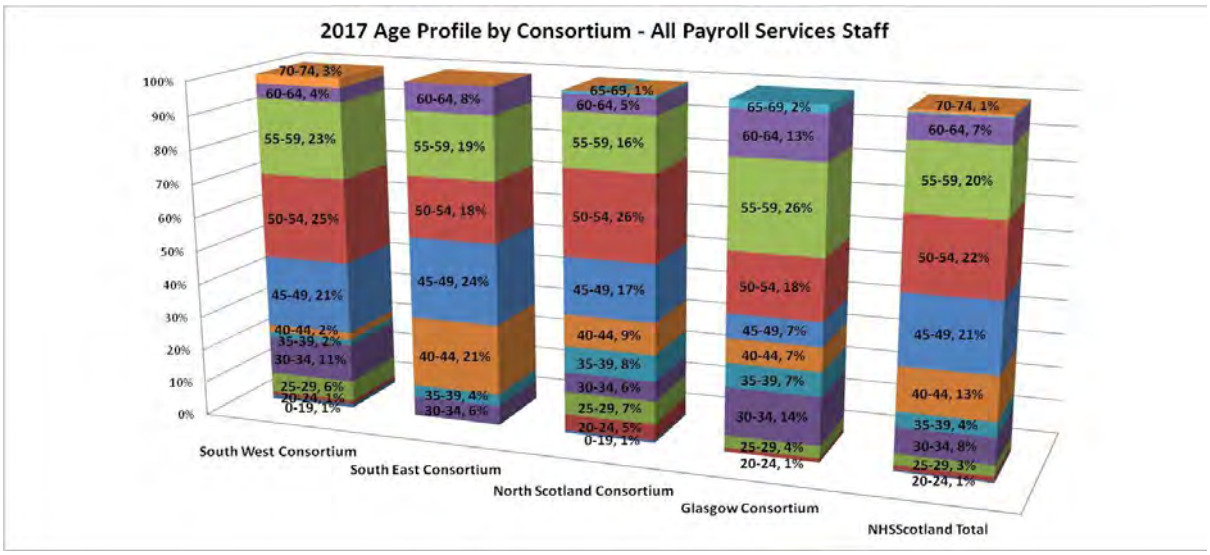
1.3 Workforce Sustainability

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.

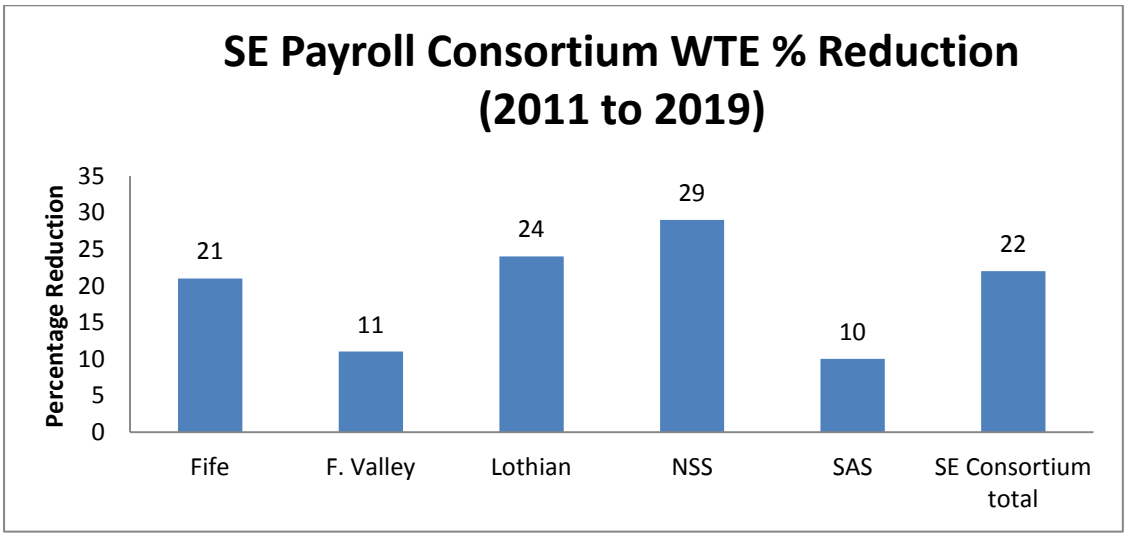
Table 3 Payroll staffing levels

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

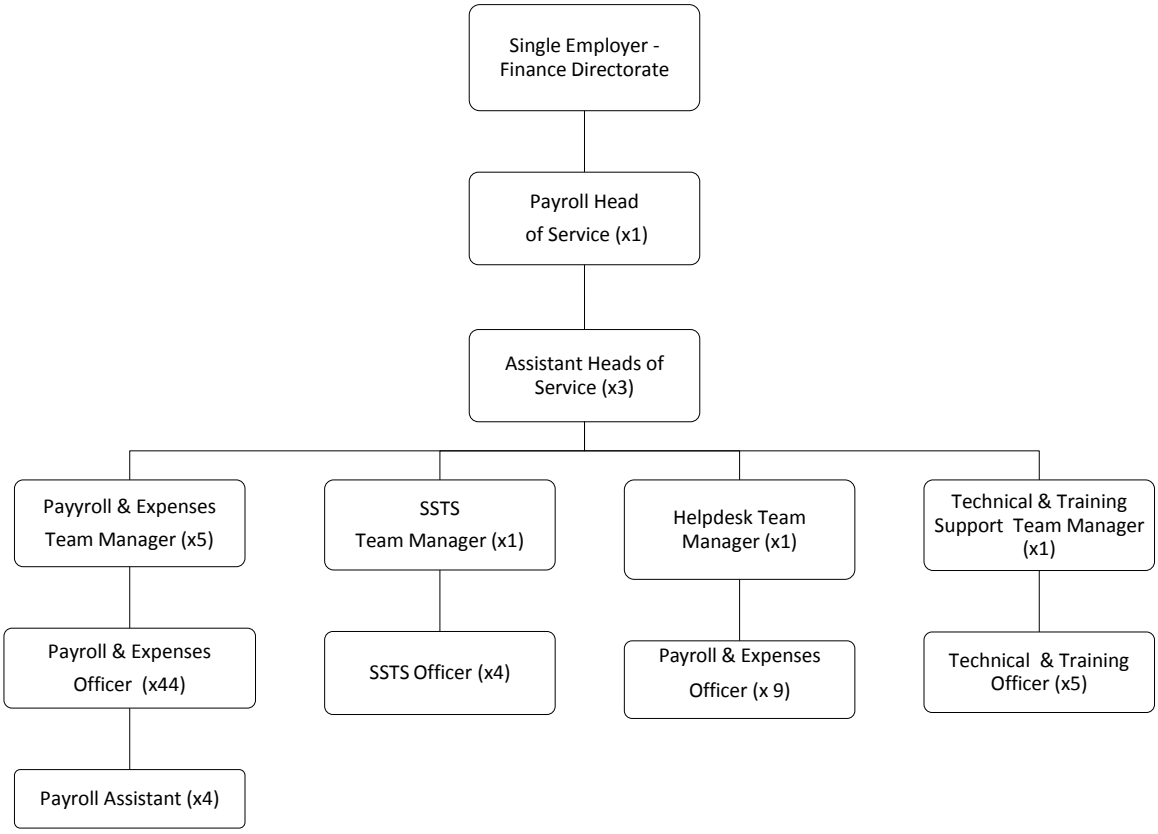
Aspect	Description
Boards in scope	• Three territorial Boards: Fife, Forth Valley, Lothian • Four national Boards[8]: National Services Scotland; NHS Education for Scotland; Healthcare Improvement Scotland; Scottish Ambulance Service
Employer Status	• Single Employer for Payroll Services Staff
Reporting 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

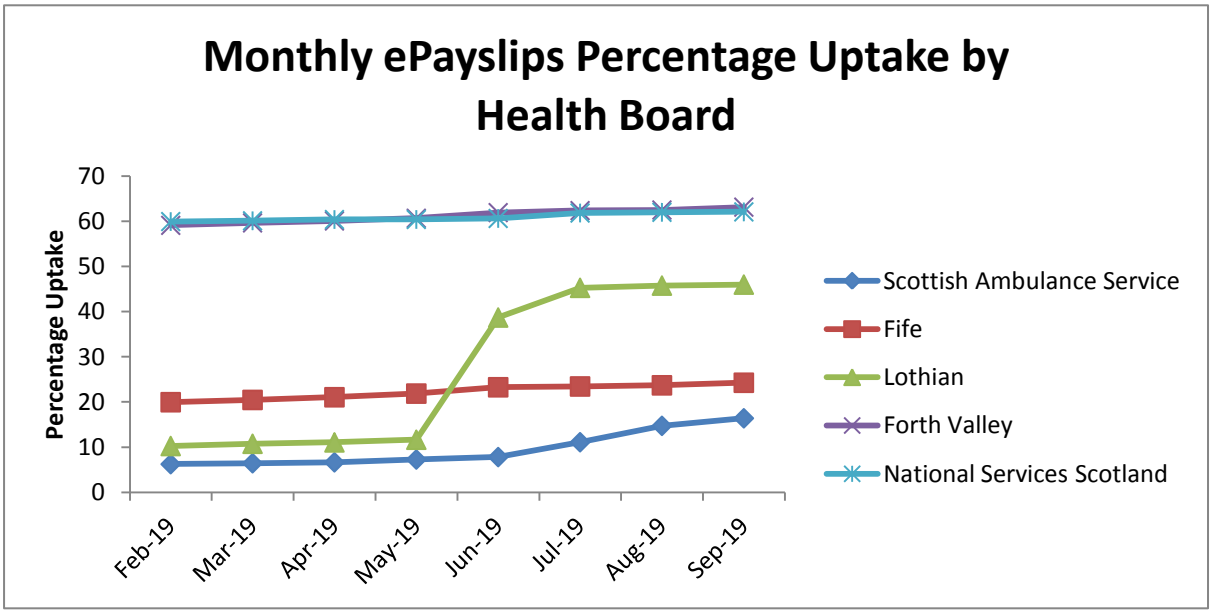
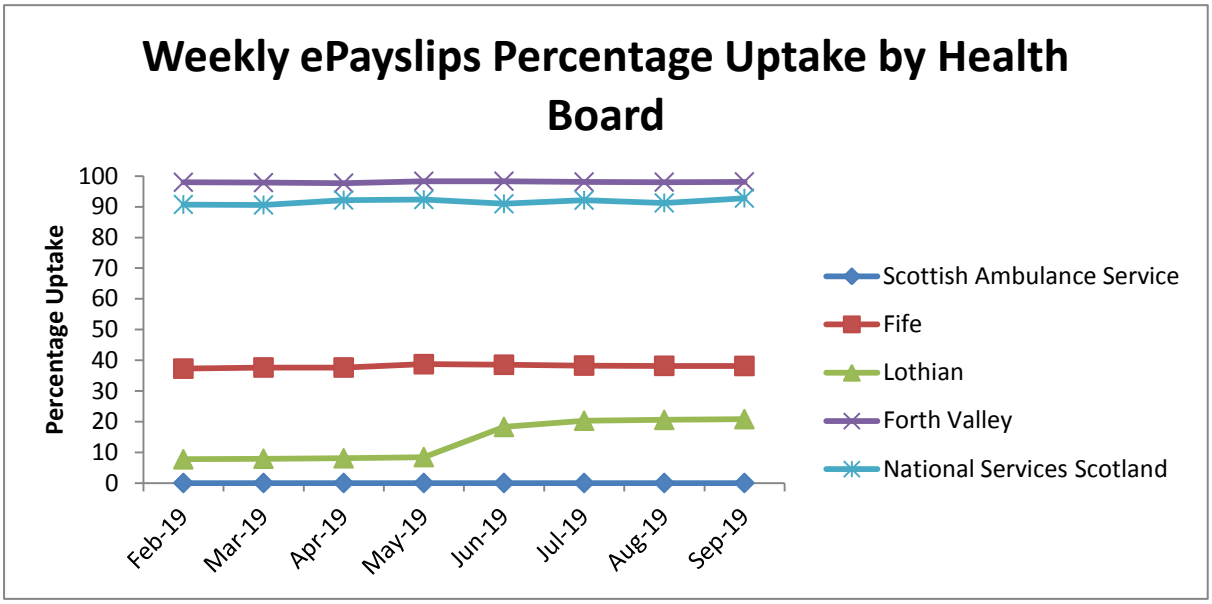


Figure 5 **Weekly ePayslips Percentage Uptake by Health Board**



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:

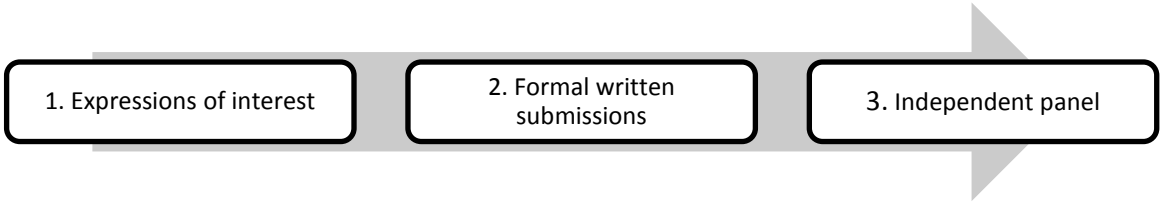
- Web Portal for staff to access key programme information
- Office 365 pilot with South East Payroll Services
- Process harmonisation
- Organisational Development (OD) sessions with Consortium Project Board and payroll managers and staff

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**

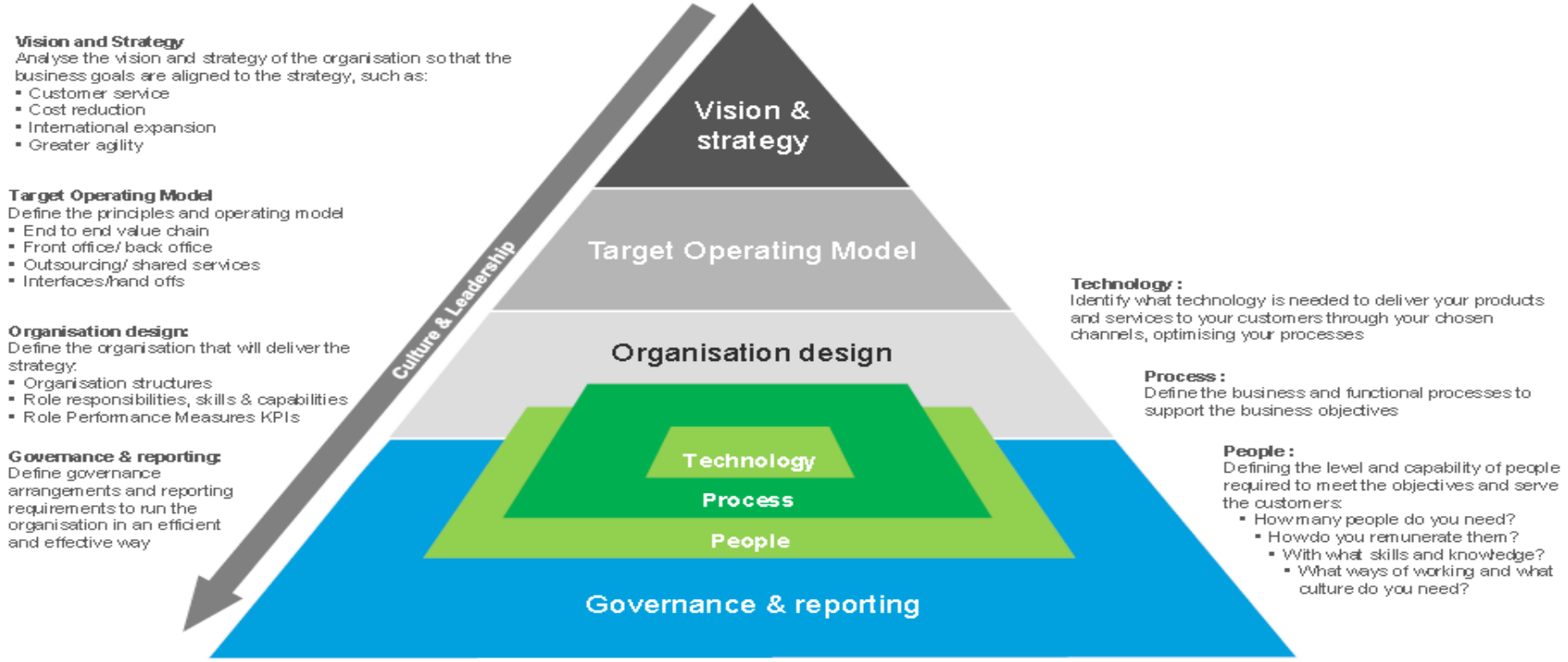
The costs above assume a 50% attrition rate for NHS Fife and NHS Forth Valley employees. Costs are based on the assumption that all staff who are entitled to receive excess travel expenses will exercise this.

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)

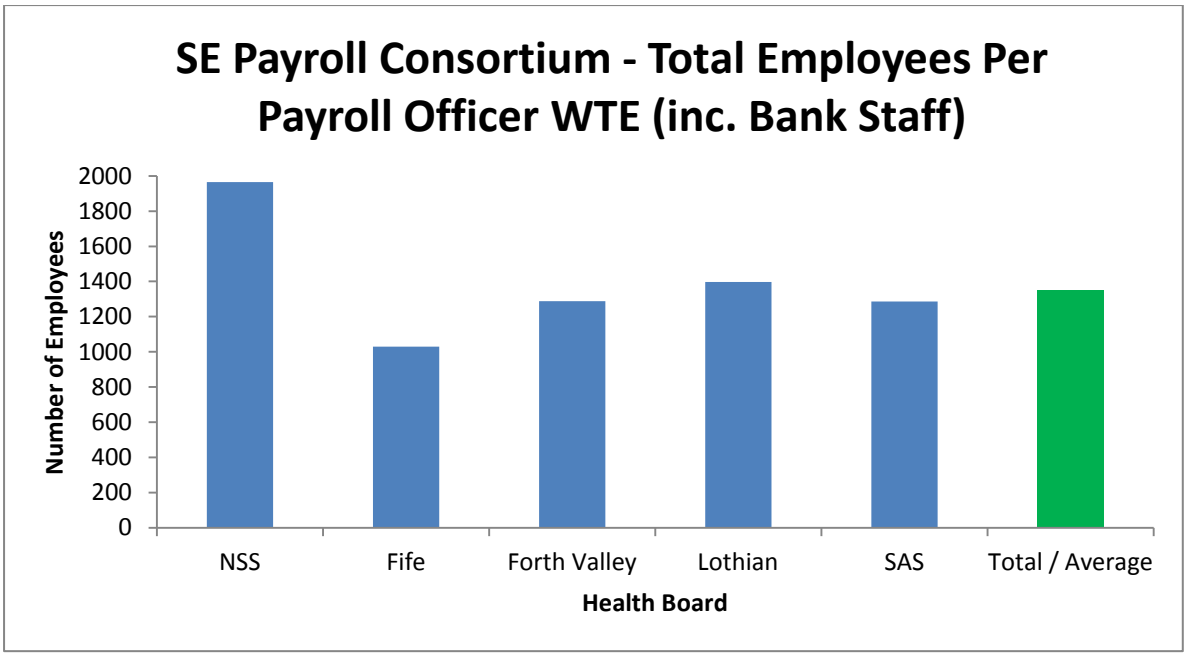
It should be noted that SE Consortium staffing figures below were correct at the time of modelling (January 2019). Staffing levels and associated costs cited elsewhere in the Business Case are based on workforce profile data from October 2019 with any differences reflecting some minimal changes.

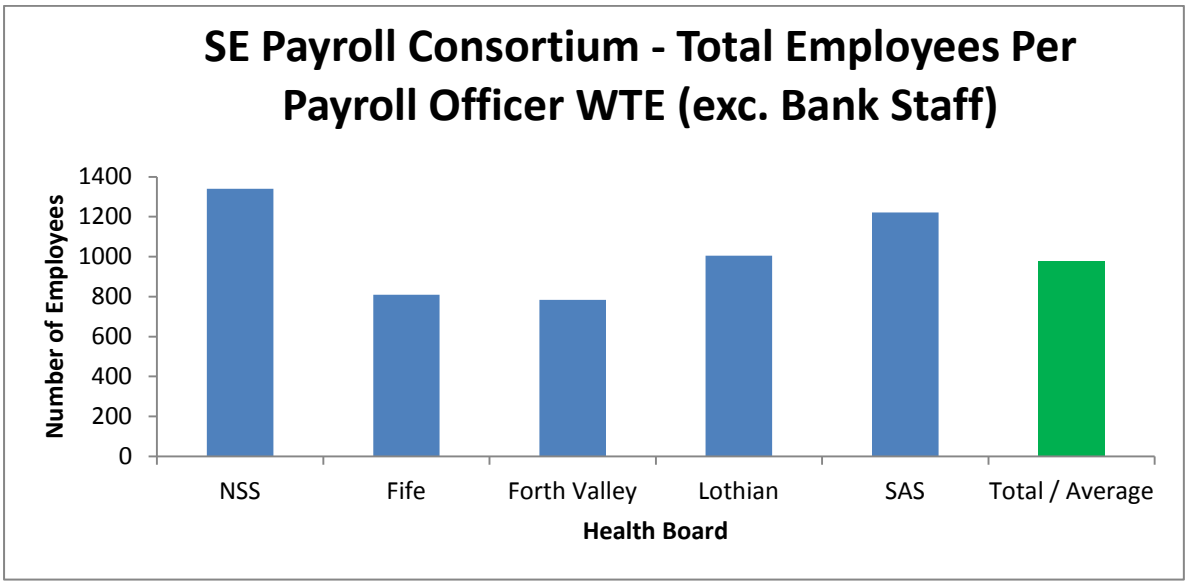
- **Number of employees per WTE Payroll Officer**

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.

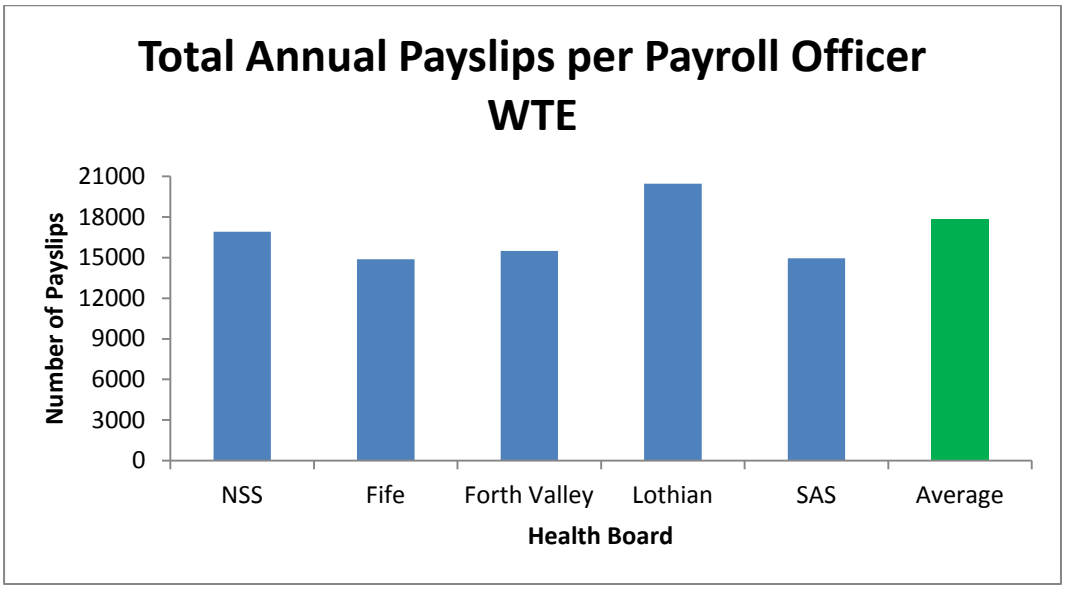
- **Number of payslips per WTE Payroll Officer**

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.

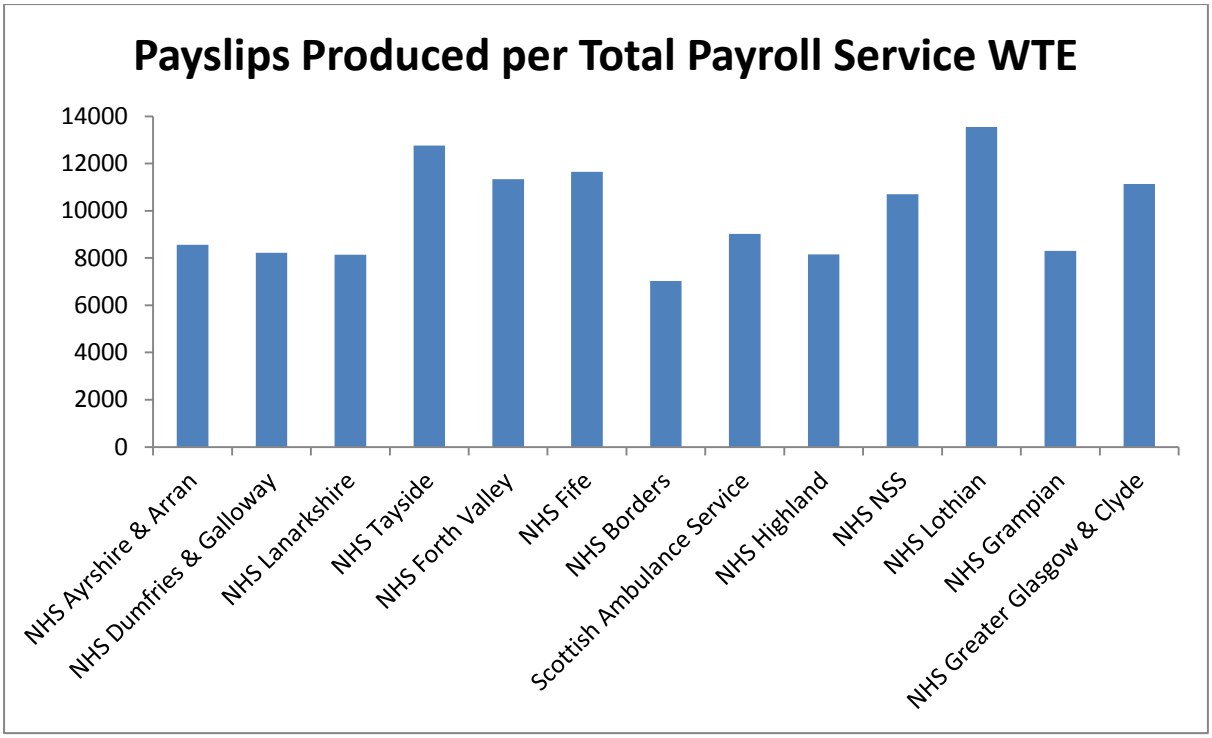
- **Number of payslips per Payroll Staff Member**

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

Summary Table

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)	3 843	4 676 689	1 217	3	16,00	50	50
Option 2 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate	6 695	4 619 176	690	2	10,00	28	31
Option 3 Single employer, multiple sites, new staffing model	8 741	4 638 598	531	1	6,00	22	19

Sensitivity analysis - by what do we need to increase the revenue costs of the preferred option by for it to no longer be the best option?

0% increase is required.

Sensitivity analysis - by what do we need to decrease the benefit scores of the preferred option for it to no longer be the best option?

0% decrease is required.

SE Payroll Consortium

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Options	Economic Analysis: Equivalent Annual Charge (£)	Economic Analysis: Rank	Affordability: Capital Requirement in Year 1 (£)	Affordability: Total Capital Requirement of Option (£)	Affordability: Average Annual Revenue Cost (£)	Affordability: Rank
Option 1 Do nothing (status quo)	4 676 689	3	-	-	4 965 033	3
Option 2 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate	4 619 176	1	-	-	4 836 792	1
Option 3 Single employer, multiple sites, new staffing model	4 638 598	2	-	-	4 928 994	2

DO NOT DELETE ROW - USED FO

Affordability - Revenue by year						Affordability - Non Recurring Revenue by year						Afforda	
Year 1	Year 2	Year 3	Year 4	Year 5	Total requirement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Non-recurring Revenue	Year 1	Year 2
4 704 271	4 831 112	4 961 443	5 095 364	5 232 974	**24 825 164**	-	-	-	-	-	-	4 704 271	4 831 112
4 382 589	4 809 609	4 894 868	5 024 247	5 072 648	**24 183 962**	184 533	84 533	84 533	84 533	-	438 130	4 198 056	4 725 076
4 751 510	4 776 760	4 905 454	5 037 687	5 173 559	**24 644 970**	100 000	-	-	-	-	100 000	4 651 510	4 776 760

- 13 838 369 14 417 481 14 761 765 15 157 298 15 479 181

ability - Recurring Revenue by year

Year 3	Year 4	Year 5	Total Recurring Revenue
4 961 443	5 095 364	5 232 974	24 825 164
4 810 335	4 939 715	5 072 648	23 745 832
4 905 454	5 037 687	5 173 559	24 544 970

Option 1 Do nothing (status quo)

Hide unused rows and years

Life of Project 5

Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula		Year of Purchase 1	2	3	4	5	Total Inc VAT where not recoverabl
Revenue												
Staff costs				15 945 071	Yes		2 998 228	3 090 802	3 186 153	3 284 365	3 385 522	15 945 071
IT Costs (excl ATOS)				162 292	No		32 458	32 458	32 458	32 458	32 458	194 750
Atos National Payroll system Costs				5 605 992	No		1 077 238	1 098 783	1 120 759	1 143 174	1 166 037	6 727 190
Atos SSTS system Costs				1 222 351	No		234 885	239 583	244 374	249 262	254 247	1 466 821
RRP				435 586	Yes		82 045	84 506	87 041	89 652	92 342	435 586
Agency Costs (NSS)				55 746	Yes		10 500	10 815	11 139	11 474	11 818	55 746
Cost of mitigiating optimism bias				0			0					0
Revenue Total				**23 427 037**			**4 435 355**	**4 556 947**	**4 681 925**	**4 810 385**	**4 942 425**	**24 825 164**
Economic Appraisal												
Total Cost (Capital)							0	0	0	0	0	
Discount Factor				3,50%			1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Capital)							0	0	0	0	0	
Total Cost (Revenue)							4 435 355	4 556 947	4 681 925	4 810 385	4 942 425	
Discount Factor				3,50%			1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Revenue)							4 435 355	4 402 922	4 370 577	4 338 486	4 306 829	
NPV of Capital Expenditure				0								
NPV of Revenue Expeniture				21 854 169								
Total Net Present Value				21 854 169								
Optimism Bias				0								
Equivalent Annual Charge				4 676 689								
Financial Appraisal (includes all irrecoverable VAT)							Actual Funding Requirements					
Revenue Costs				24 825 164		Revenue	4 704 271	4 831 112	4 961 443	5 095 364	5 232 974	
New Depreciation Charges				0		Capital	0	0	0	0	0	
Total Revenue Costs				24 825 164								
Total Capital Costs				0								
Project Life				5								
Average Annual Capital				0								
Average Annual Revenue				4 965 033								
DO NOT DELETE ROW - REQUIRED FOR MACRO							4 435 355	4 556 947	4 681 925	4 810 385	4 942 425	

Option 2 Single employer, single site, new staffing model assumed 50% Fife & FV attrition rate

Life of Project 5

Hide unused rows and years | Unhide

Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula	Year of Purchase 1	2	3	4	5	Total Inc VAT where not recoverable
Revenue											
Staff Costs				14 885 639	Yes	2 495 762	2 988 627	3 039 022	3 132 812	3 229 416	14 885 639
Band 4 overtime				409 922	Yes	409 922					
IT Costs (excl ATOS)				162 292	No	32 458	32 458	32 458	32 458	32 458	194 750
Transition Costs				83 333	No	83 333					100 000
Atos National Payroll system Costs				5 605 992	No	1 077 238	1 098 783	1 120 759	1 143 174	1 166 037	6 727 190
Atos SSTS system Costs				1 222 351	No	234 885	239 583	244 374	249 262	254 247	1 466 821
Salary Protection Payment				471 432	Yes	88 796	91 460	94 204	97 030	99 941	471 432
Excess Travel Expenses				281 775	No	70 444	70 444	70 444	70 444		338 130
Cost of mitigating optimism bias				0		0					0
Revenue Total				**23 122 735**		**4 492 839**	**4 521 355**	**4 601 261**	**4 725 180**	**4 782 100**	**24 183 962**
Economic Appraisal											
Total Cost (Capital)						0	0	0	0	0	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Capital)						0	0	0	0	0	
Total Cost (Revenue)						4 492 839	4 521 355	4 601 261	4 725 180	4 782 100	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Revenue)						4 492 839	4 368 534	4 295 277	4 261 640	4 167 122	
NPV of Capital Expenditure				0							
NPV of Revenue Expeniture				21 585 411							
Total Net Present Value				21 585 411							
Optimism Bias				0							
Equivalent Annual Charge				4 619 176							
Financial Appraisal (includes all irrecoverable VAT)						Actual Funding Requirements					
Revenue Costs				24 183 962		4 382 589	4 809 609	4 894 868	5 024 247	5 072 648	
New Depreciation Charges				0		0	0	0	0	0	
Total Revenue Costs				24 183 962							
Total Capital Costs				0							
Project Life				5							
Average Annual Capital				0							
Average Annual Revenue				4 836 792							
DO NOT DELETE ROW - REQUIRED FOR MACRO						4 492 839	4 521 355	4 601 261	4 725 180	4 782 100	

Option 3 Single employer, multiple sites, new staffing model

Hide unused rows and years

Unhide rows and

Life of Project 5

Description	Type of Asset	Life	Year of Purchase	Original Cost (Excluding VAT)	VAT formula	Year of Purchase 1	2	3	4	5	Total Inc VAT where not recoverable
Revenue											
Staff Costs				15 418 372	Yes	2 899 037	2 988 627	3 080 906	3 175 952	3 273 850	15 418 372
IT Costs (excl ATOS)				162 292	No	32 458	32 458	32 458	32 458	32 458	194 750
Transition Costs				83 333	No	83 333					100 000
Atos National Payroll system Costs				5 605 992	No	1 077 238	1 098 783	1 120 759	1 143 174	1 166 037	6 727 190
Atos SSTS system Costs				1 222 351	No	234 885	239 583	244 374	249 262	254 247	1 466 821
Salary Protection Payment				737 836	Yes	138 975	143 144	147 438	151 862	156 417	737 836
Cost of mitigating optimism bias				0		0					0
Revenue Total				**23 230 176**		**4 465 927**	**4 502 596**	**4 625 936**	**4 752 708**	**4 883 011**	**24 644 969**
Economic Appraisal											
Total Cost (Capital)						0	0	0	0	0	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Capital)						0	0	0	0	0	
Total Cost (Revenue)						4 465 927	4 502 596	4 625 936	4 752 708	4 883 011	
Discount Factor				3,50%		1,0000	0,9662	0,9335	0,9019	0,8714	
Discounted Total Cost (Revenue)						4 465 927	4 350 408	4 318 311	4 286 467	4 255 056	
NPV of Capital Expenditure				0							
NPV of Revenue Expeniture				21 676 168							
Total Net Present Value				21 676 168							
Optimism Bias				0							
Equivalent Annual Charge				4 638 598							
Financial Appraisal (includes all irrecoverable VAT)						Actual Funding Requirements					
Revenue Costs				24 644 970		4 751 510	4 776 760	4 905 454	5 037 687	5 173 559	
New Depreciation Charges				0		0	0	0	0	0	
Total Costs				24 644 970							
Total Capital Costs				0							
Project Life				5							
Average Annual Capital				0							
Average Annual Revenue				4 928 994							
DO NOT DELETE ROW - REQUIRED FOR MACRO						4 465 927	4 502 596	4 625 936	4 752 708	4 883 011	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Wednesday 13 January 2021**
Title:	**Strategic Planning and Resource Allocation Update**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1. Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Strategic Planning and Resource Allocation Process

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process is now underway. This paper outlines a proposed new strategic planning and resource allocation process for NHS Fife.

The SPRA process is intended to create a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 3 year financial and strategic plan to support the delivery of the strategy.

At the beginning of December 2020, a template was sent to all directorates and major programmes of NHS Fife for completion. This paper describes the SPRA process and provides an update on the submission process.

2.2 Background

The Service Review process has been in place for the past 3 years, but a different approach has been taken for 2021/22. The Strategic Planning and Resource Allocation process brings together the planning of services, financial and workforce

implications of service delivery and change. Full description and guidance for the SPRA process can be found in Appendix 1.

2019/20 and 2020/21 has been characterised by a major disruption of services due to COVID-19 in terms of the mobilisation of services to deal with COVID-19 and the remobilisation of services in a COVID-19 sensitive environment. The NHS in Scotland continues to operate under emergency planning measures until at least the end of March 2021. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The current uncertainty in the future means planning for 2021/22 is difficult and may need to be revised throughout the year. With this in mind, any planning undertaken now need to be agile to adapt to any new national guidance as well as local prioritisation.

2.3 Assessment

SPRA Process

Once the submission of all the directorate and programme templates have taken place, the process will be to review and collate the submissions in order to report back to EDG on the list of service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of the overall objectives, quality of care as well as financial and workforce implications.

Once completed, the governance of this work will be to provide a paper on the organisation's priorities to the committees and through to the Board.

Key dates:

7 January	Update to SPRA process to EDG
21 January	Summary of submissions to EDG followed by prioritisation
24 February	Board Development Session
28 February	Submission of Remobilisation Plan 3 (RMP3)
5 March	SBAR to Staff Governance Committee
11 March	SBAR to Clinical Governance Committee
16 March	SBAR to Finance, Performance and Resource Committee
31 March	Final SPRA report and RMP3 to Board

Summary of Completed Templates

The response from directorates was positive, of the 14 submissions requested, including Health & Social Care, 10 have been received of which 3 were partially completed. Health & Social Care have agreed to submit high-level priorities separately as they are undertaking a similar piece of work for the IJB.

From 24 requested submissions for Programmes there has been 14 submitted, fully completed, to date.

An initial review of the submissions so far has provided detailed information on service priorities and risks that will inform the future strategic planning of the delivery of health care services in Fife.

Several reminders have been issued to remind directors of the request and the deadline dates. The missing returns will continue to be chased up.

2.3.1 Quality / Patient Care

The main aim of SPRA process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the SPRA process.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment / Management

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral any redesign based on the SPRA process.

2.3.6 Other impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the SPRA process.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

EDG is asked to:

- **Note** the update to the Strategic Planning and Resource Allocation process and the progress that has been made on the submission of templates from directorates and programmes.

3. List of Appendices

Appendix 1: Strategic Planning and Resource Allocation Proposal Guidance

Report Contact:

Susan Fraser
Associate Director of Planning and Performance
Email: susan.fraser3@nhs.scot

Strategic Planning and Resource Allocation (SPRA)

Proposal and Guidance 2020/21- 2022/23

EXECUTIVE DIRECTORS GROUP November 2020

CONTENTS

Section A: Introduction

This paper outlines a proposed new strategic planning and resource allocation process for NHS Fife.

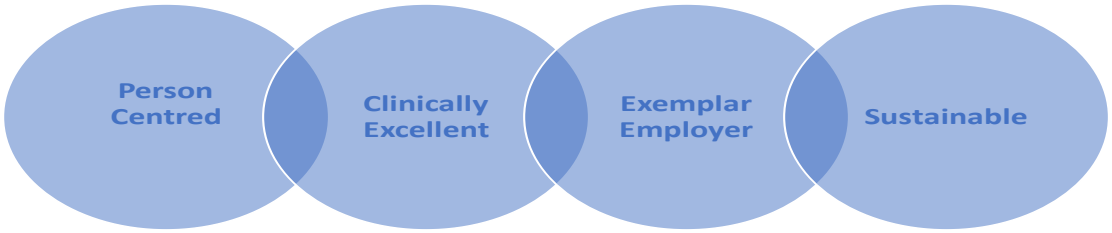
The Chief Executive has lead responsibility for developing the organisational strategy for NHS Fife for consideration and approval by the NHS Fife Board. The SPRA process is intended to create a planning and resource allocation framework to support that role. The Chief Executive relies on effective collaboration across the directorates to create the 3-year plan to inform and support the delivery of the strategy.

Each director also has a role to ensure that the knowledge and insights gathered from their individual or collective engagement with various national groups and key stakeholders is shared with EDG as part of the SPRA process and used to guide and inform this planning process.

Section B: NHS Fife Strategic Objectives

Strategic Objectives

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to Covid-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery. Our 4 strategic objectives over the next 5-year period are summarised below.

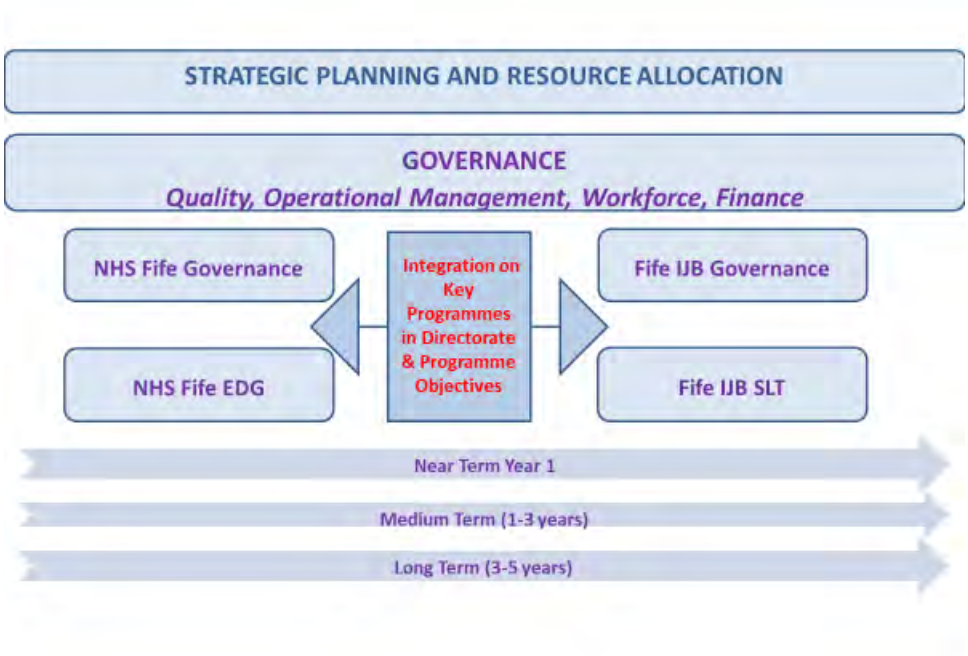


Person Centred	Clinically Excellent	Exemplar Employer	Sustainable
Listen to what matters to YOU	Work with YOU to receive the best care possible	Create time and space for continuous learning	Optimise resource for health and well-being
Design Services in partnership with service users, carers and communities	Ensure there is no avoidable harm	Listen to and involve staff at all levels	Ensure cost effective and within budget
Give YOU choices and information	Achieve and maintain quality standards	Give staff the skills, resources and equipment required for the job	Increase efficiency and reduce waste

Create environments that encourage caring and positive outcomes for all	Ensure environment is clean, tidy, well maintained, safe and something to be proud of	Encourage staff to be ambassadors for Health and Social Care in Fife	Service redesign will ensure cost effective, lean and minimise adverse variation
Develop and redesign services that put patients first supporting independent living and self-management	Embed patient safety consistently across all aspects of healthcare provision	Create high-performing MDT through education and development	Optimise use of property and assets with our partners
		Equip people to be the best leaders	

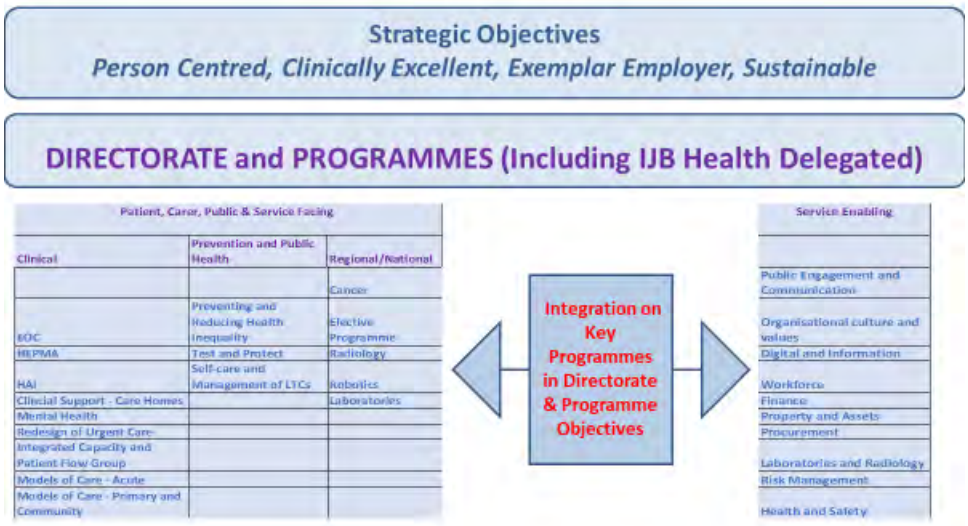
Section C: Governance

This new process will support the delivery of NHS Fife strategic objectives and will follow the current approvals and governance processes for NHS Fife. There will also be integration with Fife IJB governance to ensure consistency of approach and clarity of roles and assumptions across key programmes and objectives.



Section D: The Scope

One of the key aims of this new process is to articulate the scope of work across the organisation and within the IJB which requires to be done to deliver our strategic objectives. Understanding the scope and the potential phasing of activity will support the overall prioritisation process required to create a deliverable 3-year plan. It will also ensure that the resources available to us are targeted to those prioritised objectives.



Section E: Guidance on Preparing Strategic Planning and Resource Allocation Directorate and Programme Submissions

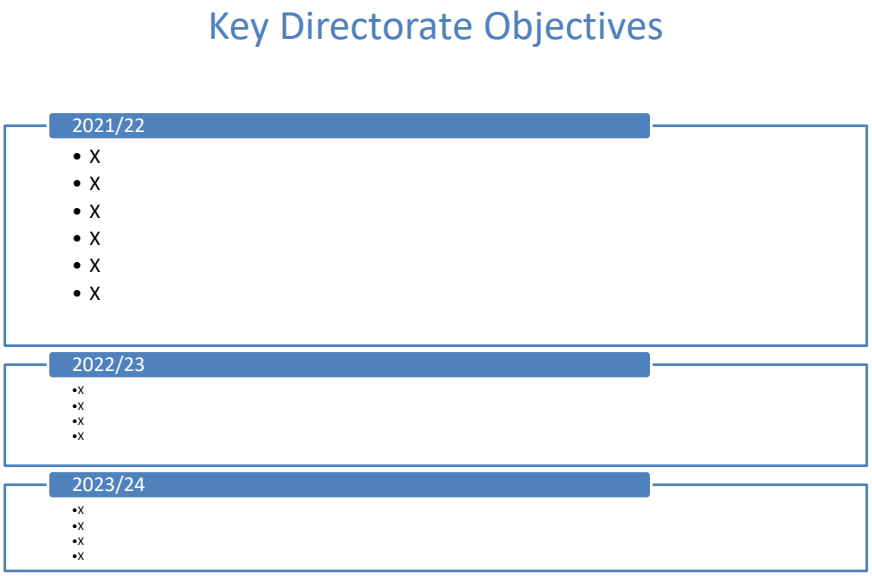
Strategic Planning and Resource Allocation (SPRA) is an annual process which details how each directorate/programme supports the delivery of the overall organisational strategy. Given this is a new approach, the proposal is to focus on the next 3 years in the first instance. The directorate positions are consolidated and considered by the EDG. The EDG discussion will require to focus on prioritisation based on delivering the most effective allocation of resources. That prioritisation will of course be influenced by the Scottish Government policy objectives and the recurring impact of COVID 19. The prioritisation process will also require to reflect that the NHS in Scotland is operating under the direction of the Scottish Government at least until the end of March 2020.

The sections below give some guidance on the content anticipated from the SPRA presentations.

In order to ensure the appropriate level of integration with the IJB strategic planning process, the proposal is that the IJB Chief Officer and the Chief Finance Officer will submit a return similar to that required from the NHS Fife directorates and programmes. This information will be drawn from the existing work and arrangements to create the strategic plan and objectives for the IJB.

Directorate/Programme Key Objectives

This summarises the key messages from the Directorate SPRA presentation. This slide sets the context for the rest of the presentation



This graphic articulates the key objectives for each directorate/programme over the next 3 years which can be shared with staff and stakeholders and outlines the key stages to be achieved with specific actions, thus enabling progress to be measured. This graphic is then consolidated to show the key objectives at an organisational level.

Directorate/Programme Service Engagement

This should be a mapping exercise against the key stakeholder groupings which we support and there should be an appropriate read across to the key objectives slide.

Directorate Service Engagement

2021/22

- X
- X
- X
- X
- X
- X

2022/23

- x
- x
- x
- x

2023/24

- x
- x
- x
- x

Workforce Planning Assumptions

Each directorate should outline the annual workforce planning assumptions supporting the 3-year plan. This will be shown at a summary "total WTE" level but will also show the detail by clinical/nonclinical staffing groups, the Workforce Directorate will support this information requirement but the planning assumptions and projections remain the responsibility of directorates.

Directorate Workforce Profile and Planning Assumptions

Workforce Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Opening position			
Total	-	-	-

Workforce Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Increases/Decreases			
Total	-	-	-

Workforce Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Safe Staffing in-year			
Total	-	-	-

Workforce Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Summary Overall Position			
Total	-	-	-

Financial Planning Assumptions

Each directorate should outline the annual budget and expenditure supporting the 3-year plan. This will be shown at a summary level but will also show the detail of pay and non-pay spend, the Finance Directorate will support this information requirement, but the planning assumptions and projections remain the responsibility of directorates.

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Opening Position			
Total	-	-	-

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Significant Cost Pressures			
Total	-	-	-

Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
Planned Reductions			
Total	-	-	-

Financial Plan	2021/22 WTE	2022/23 WTE	2023/24 WTE
Summary Overall Position			
Total	-	-	-

Efficiency Savings Assumptions

Each directorate/programme should set out the level of planned efficiency savings for each of the 3 years of the plan. This should include a move to generate a significant proportion of recurring savings initiatives. For this initial stage in the planning process an assumption should be made that a minimum of 3% will be required.

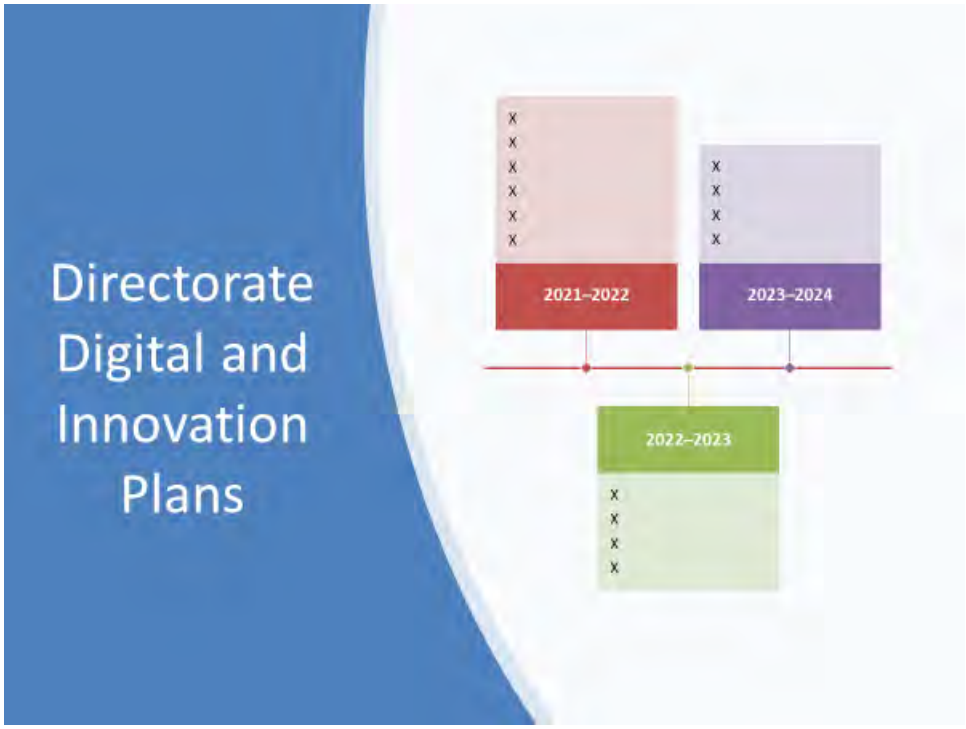
Efficiency Savings Plan	2021/22	2022/23	2023/24
	£'000	£'000	£'000
Total	-	-	-

Digital and Innovation Plans

The Digital and Information Directorate will submit a system wide plan covering capital and revenue planning assumptions. Each directorate will also submit the anticipated dependencies on this work to support key objectives.

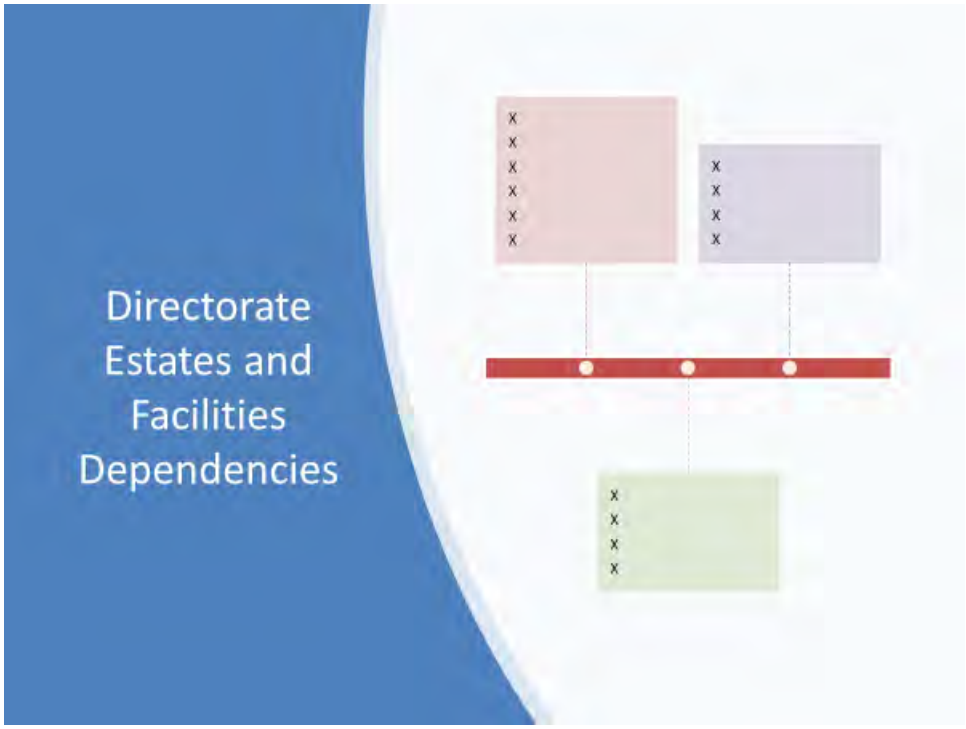
This slide should identify the main challenges and opportunities for your directorates in delivering outcomes associated with the implementation of digital solutions to support service delivery.

The plans should include an indication of how the ideas are being/will be developed, indicative timescales, costs, and sources of funds. Examples could include the roll-out of Nearme.



Directorate Estates and Facilities Dependencies

The Estates and Facilities Directorate will submit a system wide plan covering capital and revenue planning assumptions. Each directorate will also submit the anticipated dependencies on this work to support key objectives.



Directorate/Programme Risk Profile

Reflecting on the range of information gathered at directorate/programme level, an assessment should be made of the risk profile for each of the 3 years of the plan. This will be critical is supporting the prioritisation work which EDG will require to do when considering the consolidated returns.

Section D: SPRA Preparation and Governance Process

The EDG will be invited to consider and approve the SPRA process in November 2020. There will be a presentation on the process for the NHS Fife Board at the next available development session.

The Directorate SPRA presentations should be submitted by 18 December 2020 to the Director of Finance**.**

The returns will be consolidated for full EDG consideration in January 2020.

The SPRA will then be presented to the Finance, Performance and Resources Committee, the Staff Governance Committee, the Area Partnership Forum and NHS Fife Board. The SPRA outcomes will be used to populate the Annual Operating, Workforce Plan and other organisational strategies.

Mid-Year Review

A mid-year review takes place annually in September/October to assess progress. Following the mid-year review, a refreshed SPRA is presented to the EDG, Finance, Performance and Resources Committee, the Staff Governance Committee, the Area Partnership Forum and NHS Fife Board.

Annual Operating Plan

The NHS Fife plan for the 3-year period covering 2020/21 to 2022/23 will be due for submission in February 2020 as part of the Annual Operating Plan process.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**13th January 2021**
Title:	**NHS Fife 2019/20 Core Training Update**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Kirsty Berchtenbreiter, Head of Workforce Development**

1 Purpose

This is presented to Staff Governance Committee for:

- Awareness

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

This report sets out the NHS Fife Core skills compliance performance in the rolling year 1st October 2019 – 30th September 2020.

2.2 Background

Essential education and training is defined as any training or education that is required for an individual to undertake a given job role, task and/or speciality in a manner that is safe and effective. Core Skills training will be defined and monitored at a local level in accordance with organisational policy and statutory/regulatory requirements. Within the staff groups defined for all 9 Core topics, identified training should be considered compulsory.

Accurate, robust and timely compliance monitoring is essential to ensure that the organisation is able to deliver care to patient's that is safe, effective and person-centred and ensuring a safe and effective working environment for staff.

Non-compliance in this area gives rise to a number of organisational risks including reputational and financial risk through failure to meet statutory obligations; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. During early 2016, NHS Fife Executive Directors Group (EDG) identified

compliance with Core Skills training requirements as an organisational priority and requested that this should be monitored, and reported, on a quarterly basis.

2.3 Assessment

NHS Fife accepts that it is unrealistic to expect 100% compliance with core skills training as some members of staff will be unable to comply with mandatory requirements due to for example long term leave (sick leave, maternity leave etc.). There may be instances in which a staff member's mandatory training expires, and there is a short delay in them being able to achieve the required education and training. Whilst individuals would recognise their role in maintaining compliance with their core skills training, Managers have a key role in prioritising core skills compliance, supporting staff participation, and monitoring local compliance rates. Improving performance in each of the identified core training areas should be supported by all training providers to ensure optimum delivery capacity, appropriate delivery models and accessibility of provision.

It should be noted at this point that there are a number of factors that have an impact on the reporting data and this is detailed within Appendix 1.

Core Training Activity Summary

Appendix 2 provides a more detailed breakdown of performance by subject area.

Organisationally Health & Safety and Protection for All compliance are exceeding annual activity requirements at variable levels whereas the remaining 6 subjects are below the compliance requirements for the 12 month period. In response to the pandemic some topics, for example Adult Basic Life Support and Violence and Aggression, have moved away from classroom based training to alternative methods of delivery. The alternative method of training delivery is being monitored to ensure the learning remain effective. Services are being encouraged to engage in any alternative methods of delivery where available, to reach compliance levels of 80%.

2.4 Recommendation

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

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Data Source Information
- Appendix 2 – Performance Breakdown by subject area

Report Contact
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Appendix 1 Data source information

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

- Data for this report is sourced from 2 Learning Management Systems holding variable organisational information - eESS (electronic Employee Support System) and learnPro. Although eESS can be considered an accurate reflection of current hierarchical information, learnPro holds historical locations, hierarchies and services that are no longer managed within NHS Fife or have been relocated, restructured or renamed. learnPro is also heavily reliant upon the individual member of staff updating this information when relevant as it is not fed by any other NHS system which would help ensure consistency in relation to data matching. Individual updating of information is not a common behaviour within this system meaning that this can often lead to incorrect matching of an individual to their identified location.

- eESS and learnPro cannot be considered as 'intelligent' LMS's and neither system holds the post-based knowledge identifying exact Core Training requirements for each individual member of staff as these can vary significantly between posts in relation to the topics required and in some instances, the required refresh time (Manual Handling has a 12, 18 and 24 month refresh requirement depending on post held). As we are unable to apply core training requirements directly to each individual post within these systems, it means that it is very difficult to confirm that individuals are completing the correct training, at the appropriate refresh time, for their specific post. Until NHS Fife procure a system that provides this functionality, the data in this report should be considered as a reflection of *activity* in Core Skills training rather than a true reflection of *organisational compliance*.

- Without the availability of a single Learning Management System hosting all L&D formats on one platform (classroom based, competency assessed and eLearning) with the ability to associate Core Training requirements to specific posts, we are unable with any degree of confidence to accurately track Core Skills compliance using multiple systems which give information in variable formats.

- There are some Core topics that currently show compliance levels of 100% within the Acute Services and HSCP areas. This could be associated with the COVID19 pandemic where additional staff have been engaged through various recruitment campaigns but have not been reflected in the headcount figures used to produce this report, or where current staff whose services have been stood down have taken the opportunity to refresh core training topics earlier than required or are not a standard requirement as part of their role. This will lead to individuals being considered compliant in Core learning that has not been identified as required for their post.

- Information relating to organisational or service relocation or restructuring is not openly available to support the production of reports that are dependent upon this data. Historically, changes have been realised through coincidental communication rather than as part of a focussed communication. For example, the recent relocation of the eHealth department from AS to the Medical Directorate, Corporate Division affects both the headcount and activity in both services but this was not information that had been made known at the time of change. It would be beneficial to have access to these changes as a matter of routine.

- Clearer definitions of specific learning that should be considered as core compliance is required in order to ensure accuracy of data collection. The risk at this time is that some learning activities may be omitted or included from these reports which could have an impact on data provided within the report. The ongoing work in relation to Core learning requirements as part of the Once for Scotland agenda should help address any concerns in this area as this will provide a central, defined set of eLearning specific to Core Training topics for all NHS Boards. This learning will be hosted on Turas Learn providing a single platform service and as part of future development within Turas to facilitate the Once for Scotland requirements, a link will be implemented between the Learn and Appraisal applications within the programme which will enable associations between specific AfC posts and required mandatory learning and will provide a more robust and accurate reporting function in future.

Appendix 2: Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as at 30th September 2020

Subject area	refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age	Pharmacy Compliance %age
Manual Handling	1	all clinical staff (2 years for non clinical staff)	76	86	76	51	40
Fire Safety	1	all staff	57	76	53	29	22
ABLS	1	all clinical staff	72	76	70	59	58
HAI	1	all clinical +key non clinical staff	79	86	73	80	65
Information Governance	3	all staff	64	83	68	21	89
Health & Safety	3	all staff	100	100	100	39	75
Protection for All	3	all clinical + key non clinical staff	85	95	100	12	100
Equality & Diversity	once	all staff	70	91	65	38	94
Violence & Aggression	1 year / 3yrs	all clinical staff in priority areas + key non clinical staff	73	68	75	78	76
TOTAL			74	87	67	39	67

Table 2: Rolling Year Compliance Performance Improvement

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

Rolling year - Period ending	30 Sep 2018	31 Dec 2018	28 Feb 2019	31 May 2019	31 Oct 2019	31 May 2020	31 July 2020	30 Sept 2020
Compliance rate	**61%**	**66%**	**64%**	**72%**	**78%**	**76%**	**75%**	**74%**
Improvement (+/-)	**-39%**	**+5%**	**-2%**	**+2%**	**+6%**	**-2%**	**-1%**	**-1%**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**13th January 2021**
Title:	**NHS Fife 2019/20 Personal Development Plan and Review (PDPR)/Appraisal Trajectory**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Kirsty Berchtenbreiter, Head of Workforce Development, Jackie Millen, L&D Officer (KSF)**

1 Purpose

This is presented to Staff Governance Committee for:

- Awareness

This report relates to:

- Emerging Issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

During March 2020, as part of a national response to the COVID19 pandemic, the Scottish Government initiated a 'pause' in the annual Personal Development Plan and Review (PDPR)/Appraisal process in NHS Scotland resulting in a 6 month period of low engagement by staff in the activity.

Although formal notification has not been issued to confirm that this pause has ended, NHS Fife has now re-engaged with PDPR/Appraisal with the aim of returning to pre-COVID levels of compliance.

This report provides an update on this arrangement and sets out the revision to the trajectory for 2020/21.

2.2 Background

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

The importance of all staff having *"….. a meaningful conversation about their performance, their development and career aspirations"* is a priority for action in the Everyone Matters 2020 Workforce Vision Implementation Plan. It has been recognised that the most important element of the personal development plan process is the quality "face to face" discussion between reviewer and reviewee. Promotion of this is paramount and will be at the forefront of any campaign to reinvigorate engagement.

PDPR performance is routinely monitored locally through the IPQR, which is reported to the Area Partnership Forum and the Staff Governance Committee.

2.3 Assessment

PDPR compliance had shown a slow increase in performance throughout 2019 and into early 2020 and peaked at 51% in February. The data provided in Appendix 1 reflects the 12 month period from 1st October 2019 – 30th September 2020 showing a decline to 41%. Although some of this can be contributed to minimal engagement in the process over the previous 6 months, the lack of engagement prior to this is also a contributing factor.

Given the current level of compliance and the impact COVID-19 continues to have on service delivery, it is highly unlikely that the 80% compliance target will be achieved during the remainder of the review period available. Furthermore pursuing this expectation at this stage in the year could have a negative impact on engagement and commitment.

In response to these findings, it was proposed to EDG at the meeting held in October 2020, that a more achievable recovery trajectory for 1st April 2020 – 31st March 2021 is 55% with the aim being to increase compliance whilst avoiding placing unachievable targets on teams during the remainder of 2020/21.

The reduced trajectory has been accepted by EDG with the recognition that as we progress into the 2021/22 review period, the aim is to meet the 80% compliance target by 31st March 2022.

It was also noted that this lower improvement trajectory figure may be further impacted in the coming months having stepped into the challenges that winter brings and the delivery of significant new work e.g. the National COVID-19 vaccination programme, as well as the anticipated increase in COVID-19 cases.

A number of key actions have been identified, and are in progress which will help minimise the risk of a further decline in compliance for the remainder of 2020/21, whilst also helping to increase engagement as we progress into the new review period. These include promotion of the PDPR process via the Chief Executive's weekly brief, a video message from the Director of Workforce and key messages from Staff Side. These are in addition to a number of training interventions and support provided for all managers and their teams.

2.4 Recommendation

SGC are asked to **note** the revision to the 2020/21 trajectory to 55% (80% in 2021/22), and the work to support PDPR/Appraisal activity.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Personal Development Plan and Review (PDPR) Progress data

Report Contact

Kirsty Berchtenbreiter
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Appendix 1 – Personal Development Plan and Review (PDPR) Progress Data

The information below reflects the period from 6th October 2019 - 5th October 2020 and represents the number of PDPR conversations confirmed via Turas Appraisal. National requirements are that during the defined reporting period of 1st April – 31st March 80% of NHS staff under AfC terms and conditions within each board are engaged in an annual PDPR conversation.

CHP/Division	Number of permanent staff	Number of completed Appraisals on Turas	%
Overall total	8158	3373	41
Acute Services			
Total	**3051**	**1316**	43
Estates and Facilities			
Total	**1121**	**304**	27
Board Medical Director			
Total	**371**	**190**	51
Finance			
Total	**97**	**42**	43
Workforce			
Total	**60**	**25**	42
Nursing Directorate			
Total	**77**	**24**	31
Public Health			
Total	**24**	**16**	67
Pharmacy			
Total	**250**	**83**	33
Fife Wide Division			
Total	**1942**	**922**	47
East Division			
Total	**704**	**280**	40
West Division			
Total	**461**	**171**	37

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Wednesday 13 January 2021**
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

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 the Workforce Sustainability aspect of NHS Fife's BAF and in relation to the on-going linked operational risks; Risk ID 90: National Shortage of Radiologists, Risk ID 1324: Medical Staff Recruitment and Retention; as at 17 December 2020.

Since the BAF was presented to the Staff Governance Committee in October 2020, an additional linked operational risk has been identified for Workforce Sustainability: Risk ID 1652: Lack of Medical Capacity in Community Paediatric Service, as detailed below:

Risk ID 1652: Lack of Medical Capacity in Community Paediatric Service

Situation

The Community Paediatric Service staffing has between 2014 and 2020 reduced from 14 wte to 4.25 wte substantive general Community Paediatricians in post. This is due to the service being unable to fill vacancies following retirals. Permanence and Child Protection specialist posts are delivered by an 0.6 wte Associate Specialist, 0.7 wte Consultant Clinical Lead Paediatrician and a 0.4 wte Locum Consultant Community Paediatrician.

The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted.

Current Management Actions

Conversations regarding the Attention Deficit Hyperactivity Disorder Service taking place with Divisional Manager Fife-wide H&SCP regarding governance and improvement actions required across HSCP and Community Paediatrics.

Interviews were held on 7/9/2020 for Consultants and Specialty Doctor - both posts were appointed to and likely to start in the new year, which will improve the staffing position.

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. Failure to ensure this will adversely affect the provision of services and the quality of patient care delivered. It will also impact upon the organisational capability to implement the new clinical and care models and service delivery set out in the Clinical and Workforce Strategies.

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

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members and linked operational risk owners.

2.3.8 Route to the Meeting

The Workforce Sustainability element of the Board Assurance Framework has been previously considered by the Staff Governance Committee at the Staff Governance Committee meeting held in October 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 High Risks**

Report Contact
Linda Douglas,
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NHS Fife Board Assurance Framework (BAF)

					Initial Score				Current Score													Target Score					
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Workforce Sustainability																										
1673	Exemplar Employer	13/12/2020	5 February 2021	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 Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	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.	Linda Douglas Director of Workforce	Staff Governance Margaret Wells	*Ongoing actions designed to mitigate the risk including:* 1. • Implementation and revision of the Workforce Strategy to support the Clinical Strategy and Strategic Framework. 2. • Implementation and revision 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" and the associated values and behaviours. 4. • Establishment of a Bronze Workforce Group to consider the impact on the workforce in respect of the EU Exit. Organisational support to affected employees is still being provided and publicised. 5. • Implementation of eESS as a workforce management system within NHS Fife 6. • 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. Initial university liaison sessions held to secure next year's graduates. 7 • 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, including a single bank for NHS Fife. NHS Fife currently has COVID-19 supplementary staffing resources deployed to support the substantive workforce where the need is greater, thereby reducing external costs on staffing. 8. • NHS Fife 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, Regional Workforce Group, Physicians Associates Group and International Medical Recruitment campaigns. 9. • 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, 10. • Well@Work and staff HWB initiatives continue to support the health and wellbeing of the workforce, facilitating early intervention 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 and with investment in our OH service. 11. • The iMatter 2020 cycle has been paused during the COVID-19 pandemic with a Pulse Survey run instead and reports available in December 2020. Staff engagement activity is being evaluated to reflect the impact of the pandemic. 12. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce. 13. • Training and Development: 14. • Development of the Learning and Development Framework strand of the Workforce Strategy. 15. • Leadership and Management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels. 16. • Improvement to be achieved in Core Skills compliance to ensure NHS Fife meets its statutory obligations. 17. • The implementation of the Learning Management System module of eESS to ensure all training and development data is captured and to facilitate reporting and analysis. 18. • Continue to address the risk of non compliance relating to TURAS Appraisal. 19. • 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. 20. • 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	(1-3) 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. (4-5) Implementation of proactive support for the workforce affected by the EU Exit. Early renewal of UKVI Sponsor Licence and successful increase in numbers of Certificates of Sponsorship to support future recruitment activity as required. Communication with and support for recruiting managers. (6) 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. (7-10) 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, now established. These groups will take account of recent and anticipated SG guidance on Integrated Workforce Planning. (11-12) 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 and from investment in our OH service. (13) Optimise use of iMatter process and data to improve staff engagement and retention. As agreed Nationally, a Pulse Survey ran instead of iMatter in September 2020, Directorate and Board level reports were available in December 2020, with relevant managerial actions being considered, but will not include team reports. (14) Continue to implement and promote Staff Governance Action plans and staff engagement, through the Pulse Survey in 2020. (15-17) Implementation of the Learning and Development Framework strand of the Workforce Strategy. Increased utilisation of virtual learning opportunities. (18) Review of L&D processes, planning and resources to ensure alignment to priorities. (19) Full roll out of Learning Management self service (20) Continuing implementation of the KSF Improvement and Recovery Plan throughout the Board, led by EDG. (21) Responsible Person: Director of Workforce / Partnership (22) Responsible Person: Director of Workforce	1. Regular performance monitoring and reports to EDG, APF, Staff Governance Committee 2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee	1. Use of national data 2. Internal Audit reports 3. Audit Scotland reports	Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting including all learning and development activity	Overall NHS Fife Board has robust workforce planning and learning and development governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce strategy supporting the Clinical Strategy and the implementation of eESS, should provide appropriate levels of control.	2 – Unlikely – Not expected to happen – potential exists	2 – Minor	4	Low Risk	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.

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1652	Lack of Medical Capacity in Community Paediatric Service	Active Risk	High Risk	25	Couser, Gemma
1324	Medical staff recruitment and retention	Active Risk	High Risk	16	Kennedy, John
90	National Shortage of Radiologists	Active Risk	High Risk	16	Anderson, Jane

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
503	Diabetes	Closed Risk			
1042	Staffing Levels	Active Risk	Moderate Risk	12	Nolan, Karen
1349	Service Provision - GP locums may no longer wish to work for NHS Fife Salaried Practices	Closed Risk			
1353	Service Provision - Shortfall in GP Cover will limit service provision	Closed Risk			
1375	Breast Radiology Service	Active Risk	Moderate Risk	12	Cross, Murray
1420	Loss of consultants	Active Risk	Moderate Risk	12	Harkins, Nicola
1846	Test and Protect	Active Risk	Moderate Risk	12	Connor, Nicky
1858	workload resulting from deterioration in mental health	Closed Risk			

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
1652	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	12.11.2019	Lack of Medical Capacity in Community Paediatric Service	The Community Paediatric Service staffing has reduced from 14wte in 2014 to 4.25 wte substantive general community paediatricians now in 2020. This is due to the service being unable to fill vacancies following retirals. Permanence and Child Protection specialist posts are delivered by 1.7 wte. The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted. Complaints are significant in number and many have been received from MSP's and local councillors.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	Conversations regarding ADHD Service taking place with Divisional Manager Fife wide HSCP regarding governance and improvement actions required across HSCP and Community Paediatrics Interviews were held on 7/9/2020 for Consultant and Specialty Doctor - both posts appointed to and likely to start in the new year. Caseload review continues across the different areas.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Couser, Gemma	Harkins, Nicola	10.09.2020	21.12.2020
1324	COMMUNITY SERVICES EAST - RISK REGISTER	02.12.2016	Medical staff recruitment and retention	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery. For Cameron, there is a whole time equivalent specialist doctor vacancy of 10 sessions per week (50%). For Glenrothes there is a 4 session speciality doctor vacancy (40%) and this will escalate to a 10 session vacancy from 1st July 2017. Glenrothes has 59 beds whilst Cameron has 80 beds.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	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. JD requires collation. Consultant will support with this 05/05/20 Locum and ANP provision is adequate for the current period of time. 21/02/20- Speciality Dr plans to return to work after significant absence. Locum will be required to continue as no CDF from end of April. Acute services recruit CDF's and request ahs been made for 2 from August 2020. ANP and NP in place . Medical cover will continue to be required on both sites . 20/12/19- Risk now high. CDF only until the end of January, then just 1 CDF for Cameron. Locum extension requested. ANP commences in January 2020. Further review of medical staff and cover for the coming months to be discussed and actioned by HSM and Clinical director. Meeting early January. 08/07/19- clinical fellows X2 will commence in August 2019 until February 2020. in Cameron AND Glenrothes, locum cover is still required and in place Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019 01/08/18;	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	26.08.2020	04.01.2021
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

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**13 January 2021**
Title:	**Internal Audit Annual Report 2019-20**
Responsible Executive:	**M McGurk, Director of Finance**
Report Author:	**T Gaskin, Chief Internal Auditor**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the final 2019/20 Annual Internal Audit Report to all Board governance committees. The report was considered and approved by the Audit & Risk Committee at its November 2020 meeting.

2.2 Background

The report, with completed action plan, is considered as part of the portfolio of evidence provided in support of the Audit & Risk Committee's evaluation of the internal control environment. It provides details on the outcomes of the 2019/20 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2019/20.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2019/20 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The opportunity to ensure that staffing reflects organisational priorities and the need for Board-level assurance that capacity and capability are sufficient to update and drive strategy, achieve transformation and deliver required savings
- Different ways of working due to Covid19 and the opportunities and challenges these present;
- The requirement to review and potentially revise the Board's overall Strategy and all supporting strategies and ensure they are widely known and understood;
- Ongoing developments in risk management;
- The requirement to finalise governance aspects of integration;
- Recognition of eHealth as an essential enabler for change and the implementation of governance arrangements for eHealth and Information Governance;
- Improvement required around implementation of internal audit recommendations.
- The importance of remobilisation to the transformation process is vital moving forward. Internal Audit have developed a set of remobilisation principles and will be reviewing the adequacy of actions taken by the Board against these principles, with a report to be considered at the January 2021 Audit and Risk Committee meeting.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and the Associate Director of Finance.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance. It has been discussed and approved by the Audit & Risk Committee at its meeting on 19 November 2020.

2.4 Recommendation

The Staff Governance Committee is asked to:

- **NOTE** this report and its evaluation of the internal control environment, particularly its areas of findings relevant to the Committee's own remit.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2019/20

FTF Internal Audit Service

Annual Internal Audit Report 2019/20

Report No. B06/21

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

C McKenna, Medical Director
L Douglas, Director of Workforce
H Buchanan, Director of Nursing
G MacIntosh, Head of Corporate Governance & Board Secretary

Audit and Risk Committee
External Audit

Contents

Final Report Issued	10 November 2020

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit and Risk Committee provides details on the outcomes of the 2019/20 internal audit and my opinion on the Board's internal control framework for the financial year 2019/20.

2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2019/20 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit and Risk Committee is asked to **note** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2019/20 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the previous Director of Finance. The resultant audits ranged from risk based reviews of individual systems and controls through to reviews of strategic governance and the control environment.

6. The authority, role and objectives for Internal Audit are set out in Section 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.

7. Internal Audit is also required to provide the Audit and Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued on 6 January 2020, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG) and other papers. The ICE noted many actions taken by NHS Fife to enhance governance and achieve transformation and whilst it concluded that NHS Fife assurance structures were adequate and effective, there were 15 recommendations for improvement by the end of June 2020, eight of which were classified as significant. Four recommendations have been implemented, with two partially completed and nine still outstanding. Further details are included within each governance section.

9. In this annual report we have provided an update on progress to date and, where appropriate, built on and consolidated recommendations to allow revised completion dates to be agreed. The completion dates for seven actions have been extended, with the latest completion date now February 2021. Four remaining actions have previously been extended and remain outstanding. The following key findings from our ICE remain extant:

    - Sustainable financial balance will not be achieved without greater progress on transformation and the revision of the IJB risk share agreement
    - Information Governance assurances are insufficient
    - Although progress has been made, Integration Governance arrangements have still not been concluded
    - Actions to address the recommendations within Internal Audit Report B15/17 & B18/18 - Clinical and Care Governance Strategy and Assurance have not progressed as expected.

10. Covid 19 has clearly had a substantial impact on the organisation's priorities and ability to complete all of the agreed actions. However, it is our view that many of the original recommendations would not have been completed on time had the pandemic not occurred. The EDG should revisit these outstanding actions together with further required actions identified in this Annual Report to ensure the timescales for completion are appropriate, achievable and are afforded the requisite priority.

11. The ICE was our main piece of assurance work for 2019/20 and this Annual Internal Audit Report is therefore less detailed than in previous years. In addition to our ICE follow-up we have tested to ensure that there were no material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the impact of Covid 19 and the special governance arrangements put in place at the end of the year. Some areas for further development were identified and will be followed up in the 2020/21 ICE and, where applicable, our detailed findings have been included in the NHS Fife 2019/20 Governance Statement.

12. For 2019/20, the Governance Statement format and guidance included within the NHSScotland Annual Accounts Manual has been updated to include reference to the March 2018 SPFM Audit Committee Handbook and the Blueprint for Good Governance, issued in January 2019, albeit without specific reference to the associated Treasury Guidance on assurance mapping in the Audit Committee Handbook. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of IJBs. We are pleased to note that the NHS Fife Governance Statement does include reference to the key areas omitted from SGHSCD guidance.

13. The Board has produced a Governance Statement which states that:

    - *For 2019-20, 2595 individuals have exceeded the Treatment Time Guarantee to have their treatment provided within 12 weeks. A letter of apology was sent to each patient and every effort was made to treat patients in as short a time as possible. A Waiting Times Improvement Plan is being implemented and progress and improvement actions continue to be monitored through monthly performance reviews within the Acute Services Division.*
    - *An unannounced Healthcare Environment Inspection (HEI) was conducted at Glenrothes Hospital in March 2019, the Hospital having been last inspected in April 2014. The inspection reported on areas where NHS Fife was performing well and areas for improvement, identifying two areas of good practice and three requirements for improvement. During the visit the Board received positive feedback about the standards of cleanliness and staff knowledge of standard infection control precautions. It was, however, noted that not all staff were aware of and completed mandatory requirements for infection prevention and control education and that all patient equipment was safe and clean. An action plan was prepared in response to the areas for improvement identified, with all actions since completed. A further unannounced inspection of Glenrothes Hospital, by Healthcare Improvement Scotland, was conducted in July 2020, focused on Safety and Cleanliness and Care of Older People in Hospital; publication of the report is expected in September 2020.*
    - *There were 13 potential personal data-related incidents or data protection breaches reported to the Information Commissioner's Office (ICO) during the financial year ended 31 March 2020. Six related to personal data breaches, of which one report was rejected by the ICO as it pertained to a deceased person and one was subsequently withdrawn on investigation. Three breaches related to the unavailability of data (unplanned system outage) and four related to personal data breaches within GP Practices (NHS Fife is now joint data controller of data held within GP practices and provides Data Protection serves to GPs). None resulted in any patient harm or financial penalties being imposed. For ten of the reports submitted, the ICO took no further action, though made a series of recommendations. One report remains outstanding at the time of writing of this report.*
    - *During the 2019-20 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control.*

14. Whilst we are content that these disclosures are sufficient, members should be aware that the issues we have raised in relation to Information Governance could well lead to a disclosure in 2021-22 unless remedial action is taken as a matter of priority.

However, management have recently reviewed eHealth and Information Governance and are confident that the implementation of new governance arrangements will raise the profile of Information Governance at the Clinical Governance Committee and should address these issues.

15. Our audit has provided evidence of compliance with the requirements of the Accountable Officer Memorandum, and this combined with a sound corporate governance framework in place within the Board throughout 2019/20, provides assurance for the Chief Executive as Accountable Officer.

16. Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place;
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

17. Assurances have been received from all Executive Directors and Senior Managers that adequate and effective internal controls and risk management have been in place across their areas of responsibility and that there are no known control issues, nor breaches of Standing Orders / Standing Financial Instructions.

Covid 19

18. On 17 March 2020 NHS Scotland was placed on an emergency footing under section 1 and section 78 of the National Health Service (Scotland) Act 1978, for at least three months. Boards were given instructions *'to do all that is necessary to be ready to face a substantial and sustained increase in cases of COVID 19'*. A subsequent Directive from Scottish Government to Health Boards made clear that where directions are issued on behalf of the Cabinet Secretary there was to be no local interpretation and that these must be implemented in full and without delay in order to maintain the resilience of the NHS.

19. In recognition of the challenges caused by the rapid mobilisation of services to address Covid 19, a letter was issued by the Scottish Government Director of Health Finance to Board Chairs dated 25 March 2020, providing approval to revise governance arrangements. Individual Health Boards were invited to submit their specific proposals for governance during the pandemic period to the Office of the Chief Executive and NHS Fife submitted it on 30 March 2020. On 8 April 2020 NHS Fife Board considered a paper outlining the Board's planned approach to governance while NHS Fife continued to deal with the Covid 19 pandemic, based on the principles contained in the submission made to the Scottish Government. The paper outlined aims: to ensure the Board could effectively respond to Covid 19 as well as appropriately discharge its governance responsibilities, maximise time available for management and operational staff to deal with the significant challenges of addressing Covid 19 demand within clinical services and minimise the need for people to physically attend meetings.

20. In addition, meetings between the Chair and Vice-Chair and members of the EDG have taken place on a weekly basis and the minutes have been circulated to Board members. The Chief Executive has issued a weekly Covid update to all staff.

21. To ensure good governance around the restart of clinical services, the Remobilisation Oversight Group (ROG) was established with a wide representation of clinical leaders, to oversee the restarting of health and care services in Fife. As reported to the July 2020 Board, the purpose of this group is to take forward the reintroduction of clinical services in a safe, measured and Covid 19 sensitive way. The ROG aims to oversee the

whole system restart to improve integrated pathways from primary care, community, social care and secondary care, adhering to governance arrangements with learning from the Covid 19 response. The latest iteration of the Remobilisation plan, to March 2021, was submitted to the Scottish Government on 31 July in line with the requirements of the Scottish Government.

22. The draft NHS Fife Governance Statement recognises that *"In light of the ongoing impact of Covid 19 on NHS Fife, it is anticipated that the Board's strategic framework will require to be reviewed, in tandem with reassessment of the transformation programme and its relationship to the remobilisation / redesign of key services. As part of that work, the strategies of the IJB will also need to be considered and it is expected that all of the Board's supporting strategies will require review, to appropriately reflect a post-Covid environment."*

23. It is clear that recovery and reconfiguration will be key throughout the remainder of 2020-21. Remobilisation activity and transformation will need to be considered together in parallel with the fundamental review and, if required, revision of the Board's overall Strategy and supporting strategies. Additional responsibilities have been placed on Boards in relation to care homes and these will need to be considered in the context of the recognised need to formalise and enhance clinical and care assurance processes.

24. NHS Fife has contributed to the national response to the pandemic by piloting the Scottish Test and Protect software and the testing of the effectiveness of a Covid 19 treatment.

Key Themes

25. During 2019/20 the Chief Executive's departure resulted in changes to the NHS Fife Executive and senior leadership team structure, including appointment of the then Director of Finance as Interim Chief Executive and the subsequent appointment of an experienced Director of Finance from another Health Board on an interim basis. Other appointments during the year included a new Director of Workforce, Chief Operating Officer, Director of Health and Social Care, although the Director of Strategic Planning post remains vacant. The necessary prioritising of Covid 19 duties had emphasised the urgency to put in place effective controls and in particular the need for the Board to seek assurance from the EDG to assure itself that it had sufficient capacity and capability to deliver long-term strategic change and develop sustainable models of care whilst delivering significant short-terms savings and continuing to deliver business as usual.
26. Over recent years the challenges facing all Boards have increased significantly and NHS Fife has been no exception. Controls within the Board have not kept pace with changes to the environment in which the Board operates and may not be sufficient fully to mitigate the risks facing the Board in the coming years. Systems of control continued to have challenges to adequately resolve long-standing information governance, IJB governance and transformation issues. Capacity issues, specifically the loss of a number of key finance staff, have contributed to a delay in submission of the annual accounts in line with the agreed timetable; the audit commenced in September and will conclude with the NHS Fife Board receiving the accounts for approval in November. Covid 19 and the consequent need to revisit the Board's overall and supporting strategies will create additional pressures going forward. The Board must assure itself that it has sufficient capacity and capability to review and, where necessary revise its

strategies, deliver transformation and reconfiguration, and achieve significant short-term savings whilst continuing to deliver business in extremely challenging circumstances at a time when staff have been under significant pressure over a long period.

27. Other key themes emerging from our ICE and other audit work during the year include:

- As with all other NHS Boards, the Board's overall Strategy and all supporting strategies will require fundamental review and potentially significant revision to take account of the impact of Covid 19 on population need, resource availability and the impact on modes of delivery as well as embedding potential for more rapid change. This will require considerable work to understand the impact of the pandemic and greater focus by Committees on the formation of supporting strategies and the monitoring their delivery as well as the delivery of transformation which will need both to accelerate and be genuinely transformative.
- Covid 19 will have a considerable impact on the Board's risk profile and, given the improvements still required, as reported in B13/20, there is an opportunity fundamentally to embed Risk Management processes, incorporating assurance mapping principles to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. The revision of the Board's overall strategies provides an opportunity for fundamental review of the Corporate Risk Register to ensure it links risk to strategic objective, and to allow Board members to participate fully.
- Implementation of Internal Audit recommendations requires improvement with the vital support of EDG to ensure completion of actions. In particular, the completion of actions agreed within the ICE has been poor. Whilst some of this has undoubtedly been affected by Covid 19, we would anticipate that progress with actions will improve as staff return to their substantive duties. There is a need for more robust monitoring of ICE recommendations by officers and via the appropriate governance committees, who should reflect on any significant non-compliance in their year-end assurances.
- Digital and Information (eHealth) will be an essential enabler for transformation and remobilisation. Whilst there have been enhancements in the Digital and Information function, the overall governance arrangements and assurance reporting for Digital and Information, particularly for Information Governance, require substantial improvement to reflect their increasing importance and substantially increased risk profile.
- Following Covid 19, NHS Fife should establish clear and comprehensive Remobilisation principles which cover:
    - Learning lessons and identifying what did and did not go well, and thereby what changes and improvements can be instigated (noting that lessons learnt exercises have been undertaken with reporting to the Gold Command).
    - Where processes revised as a result of Covid 19 are proving more effective and efficient, these should be incorporated into Business as Usual and there should be no assumption of a reversion to prior models; the past should have no special place

- Data to evidence success and failure should be identified at the outset for both formal transformation projects and changes introduced as a result of the Covid 19 pandemic.

- It was already clear that services were not sustainable without substantial change and Covid 19 has increased the requirement for rapid transformation. Our Transformation Programme Governance Follow-up review (B15A/20) found that only one of the six recommendations from our report B10/18 had been fully implemented. Transformation work must be fully aligned with remobilisation activity and the organisation must seize the opportunity for rapid, sustainable change, in accordance with the actions agreed with Internal and External Audit over the last two years. This should be a central priority for both for the NHS Fife Board and particularly the Clinical and Care Governance Committee which has been delegated with responsibility for monitoring progress.

28. As a result of the Covid 19 pandemic, the Scottish Government delayed the requirement for comprehensive review of Integration Schemes. Whilst there has been progress, two key areas still need to be agreed including Clinical and Care Governance, which will now require particular attention. There is a commitment by management to reach agreement by 31 December 2020 in readiness for an approved Integration Scheme for the start of 2021-22.

29. The Board has been working in different ways as a result of the pandemic. Again, this provides an opportunity to reflect on its governance structures to ensure that they focus on the delivery of key organisational objectives, the mitigation of risk and effective assurance. This would also be a good time to refresh the understanding of the Board and Standing Committees on governance, culture and principles, ensuring that they are evident in all aspects of business. Whilst national initiatives such 'active governance' are expected to be introduced in 2020-21, we would expect the Board and Standing Committees to demonstrate:

    - Clear expectations of acceptable progress and delivery, tempered with an understanding of risks and acknowledgement that risks may crystallise
    - An expectation that officers will notify and address poor performance in a timely way
    - A collective understanding from members that NHS Fife must deliver on realistic targets which requires the Board and its Committees to ensure that targets are meaningful and realistic and then to ensure that all possible actions have been taken to meet them
    - Clear focus on priority areas including transformation, integration and information governance.

AUDIT PRODUCTS AND OPINIONS

30. During 2019/20 we delivered 34 audit products, including 9 from 2018/19. These audits reviewed the systems of financial and management control operating within the Board. Our reviews assisted the Board by examining a wide range of controls in place across the organisation.

31. Our 2019/20 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit and Risk Committee throughout the year.

32. A number of our reports, including reviews of areas such as eHealth Strategic Planning & Governance, Transport of Medicines, and Attendance Management (Workforce Planning) have been wide ranging and complex audits which have relevance to a wide range of areas within NHS Fife.

33. Board staff had previously maintained a system for the follow up of internal audit recommendations and reporting of results to Audit & Risk Committee. To improve the effectiveness of the Audit Follow Up system, a revised approach was adopted from October 2019 with Internal Audit conducting an exercise to identify all outstanding actions back to 2017/18.

34. Although the Audit & Risk Committee has acknowledged improvements in the quality of Audit Follow Up (AFU) reports since January, the AFU management response rate and the quality of responses still requires enhancement. Of the 177 recommendations made in the years 2017/18, 2018/19 and 2019/20, 74 have been reported as complete, 61 of which have been verified by internal audit (as at 22 June 2020). While progress with some of these actions has undoubtedly been affected by Covid 19, we would expect that as staff return to their substantive duties, there should be clear and significant evidence of progress.

ADDED VALUE

35. The Internal Audit Service has been responsive to the needs of the Board and has added value by:

- Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which recommended remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
- Continuing to liaise with management and providing ad-hoc advice on a wide range of governance and control issues.
- Progressing the ongoing assurance mapping exercise to identify, assess, structure and develop assurances relating to key risks as well as those required from Directors. Internal Audit facilitated a joint approach across its four mainland clients as well as linking with national developments. In NHS Fife the Board Assurance Framework risk chosen for review was '*eHealth – Delivering Digital and Information Governance & Security*' which is described as '*There is a risk that due to failure of Technical Infrastructure, Internal & External Security, Organisational Digital Readiness, ability to reduce skills dilution within eHealth and ability to derive Maximum benefit from digital provision NHS Fife may be unable to provide safe, effective, person centred care*'. Work was progressing well, with very strong input from the Board Secretary, but was paused due to impact of Covid 19 and will continue as part of the 2020/21 Annual Internal Audit Plan.
- Continued participation in the development of information governance arrangements through attendance at Information Governance and Security Group and eHealth Board meetings and provision of support and advice on governance and assurance reporting.
- Detailed commentary on the developing Risk Management Framework.

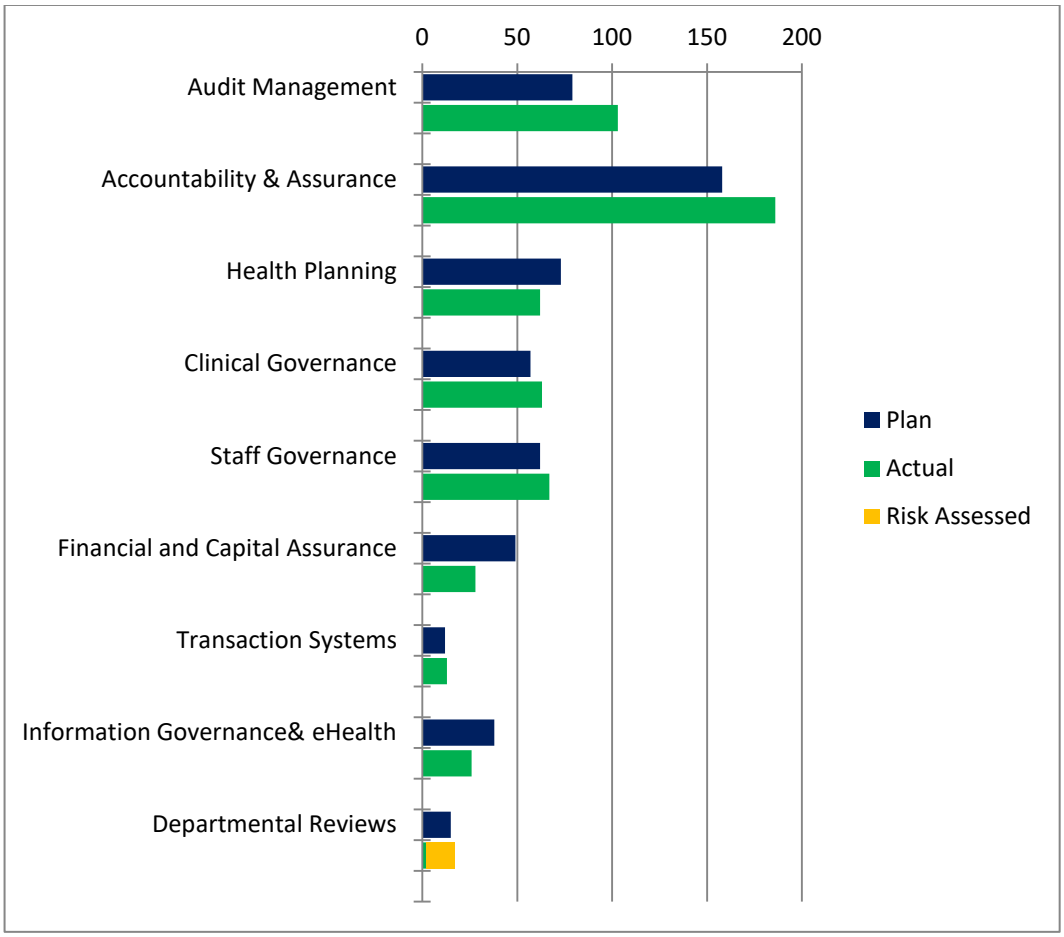
- The B21/20 Medicines Management review contributed to the broader Medicines Assurance Audit Programme by considering compliance with the controls included in the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP) regarding the movement and transportation of medicines to Community Hospitals. The audit found a number of lapses in expected controls and these were communicated at the Safe and Secure Use of Medicines Group and the Medicines Transport Project Group.
- The B23A/20 Attendance Management review provided assurance over the implementation of the attendance management policies and procedures and provided positive feedback that the training and awareness sessions were having a positive impact.

36. Internal Audit developed a governance checklist tool to capture evidence and provide assurance on areas of good governance and identify any gaps in arrangements to support the work of the NHS Boards during the pandemic. An abbreviated checklist was considered by the NHS Fife Standing Committees between June and July 2020 and Internal Audit will provide a review of these completed checklists early in the autumn. Internal Audit has also developed reconfiguration and remobilisation principles to assist management and to inform the 2020-21 audit process.

37. Internal Audit has continued to highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk and to advise on specific issues, as well as maintaining an awareness of the impact of the IJB control environment on NHS Fife and providing updated assurance principles for consideration by management.

INTERNAL AUDIT COVER

38. Figure 1: Internal Audit Cover 2019/20



39. Figure 1 summarises the 2019/20 outturn position against the planned internal audit cover. The Annual Internal Audit Plan was approved by the Audit and Risk Committee at its meeting on 20 June 2019. To date, we have delivered 550 days against the planned 543 days. Work is ongoing to ensure that the two remaining products from 2019/20 are completed by the September 2020 Audit and Risk Committee. All audit products required for External Audit and for year-end assurance have been delivered.

40. Following a recommendation from the External Quality Assessment carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2019/20 audits for inclusion in the 2020/21 plan. Only one review, Recruitment and Retention, required risk assessment and has been included within the audit plan for 2020/21.

41. A summary of 2019/20 performance is shown in Section 4.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

42. The FTF Partnership Board has produced as annual summary of activity for the year:

FTF Partnership Board
Annual Summary 2019/20

1. Introduction

This report sets out a summary of Partnership Board meetings held in 2019/20.

2. FTF Partnership Board Meetings

Meetings were held on the following dates:

- 12 April 2019
- 13 November 2019

3. Attendance

The following individuals attended meetings in person or via teleconference:

Members:

- Scott Urquhart, Director of Finance, NHS Forth Valley (Chair)
- Carol Potter, Director of Finance & Performance, NHS Fife (now Chief Executive, NHS Fife)
- Frances Gibson, Head of Finance – Governance & Assurance, NHS Tayside / Robert MacKinnon, Associate Director of Finance

In Attendance:

- Tony Gaskin, Chief Internal Auditor FTF
- Jocelyn Lyall Regional Audit Manager FTF
- Barry Hudson Regional Audit Manager FTF
- Angela McEwan NHS Forth Valley (Minutes)

4. Business

The committee considered both routine and specific work areas during the year:
Key items discussed and outputs included the following:

- Review of External Quality Assessment (EQA) of FTF Internal Audit Service
- Health & Social Care Integration issues
- Internal Audit Shared Service Agreement 2018-2023 - update and review
- Internal Audit Service Specification – update and review
- Governance Issues including Governance Statement Guidance, Assurance Mapping and SGHSCD Assurance letters
- Review of budget performance 2018/19
- Approval of budget proposals 2019/20
- Review of Performance including KPIs and Balanced Scorecard
- Recruitment

5. Conclusion

As Chair of the Partnership Board I can confirm that the breadth of the business undertaken, and the range of attendees at meetings of the Partnership Board has allowed us to fulfil our remit.

Scott Urquhart
Chairperson, FTF Partnership Board

43. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).

44. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

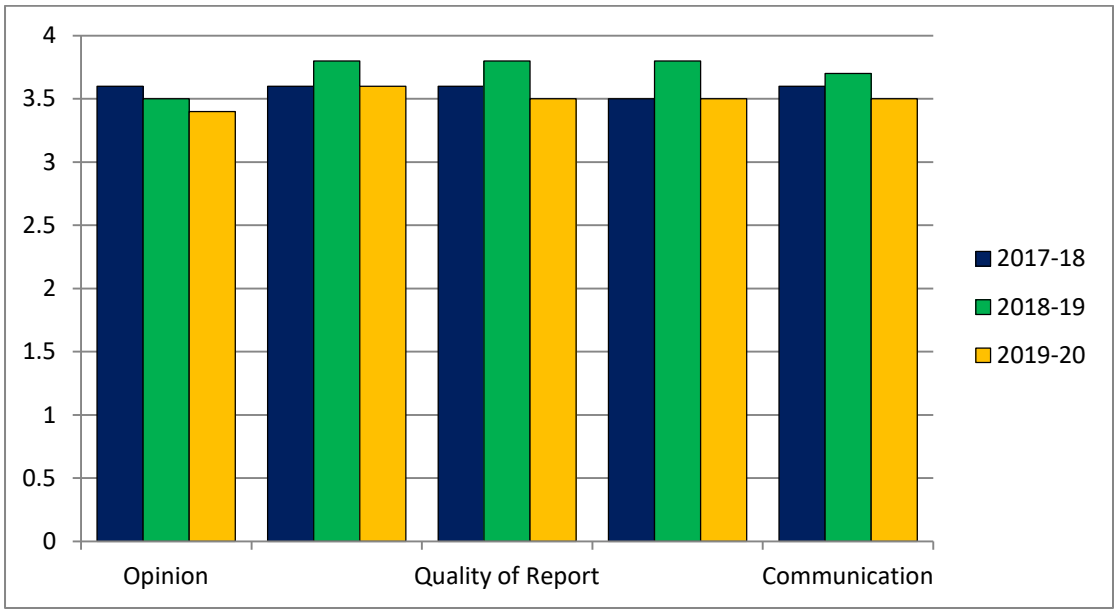
45. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

46. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent external assessment of the Internal Audit Service was presented to the Audit Committee on 9 June 2019 and concluded that *'following completion of the comprehensive External Quality Assessment (EQA) Checklist and, based on the work undertaken, it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* All actions are now complete and we are in the process of updating our self assessment of the EQA requirements. The outcomes will be reported to the FTF Partnership Board.

47. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

48. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



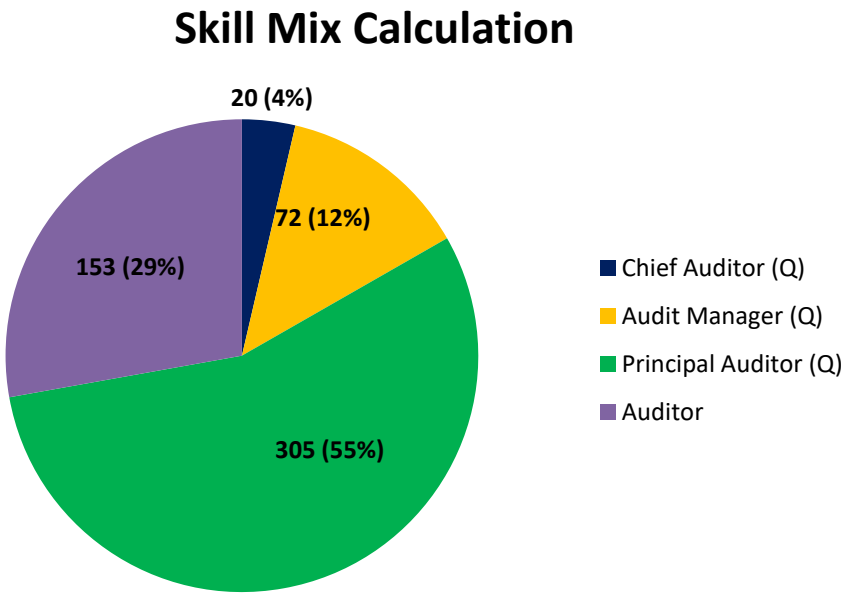
49. Other detailed performance statistics are shown in Section 4.

STAFFING AND SKILL *MIX*

50. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2019/20 the audit was delivered with a skill mix of **71%**, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

51. **Figure 3: Audit Staff Skill Mix 2019/20**

Audit Staff Inputs in 2019/20 [days] Q= qualified input.



ACKNOWLEDGEMENT

52. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.

53. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance, the Head of Corporate Governance & Board Secretary, and the Audit and Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Summary

The overall NHS Fife senior leadership structure and supporting sub structure should be reviewed and presented to the Board with clear assurance on capability, including Business as Usual arrangements, Strategy production, transformation and remobilisation. Assurance on the essential question of whether NHS Fife has the capacity and capability to deliver its operational and strategic objectives should be provided to the Board from the EDG.

Statements of Assurance

Assurance statements from Standing Committees include a Best Value Framework, which links to performance, governance and accountability as well as a separate section on risk management. However not all relevant key matters relating to governance, internal control and risk management were properly highlighted, including areas of significant concern which had already been identified by Internal and External Audit.

While we commend the more detailed and reflective style of the Standing Committee Annual Statements of Assurance, disclosures included in the Board's Governance Statement were not highlighted as such within either the Annual Statements of Assurance or Executive Directors' Assurance letters. For example, while the HIS inspection reports of Glenrothes and Victoria Hospitals were not referred to in the Clinical Governance Committee Annual Statement of Assurance, nor in the relevant Executive Director's letter, these required disclosure within the Board's Governance Statement.

Integration Arrangements

The 'Review of Progress with Integration of Health and Social Care', published by the Ministerial Strategic Group for Health and Community Care (MSG) in February 2019, outlined 25 practical proposals for NHS Boards, Local Authorities and Integration Authorities, working with key partners including the third and independent sectors, to increase the pace and effectiveness of integration by February 2020. The Director of Delivery, Health & Social Care Integration has met with Fife IJB and HSCI to support the governance and integration arrangements.

Internal audit report B08/20 - Evaluation of Internal Control Framework (ICE) recommended that updates on HSCI should be provided to the Board. The integration scheme review, including the financial risk share, is being undertaken by NHS Fife in conjunction with Fife Council, and was due to be completed by April 2020 but has been delayed due to Covid 19. As a consequence the 'Integration Joint Board' BAF has still not been revised.

Audit Scotland issued a Section 102 report for Fife IJB on financial management and sustainability. Internal Audit had previously highlighted delays in progressing joint governance arrangements, transformation and best value. There has been improvement in financial management with a medium to long term Financial Strategy developed. However, the financial strategy will require further development to reflect the more challenging financial environment created by Covid 19.

Governance Arrangements

The Scottish Government issued a Director's Letter DL(2019)24 – Model Standing Orders -in December 2019, these were adopted by the Board for implementation effective from 1 April 2020. Internal Audit report B10/20 reviewed the Board's progress on the *'Blueprint for Good Governance*' issued by the Scottish Government on 1 February 2019, with one recommendation to address issues to enhance future reiterations of the action plan by 31

October 2020.

An Internal Audit Governance Checklist regarding preserving governance during the pandemic was considered helpful by all standing committees and will be used to inform the development of agendas moving forward so that no element of risk is missed. Internal Audit have now also developed Remobilisation/ reconfiguration principles which it is hoped will be similarly helpful.

Transformation and Remobilisation

The response by clinical services to Covid 19 has presented an opportunity to enhance the scale and pace of delivery of transformation. Audit Report B15A/20 Transformation Governance Follow Up reported limited progress has been made and Covid 19 has now provided the opportunity for transformation work to be fully aligned with remobilisation activity, along with a fundamental review of strategies. As above we would recommend the adoption and monitoring of a clear set of principles for remobilisation which ensure that services are transformed wherever possible and that the past has no special place.

In response to the emerging situation of Covid 19, NHS Fife submitted versions of the mobilisation plans to the Scottish Government, in line with SGHSCD requirements. A Gold, Silver and Bronze emergency planning command structure was implemented by the Board at the start of the pandemic and a Remobilisation Oversight Group (ROG) has now been established to oversee the remobilisation and reconfiguration of clinical services.

During 2019/20, the Chief Executive and the Director of Finance commenced a series of formal executive, general management and Board discussions on the medium-term financial position of NHS Fife. This focused on delivering transformation and securing a recurring balanced financial position. The importance of delivering "value" based health and social care services through effective resource allocation across the organisation was a key underpinning principle in this work. We also note that the use of Digital Technologies has the potential to transform how people access services and how health and care is delivered moving forward. A range of strategic areas to support evaluation and measurement of impact have been identified, with a proposed suite of key performance indicators.

Performance

The Chief Executive provided an overview of performance reporting to the 27 May 2020 Board meeting, where it was highlighted that Elective activity was paused due to Covid 19, with the exception of areas of highest clinical priority including cancer. This has impacted on normal performance metrics, where the 12 Week Outpatient Wait, Access to Psychological Therapies and 18 week referral to treatment had been improving up to end February 2020. Considerable challenges remain in continuing to improve performance against the key national targets as business returns to normal.

Operational Planning

The Board received confirmation from the Scottish Government that the approval process for the draft Operational Plan 2020/21 – 2022/23 is presently on hold. The document submitted in mid March was considered by the Board's governance committees and will be used to establish a recovery plan in relation to Treatment Time Guarantee and other routine performance targets.

Risk Management

Sections of the Board Assurance Framework (BAF) were reported to relevant standing committees throughout 2019/20, however we noted that many scores for target and current risk have not changed during the year, which may indicate insufficient consideration of the

risk profile possibly connected to the capacity and capability issues highlighted earlier. For example, the scores or recorded information within the Integration BAF have not changed despite specific action being agreed in response to Internal Audit concerns. Integration continues to be reported as a moderate risk despite significant known issues and the s102 report. We understand that it was decided that the risk would be reviewed once the integration scheme was updated.

Internal Audit Report B13/20 - Risk Management Framework, presented to Audit & Risk Committee in July 2020, noted the following :

- A risk management appetite has been agreed by the Board and key performance indicators agreed by the EDG, although the KPIs have not yet been reported formally.
- Delegation of functions to the IJB and the implications for risk management, governance and assurance and the treatment of residual risk, have not yet been clarified.
- The Risk Management Policy was due to be presented to the Audit and Risk Committee and the Board in January 2020 but was delayed further until approval by the September 2020 Audit and Risk Committee.

A process has been developed for identification, reporting, review and management of Covid 19 related risks. The format of the annual Risk Management report requires further enhancement and whilst Covid 19 has impacted on timing, it will need to be produced by June next year.

Clinical Governance

Clinical and Care Governance Strategy

The Clinical and Care Governance Strategy had a review date of April 2020 but should have been updated before that in line with actions agreed in two previous Internal Audit reports (Clinical Governance Strategy and Assurance B15/17 & B18/18). Despite this and the Strategy review date of April 2020, the NHS Fife Clinical Governance Committee (CGC) has not been updated regarding the status of the strategy review or provided with a revised date for its production and approval.

A Fife multi-agency Care Home Oversight Group has been formed following the Scottish Government decision to increase responsibilities for Health Boards in relation to assurance around care homes. A Fife Care Home Action Plan has been produced by the Health and Social Care Partnership. These increased responsibilities may exacerbate existing weaknesses in the Clinical and Care Governance Framework previously highlighted by Internal Audit.

We are aware of ongoing discussions regarding revising the Integration Scheme for Fife. Management have advised that these discussions have considered Clinical and Care Governance arrangements in Fife and that any changes would need to be reflected in a revised Clinical and Care Governance strategy. We therefore propose to amend the Annual Internal Audit Plan for 2020/21 specifically to consider Clinical and Care Governance arrangements and revisiting weaknesses highlighted previously, thereby superseding our previous reports.

Clinical Governance Committee Annual Statement of Assurance

Our B08/20 Internal Control Evaluation (ICE) included 2 action plan findings (ref 3 & 4) related to Clinical Governance neither of which have been addressed. The implementation dates for actions to address these findings have been extended due to Covid 19. There was no reference within the CGC Annual Statement of Assurance to non-completion of audit recommendations and the impact this had on the control environment.

The CGC acknowledged that there will be ongoing implications for the Board's clinical governance oversight processes and structures due to the pandemic, and that new responsibilities placed on the Health Board regarding public health testing and care home support would need to be incorporated in these new arrangements. The CGC assurance statement did not highlight the failure to implement key internal audit recommendations, that the Strategy had not been updated by its due date, or major issues in relation to transformation. Most importantly, the assurance statement conclusion did not specifically refer to known Information Governance issues despite an agreed Internal Audit action and the acknowledged major improvement required.

In May 2019 Healthcare Improvement Scotland (HIS) published their Unannounced Inspection Report – Safety and Cleanliness of Hospitals report regarding their visit to Glenrothes Hospital on 19 & 20 March 2019. The CGC has not received an update on actions to address the report findings since it was informed at its 4 September 2019 meeting that '*The HIS report included errors which the Director of Nursing is working with HIS to resolve*'. The report is included as a disclosure in the Board's Governance Statement along with further HIS unannounced inspection reports for Glenrothes and Victoria Hospitals.

Transformation and Remobilisation

Our Transformation Programme Governance Follow-up review (B15A-20) found that only one of the six recommendations from our report B10/18 had been fully implemented. The

subsequent impact of the Covid 19 pandemic on all aspects of NHS Fife's operational and strategic planning will mean that the planning of transformational work will be even more complex and the need for proper oversight and control becomes more urgent and more important. We would recommend that the CGC gives this area an appropriate level of oversight as well as ensuring that there is appropriate coordination and integration with remobilisation and reconfiguration activity. Consideration of Internal Audit's draft remobilisation/reconfiguration principles may be helpful to the CGC in assessing the Board's arrangements.

The Remobilisation Oversight Group is considering the balance between remobilisation of services and redesign/transformation. The role of the Integrated Transformation Board will be reconsidered to learn lessons from Covid 19 and is intended to evolve into a Strategic Planning Group with links with both the H&SCP and Local Authority and spans all business including financial planning, workforce planning, clinical strategy and eHealth. The Winter Plan will be included in the next version of the Joint Mobilisation plan.

NHS Scotland Resilience

The CGC considered the NHS Fife self assessment against the NHS Scotland Health Resilience Unit standards NHS Fife self assessment which were submitted the SGHSCD, updated to include reference to Covid 19, on the due date. We will be undertaking an audit of Compliance with NHS Scotland Resilience: Preparing for Emergencies Guidance and Covid 19 impact in 2020/21 (B15/21).

Staff Governance

Staff Governance Action Plan

A mid-year review of the Staff Governance Action Plan (SGAP) was reported to the Staff Governance Committee (SGC) in November 2019. No year-end review of the SGAP has been undertaken but the SGC have been informed that it will be updated to reflect the impact of Covid 19 and brought back to SGC in November 2020. Each SGC meeting during 2019/20 reviewed a particular strand of the Staff Governance Standard.

Workforce Planning

Revised Integrated Health and Social Care Workforce Planning for Scotland: Guidance published in December 2019 requires a revisit of NHS Fife's Workforce Plan and publication of a revised plan covering the period from 2021 to 2024 (with a deadline of 31 March 2021). The Workforce Planning Group has been reconvened and will review all required actions. The SGC were advised that 'normal' working arrangements for Workforce Planning have been paused and that the Strategy will require significant edits to take account of changes in service delivery, as a result of Covid 19, although we would highlight that it will also need to reflect changes to the Board's overall strategy. The annual Workforce Projections exercise was formally suspended by the Scottish Government due to Covid 19. Services are being supported to consider the workforce implications of changes arising from mobilisation.

Whistleblowing

Draft National Whistleblowing standards were issued by the Independent National Whistleblowing Officer to Boards in anticipation of these receiving parliamentary approval in summer 2020. The SGC was advised on 6 March 2020 that an implementation plan is to be developed to ensure full compliance with the standards, although a date for its completion is not yet noted. A new NHS Fife Whistleblowing Champion took up their position in April 2020. No Whistleblowing Report for 2019/20 has been presented to SGC.

TURAS - Staff Appraisal System

No year-end update on TURAS compliance in 2019/20 was provided to the SGC. TURAS compliance was 43% at 31 May 2020 (compared to 42% at 30 April 2019).

Attendance Management

The Sickness absence rolling 12-month average remains above the 4% target at 4.95% in 12 months to 30 April 2020).

Internal Control Evaluation

There were four recommendations in our B08/20 ICE audit relating to staff governance, one of which remains outstanding in that there has been no update to the SGC on action taken to address Audit Scotland's 'NHS workforce planning (part 2) – The clinical workforce in general practice' report. The related Primary Care Improvement Plan has not been provided to SGC to date.

Covid 19

The SGC was updated at its 18 June 2020 meeting on the current position regarding the pandemic and the planned arrangements for the remobilisation of NHS Fife's workforce.

Financial Governance

Structure of Finance Department

There have been a number of recent changes within senior management in the Finance Department including the previous Director of Finance moving to cover the Chief Executive role from February 2020, the interim appointment of a new Director of Finance from April 2020 (with some part-time cover during February and March, the secondment of the Assistant Director of Finance (Financial Services) to NHS Orkney and the departure of some senior financial and management accounting staff during January 2020.

The Director of Finance is currently progressing a restructure of the directorate, in line with the direction of travel identified for the department, with the intention of ensuring a focus on key priorities as well as ensuring consistent senior leadership for each of the critical functions and allowing for succession planning.

The restructure process was paused, partly due to Covid 19 and the need for HR support and will be consulted on with all parties (including Internal Audit) in the coming months, after which the Finance, Performance & Resources Committee (FP&RC) will be provided with assurances that capacity and capability are sufficient to provide appropriate financial support for strategy, transformation and business as usual.

The Director of Finance arranged for interim senior support from NHS Tayside from April 2020 to September 2020 for the Financial Services and Endowment areas; however this arrangement changed at short notice in July 2020 which impacted on capacity at that key time. Consequently, and also due to the impact on availability of staff working remotely during the pandemic, financial accounts were submitted to Audit Scotland beyond the financial accounts timetable deadline with the potential to delay the year-end timetable beyond the statutory deadline. The Director of Finance is working with Audit Scotland and Scottish Government to ensure the accounts are laid within the statutory deadline of 31 December 2020.

Anticipated Year-end Financial Position

As reported to the 27 May 2020 Board, the draft financial outturn position to 31 March 2020, subject to external audit review, was:

- Revenue Resource Limit (RRL) - ££780.531 million - target met with £0.060m under spend
- Capital Resource Limit (CRL) - £9.286 million - a resource budget for net capital investment - target met.

For 2019/20 the financial year end position for NHS Fife includes costs incurred for Covid 19 of £3.711m split £2.090m NHS Fife and £1.621m IJB which the Director of Finance stated is expected to be funded in full.

Efficiency Savings

For 2019/20 NHS Fife was required to make £17.333m of cash efficiency savings. Reported savings at year end totalled £10.154m of which £5,397m (53%) was non recurring. Therefore, there was £7m of unidentified savings and 73% of the overall savings target has not been met on a recurring basis. Internal and External Audit have previously reported the reliance on non recurring savings to achieve financial balance in previous years. For 2019/20 the delivery of savings in Acute Care was significantly short of the planned amount and this area should be a focus of attention for the FP&RC for 2020/21.

Financial Reporting

Financial reporting throughout the year was consistent, with a visible financial improvement at year end and the position was clearly presented via the Integrated Performance & Quality Report to the FP&RC.

The Director of Finance advised at the weekly meeting between the Chair and Vice Chair on 26 June 2020 that the revenue and capital plans drawn up originally in January/ February 2020 required full reassessment to reflect changed priorities as part of the remobilisation process. Updates will be provided to the EDG with further detail on the position, covering core spend and additional Covid 19 related costs.

The January 2020 FP&RC considered its self assessment and agreed that it was operating as per its Terms of Reference with positive assessments from its members and attendees and no areas of major concern identified.

Risk Management

The narrative within the Financial Sustainability BAF (FSBAF) recognises the ongoing financial challenges facing Acute Services as well as the pressures within the Health and Social Care Partnership in relation to social care budgets and the impact of potential amendment to the risk share arrangement. The report to the July 2020 meeting of the FP&RC highlighted concern over the financial position for the 2020/21 year and the planned savings for Acute Services where much more work is required. The FSBAF states that the impact of the Social Care overspend has been highlighted to Scottish Government within the monthly reporting template.

Internal Control Evaluation

The challenging financial position was highlighted within B08/20 Evaluation of Internal Control Framework (ICE). We strongly reiterate that financial balance during 2020/21 and beyond will be challenging unless the pace of transformation accelerates significantly; the savings within Acute Services are significantly improved and the resolution of the IJB risk share agreement.

The sole ICE recommendation relating to Value for Money has been partly implemented in that Management have started a process of utilising Audit Scotland Best value toolkits and other benchmarking tools (e.g. Discovery) but this has not been reported to the FP&RC which is therefore not in a position to be able to provide assurance on this area as required.

Information Governance

Year-end Assurances

Assurances provided to the NHS Fife Clinical Governance Committee (CGC) in 2019/20 were not sufficient to allow it to conclude accurately on the adequacy and effectiveness of Information Governance arrangements. Such assurances that were provided were delivered via minutes and annual statements of assurance from the Information Governance and Security Group (IG&SG), eHealth Board and the eHealth Performance Report. However, these did not provide assurance regarding compliance with Data Protection Act 18/GDPR, NIS Regulations, NHS Scotland's Information Security Policy Framework and the Cyber Resilience Public Sector Action Plan, all of which have significant gaps in control.

The IG&SG and eHealth Board Annual Statements of Assurance did not highlight significant matters of concern and were not considered and agreed by members prior to being presented to the CGC. Similarly, the relevant Director's annual assurance letter did not highlight these major concerns.

The conclusion at section 8.1 of the CGC Annual Statement of Assurance regarding adequate and effective governance arrangements being in place for the year does not specifically refer to Information Governance and we would have expected any conclusion on this area to contain significant caveats.

Competent Authority Audit – NIS Regulations

The outcome of the NIS Regulations/ISPF audit undertaken by the Competent Authority for Health, issued on 30 March 2020, has not been reported to a Standing Committee of the Board or considered for inclusion in the Board's Governance Statement. NHS Fife was assessed as being compliant with 53% of the controls. The report included 58 recommendations to address areas of non-compliance 18 of which were in the 'Red-Urgent' category. A draft remediation plan grouping the recommendations and proposed action by related topics has been prepared but needs to be finalised and approved. The CGC Annual Statement of Assurance also makes no reference to this important piece of assurance to the Committee.

Cyber Resilience

The IG&SG have been informed that '*the timeframe (31 October 2018) for gaining Cyber Essentials as required by PSAP has already passed and it should be noted that the scale and complexity of the IT estate and reliance in places upon legacy systems, remains a significant challenge' and the plan provided IG&SG with the key dates towards achieving 'alignment with ISPF/NIS whilst completing the requirements of the Public Sector Action Plan for Cyber Resilience*'. This information has not been explicitly conveyed to the CGC.

eHealth and Information Governance Arrangements

We raised a number of significant concerns over Information Governance and have been assured by management that changes to governance arrangements to be implemented following a very recent review of eHealth and Information Governance arrangements, reported to the CGC in July 2020, will raise the profile of Information Governance at the CGC and will address our concerns.

However, the July paper only provided a direction of travel and did not explicitly and overtly address a number of concerns raised by Internal and External Audit. We will review both the adequacy of the final agreed arrangements and their implementation in 2020-21.

Internal Control Evaluation

The following fundamental recommendations, some of which had also been highlighted previously, from the ICE report B08/20 are still outstanding:

- Information Governance arrangements currently operating in NHS Fife do not provide Fife NHS Board with sufficient assurance regarding compliance with its legislative requirements
- The management of information governance risks needs to be addressed so that Fife NHS Board is assured that all significant risks have been identified and that the mitigating actions in place or planned will be sufficient to reduce the risk to a level acceptable to the Board within an acceptable timescale
- Reporting to the Board and NHS Fife CGC on ISPF/GDPR/DPA 2018 and Cyber Resilience Public Sector Action plan has been minimal
- Reporting on the eHealth Delivery Plan to a standing committee only occurred once in 2019/20 and did not overtly link projects to relevant national and local strategies

As part of our ICE work we followed up on recommendations made in Internal Audit report B31&B32/19 and concluded that nine issues regarding assurances provided to the IG&SG had still not been addressed. At year-end, two issues had been partly addressed and seven were still unresolved. Overall it is not clear that these issues are being progressed with sufficient urgency; NHS Fife must prioritise these issues and actively monitor progress in much greater detail than previously.

eHealth Strategic Planning

We are aware that the reaction to the Covid 19 pandemic included accelerating and bringing forward elements of the NHS Fife Digital and Information Strategy Delivery Plan for example to allow clinicians to consult with patients remotely.

Action Point Reference 1 – Corporate Governance

Finding:

Over recent years the challenges facing all Boards have increased significantly and NHS Fife has been no exception. Controls within the Board have not kept pace with changes to the environment in which the Board operates and be sufficient fully to mitigate the risks facing the Board in the coming years. Systems of control continued to have challenges to adequately resolve long-standing information governance, IJB governance and transformation issues. Capacity issues, specifically the loss of a number of key finance, have contributed to a delay in submission of the annual accounts, in line with the agreed timetable. Covid 19 and the consequent need to revisit the Board's overall and supporting strategies will create additional pressures going forward. The Board must assure itself that it has sufficient capacity and capability to review and, where necessary revise its strategies, deliver transformation and reconfiguration, and achieve significant short-term savings whilst continuing to deliver business in extremely challenging circumstances at a time when staff have been under significant pressure over a long period.

Audit Recommendation:

The EDG should consider the specific issues highlighted in this report and other known issues and reflect on its structures and priorities and the resources required to deliver activity in a post Covid 19 environment while updating strategies, implementing savings and designing and delivering remobilisation whilst seizing the very limited opportunity for radical transformational change to ensure long-term sustainability of services. It should then provide overt assurance to the Board which should specifically comment on whether NHS Fife has the capacity and capability to deliver its operational and strategic objectives in the current circumstances and outline any changes required and how they will be subject to appropriate governance monitoring.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

Whilst a range of governance improvement activity was delivered during 2019/20 it is necessary to continue that work into 2020/21. By the end of 2020/21 we plan to have fully embedded many of the improvements in Information Governance including improving reporting and assurance to the Board. In terms of the IJB governance there has been significant process however this also needs to continue. Progress was also made in establishing the Programme Board to support and drive transformation however this was understandably paused at the onset of the pandemic. The capacity of the finance team was an issue during 2019/20 however the Director of Finance has been working to address this through a review of the finance structure, roles and responsibilities and capabilities required to deliver the service.

In developing the forward strategy and priorities for the organisation we will take

significant learning from the service redesign delivered in our initial and ongoing response to the pandemic. We are working to build the process to support a full review of our strategy underpinned by a formal strategic planning and resource allocation process.	
Action by:	**Date of expected completion:**
Chief Executive	**31 March 2021**

Action Point Reference 2 – Corporate Governance	
Finding:	
Our Internal Control Evaluation report (B08/20) issued in December 2019 included 15 Action Plan points, many of which were significant and all of which should have been completed by year-end. However, progress to date has been limited.	
Audit Recommendation:	
Our Internal Control Evaluation report is undertaken part way through the financial year in order to allow management time to address the findings prior to year-end. Whilst we recognise that the pandemic has been a disruptive factor it is not clear that this is the sole or even the main factor in their non-delivery. The EDG should consider why these recommendations have not been delivered, why this was not recognised earlier and produce an action plan for monitoring by the Audit and Risk Committee. Any such plan should take into account the issues relating to capacity and capability raised in recommendation 1.	
Assessment of Risk:	
Significant 	Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**
Management Response/Action:	
EDG will focus on ensuring that the report recommendations are delivered as soon as possible. The pandemic influenced delivery of many aspects of our EDG work however we will prioritise clearance of this issue, albeit in the context of the ongoing pandemic.	
Action by:	**Date of expected completion:**
Chief Executive	**31 March 2021**

Action Point Reference 3 – Corporate Governance	
Finding:	
Whilst the introduction of standard templates for standing committee assurances and Directors' assurances has improved the assurance process, not all relevant key matters relating to governance, internal control and risk management were properly highlighted, including areas of significant concern which had already been identified by Internal and External Audit.	
Audit Recommendation:	
All potential areas for inclusion in the Governance Statement should be clearly identified in both Executive Director and Senior Manager assurances and in Standing Committee annual assurance reports. The information within these sources of assurance should be triangulated to ensure all issues to be considered within the Governance Statement are clearly and consistently identified.	
Assessment of Risk:	
Significant 	Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**
Management Response/Action:	
This recommendation is fully accepted. Further work will be undertaken in the coming financial year to improve the completeness and consistency of assurance information provided in the Directors' letters, Standing Committee Annual Reports and final text of potential disclosures within the Governance Statement.	
Action by:	**Date of expected completion:**
Director of Finance and Board Secretary	**31 May 2021**

Action Point Reference 4 – Corporate Governance

Finding:

The IJB is undergoing a governance review which is supported by the Director of Delivery, Health & Social Care Integration from Scottish Government. However, whilst progress has been made, the review has not yet been fully completed due to Covid 19. There is a revised timescale for implementation which appears appropriate

We noted that the BAF for the IJB reported to the July 2020 NHS Fife Board and throughout 2019/20 has remained at a Moderate Risk and does not reflect the current risk profile.

Audit Recommendation:

Monitoring and consideration of the arrangements for HSCI including the recommendations of the MSG report, should reflect the strategic importance of the activities directed by the IJB.

Whilst we understand that the risk cannot be fully articulated until the Integration Scheme is updated, the BAF for the IJB should be reviewed and updated urgently to at least reflect the known key issues.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

The review of the Integration Scheme is continuing with partners. Regular meetings have been held over the last few weeks. It is anticipated this will be completed by March 2021

Following the completion of the review, the IJB will undertake a further review of its Governance Framework and structures

An initial development session for IJB members with the Director of Delivery, Health and Social Care Integration, Scottish Government was held in Nov 2019 and a programme of development days has been progressed since May 2020. Four sessions have been completed to date with further sessions planned. Topics covered include; Governance, Directions, Roles and Responsibilities, the IJB Annual Report, Remobilisation of Services, Leadership and Structures, Best Value and Performance

Regular updates continue to be provided to the IJB and its Governance Committees and EDG and SLT.

Action by:	Date of expected completion:
Director of Health and Social Care	**31 March 2021**

Action Point Reference 5 – Clinical Governance

Finding:

The Clinical and Care Governance Strategy should have been updated in line with actions agreed in two previous Internal Audit reports (Clinical Governance Strategy and Assurance B15/17 & B18/18). The agreed dates were not met, nor was the official Strategy review date of April 2020. The NHS Fife Clinical Governance Committee (CGC) has not been updated regarding the status of the strategy review or provided with a revised date for its production and approval.

We are aware of ongoing discussions regarding revising the Integration Scheme for Fife. Management have advised that these discussions have considered Clinical and Care Governance arrangements in Fife and that any changes would need to be reflected in a revised Clinical and Care Governance strategy. We therefore propose to amend the Annual Internal Audit Plan for 2020/21 specifically to consider Clinical and Care Governance arrangements and revisiting weaknesses highlighted previously, thereby superseding our previous reports.

Audit Recommendation:

The CGC should take ownership of this issue and ensure that the Clinical and Care Governance Strategy is reviewed and presented to Fife NHS Board for approval in an appropriate timescale.

Assessment of Risk:

Significant  Weaknesses in control or design in some areas of established controls.

Requires action to avoid exposure to significant risks in achieving the objectives for area under review.

Management Response/Action:

A review of the integration scheme is nearing a close, but the timeline for completion has been adversely affected by the global Corona virus pandemic.

Meetings to discuss and agree the clinical governance processes and linkages between NHS Fife Health Board and the Integrated Joint Board have been had; which have included the Medical Director, Nurse Director, Vice Chair of the Health Board and the Chief Officer and other key partners in the IJB.

The output of these meetings is in the final stages of agreement and will ensure robust clinical governance reporting via the NHS Fife Clinical Governance Committee for safety and quality of all NHS Fife services, while complying with the legislative responsibilities delegated to the IJB.

Once agreed by the group the proposals will be taken through the relevant governance routes of the IJB and Health Board for approval.

Action by:	Date of expected completion:
Medical Director	**31 March 2021**

Action Point Reference 6 – Clinical Governance	
Finding:	
Healthcare Improvement Scotland (HIS) published their Unannounced Inspection Report – Safety and Cleanliness of Hospitals report regarding their visit to Glenrothes Hospital on 19 & 20 March 2019 in May 2019. The CGC has not received an update on this report since it was informed at its 4 September 2019 meeting that '*The HIS report included errors which the Director of Nursing is working with HIS to resolve*'. The report is included as a disclosure in the Board's Governance Statement along with further HIS unannounced inspection reports for Glenrothes and Victoria Hospitals.	
Audit Recommendation:	
The CGC should actively monitor actions arising from all HIS and other external inspections and reflect on them appropriately in the preparation of their annual assurance statement.	
Assessment of Risk:	
Merits attention  There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	
Management Response/Action:	
The Director of Nursing reported to the Clinical Governance Committee in January 2020 that a formal meeting had been held with the Director of Nursing from HIS, who apologised for errors in the initial report. **HIS carried out an unannounced Inspection, again in Glenrothes Hospital, in July 2020; the Report was published on 15 September 2020. The Report and Action Plan will be presented to the Clinical Governance Committee by the Director of Nursing on 4 November 2020 for review and discussion.**	
Action by:	**Date of expected completion:**
Director of Nursing	**4 November 2020**

Action Point Reference 7 – Financial Governance

Finding:

For 2019/20 NHS Fife were required to make £17.333m of cash efficiency savings. Only £10,154m was delivered, over half of which was non-recurrent. In essence only 27% of the savings target was delivered recurrently and 40% was not delivered at all. In particular, the delivery of savings in Acute Services was significantly short of that planned. Internal and External Audit have repeatedly highlighted the reliance on non recurring savings to achieve financial balance, as well as the failure to deliver the transformational change required to deliver financial sustainability.

Audit Recommendation:

The Finance, Performance and Resources Committee workplan should include a series of focused deep-dives to understand the root cause of these issues, particularly within Acute Services and there should be congruence with the work of the CGC in assessing progress with Transformation.

Assessment of Risk:

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

Management Response/Action:

The key to ensuring recurring financial balance and effective resource allocation is delivery of service transformation. In Q1, 2020/21 the Director of Finance proposed and EDG approved a range of key workstreams to deliver the changes required, this work will have a 3-year timeframe linked to the Scottish Government Medium-term Financial Framework for Health and Social Care. In parallel work has begun on a benchmarking review of specialty costs and an assessment of the workforce requirements for service delivery, this remains a work in progress.

The focus will be developing financial planning for sustainable services, changing the narrative to focus on service transformation which is delivered through a strategic planning and resource allocation approach which integrates operational, workforce and financial planning, albeit with the context of managing through a global pandemic.

Action by:	Date of expected completion:
Director of Finance	**31 March 2021**

Action Point Reference 8 – Information Governance

Finding:

Action has not yet been taken to address the findings and recommendations included in internal audit report B08/20 Evaluation of Internal Control. A review of eHealth and Information Governance arrangements was reported to the CGC in July. We were advised by management that the implementation of new governance arrangements is expected to raise the profile of Information Governance at the Clinical Governance Committee and will address the issues raised by Internal Audit, although not all details of how this would be achieved were fully apparent in the July paper.

Audit Recommendation:

The CGC should monitor implementation of new governance arrangements for eHealth and Information Governance to determine whether they have addressed the issues in the narrative of this and the following reports:

- B31&32/19 Information Governance and eHealth – Action Plan Points 1, 2 & 3
- B06/20 Annual Internal Audit report – Action Plan Point 7
- B08/20 Evaluation of Internal Control – Action Plan Points 10, 12 & 15
- Competent Authority Report on Compliance with NIS Regulations – Recommendations 1.1.1 & 1.1.2

Revised governance arrangements should include providing the Clinical Governance Committee with explicit assurance regarding compliance with DPA 18/GDPR, NIS Regulations, NHS Scotland's Information Security Policy Framework and the Cyber Resilience Public Sector Action Plan and should result in more robust scrutiny of both Information and eHealth governance by the CGC.

Revised governance arrangements should be implemented at pace so that the CGC receives the required assurances regarding this critical area of governance in 2020/21.

Assessment of Risk:

Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**

Management Response/Action:

The recommendations are accepted.

The Clinical Governance Committee was provided an update at its meeting on 4th March 2020, on the corporate governance review of Digital and Information (D&I), including Information Governance & Security (IG&S), and further supported the direction of travel at its meeting on the 8th July 2020.

Delays have been inherent whilst responding to the Covid 19 incident, but progress is currently being made.

Digital and Information Board

The Board workplan has been updated to include a standing item for 'Audit/Action plans', the delivery plan and 'project on a page' reporting provided. Points to escalate to the Clinical Governance Committee will be noted and actioned.

The 20/21 annual report/assurance statement will be more detailed and set the context going forward.

Information Governance & Security Group

A key component due to the inherent information risks to the organisation and recommendations within previous audits the IG&S Group is being reformed to act as a strategic oversight group supported by an Operational Group.

An IG&S Group meeting is scheduled for 15th October 2020 with the focus will be on providing whole system leadership, oversight and assurance to the organisation and will ensure the 'lens is maintained' on all aspects of IG&S. It will be a transition period in its early stages moving through implementation.

Similar to the D&I board the IG&S Group workplan has been updated to include a standing item for 'Audit/Action plans'. Points to escalate to the Clinical Governance Committee will be noted and actioned.

The 20/21 annual report/assurance statement will be more detailed and set the context going forward.

Action by:	Date of expected completion:
Director of eHealth and Director of Finance (SIRO)	31 March 2021

Section 4 Key Performance Indicators

Key Performance Indicators – Performance against Service Specification

	Planning	Target	2019/20	2018/19
1	Strategic/Annual Plan presented to Audit and Risk Committee by April 30th	Yes	No (June 20)	May 2019
2	Annual Internal Audit Report presented to Audit and Risk Committee by June	Yes	Yes	Yes
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	95%	78%
4	Draft reports issued by target date	75%	76%	65%
5	Responses received from client within timescale defined in reporting protocol	75%	57%	65%
6	Final reports presented to target Audit and Risk Committee	75%	76%	75%
7	Number of days delivered against plan	100% at year-end	101% at year-end	90%
8	Number of audits delivered to planned number of days (within 10%)	75%	76%	70%
9	Skill mix	50%	72%	74%
10	Staff provision by category	As per SSA/Spec	Pie chart	
	Effectiveness			
11	Client satisfaction surveys	Average score of 3	Bar chart	

Assessment of Risk

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

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	1 (9)
Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	6 (1, 2, 3, 4, 5 & 7)
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	2 (6 & 8)

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 18TH NOVEMBER 2020 AT 13:30 PM VIA MS TEAMS

Chair: Carol Potter, Chief Executive

Present:

Bruce Anderson, Head of Staff Governance
Indranil Banerjee, BMA
Kirsty Berchtenbreiter, Head of Workforce Development
Wilma Brown, Employee Director
Helen Buchanan, Director of Nursing
Nicky Connor, Director of Health & Social Care
Esther Curnock, Consultant in Public Health
Linda Douglas, Director of Workforce
Willie Duffy, UNISON - Regional Officer
Andy Fairgrieve, Director of Estates, Facilities & Capital Services
Simon Fevre, British Dietetic Association
Maryann Gillan, Royal College of Midwives
Paul Hayter, UNISON
Joy Johnstone, FCS
Chu Lim, BMA
Wendy McConville, UNISON
Margo McGurk, Director of Finance,
Andy Mackay, Deputy Chief Operating Officer,
Dona Milne, Director of Public Health
Alison Nicoll, RCN
Lynne Parsons, Society of Chiropodists and Podiatrists
Andy Verrecchia, Staff Side
Rhona Waugh, Head of Human Resources
Mary Whyte, Royal College of Nursing

In Attendance:

Alan Wilson, Capital Projects Director
Janet Melville, Personal Assistant (Minutes)

		Actions
71/20	**WELCOME AND APOLOGIES**	
	C Potter welcomed everyone to the meeting. C Potter informed colleagues that this is B Anderson's last Area Partnership Forum (APF) meeting as he is retiring on 27 November 2020; and thanked him for his extremely valuable contribution over the years. C Potter also acknowledged the continued incredible commitment and dedication from all NHS Fife staff as we tackle the second wave of COVID-19 and forthcoming winter pressures. Apologies had been received from, Fiona Alexander, Claire Dobson (Andy Mackay attending), Scott Garden, Neil Groat, Angela Kopyto, Chris McKenna, Dona Milne (Esther Curnock attending). Louise Noble, Susan Robertson and Jim Rotheram.	
72/20	**MINUTES OF PREVIOUS MEETING AND ACTION LIST**	
	The minutes of the meeting held on 23rd September 2020 were accepted as a true and accurate record.	
	The outstanding actions were reviewed: **Taskforce to address Absence Figures** It was agreed to establish whether the taskforce is actually needed, given the	**RW**

	improved absence rates and measures in place; or to defer this item to early 2021/ post-COVID-19.	
	Review of Health & Safety measures There have been bi-weekly discussions at the Hospital Control Team, where Craig Webster, Health & Safety Manager and Staff Side representatives are in attendance. This has been further supported by a specific SLWG set up for upcoming HSE inspection on 24 November 2020. It was agreed this action could now be closed.	
	Set up BAME Group It was acknowledged that a group has not yet been set up, as the national guidance and toolkit is awaited. Following a short discussion, and with concerns for BAME employees given the ongoing impact of COVID-19, it was agreed to take forward local arrangements in the meantime.	**LD/ WB**
73/20	**MATTERS ARISING**	
	a. **Pool Car Scheme** A Fairgrieve indicated that at the last APF, general support was expressed for continuing the Pool Car scheme; however, the paper was still to be considered by the Executive Directors Group (EDG). EDG have since considered the paper and have supported the scheme continuing with appropriate measures taken to better manage the costs. The Facilities Department are actioning the same.	**JR**
74/20	**PUBLIC HEALTH: TEST & PROTECT**	
	Dr E Curnock gave a short presentation, summarising the COVID-19 position within Fife. There has been a fluctuating but increasing trend in positive cases during the past few weeks; it is hoped this should begin to decrease now that Tier 3 restrictions are in place. Clusters of COVID-19 cases have occurred in schools, care homes, workplaces, healthcare settings, hospitality settings and universities. DrCurnock emphasised the importance of FACTS, and urged colleagues to be vigilant at all times.Dr Curnock confirmed that national guidance and criteria ensures a consistent approach to self isolation across all Boards, in conjunction with the appropriate risk assessments for particular settings. Staff are encouraged to work at home and to meet in an e-enabled way wherever possible to minimise person-to-person interactions. However, if there is a need to meet face-to-face, local COVID-19 protocols and social distancing should be observed.	
	APF **noted** the update.	
75/20	**FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT**	
	M McGurk talked to the report which describes a mid-year position, as at 30 September 2020, of an overall overspend of £1.9m. National funding has been received to cover all costs incurred to manage the COVID-19 situation to date; 70% of projected COVID-19 costs will be funded nationally, going forward to 31 March 2021. M McGurk warned that it is unlikely that the remaining £9m of the savings target will be met, although there is a projected	

	£5.7m offsetting expenditure (from services stood down at the initial onset of the pandemic). The forecast position at the 2020/21 financial year end is £2.3m overspend, based on current assumptions; however, with the caveat of the risk share agreement with the IJB (possibly £7.2m) the final position would be an overspend of £9.5m. M McGurk acknowledged it is a difficult financial position, but every effort is being made to mitigate the situation. M McGurk was delighted to advise that a significant amount of monies has been received from NHS Charities Together (inspired by Captain Sir Tom Moore) to support community organisations, local groups and individuals. Regarding a query on staff pay predictions for those on maternity leave, it was agreed to obtain or develop a 'ready reckoner' calculation guide.	
	APF **noted** the report.	
76/20	**ACUTE SERVICES UPDATE**	
	A Mackay reported that the Victoria Hospital is extremely busy with COVID-19 cases: there are currently 3 separate ICU areas open, requiring 45 WTE additional critical care nurses, which impacts on other services – some elective care has been stood down. The situation is reviewed daily or even more regularly. It is particularly challenging when staff are required to self isolate, or are off sick themselves. On the whole, staff are completely exhausted. There was a slight drop off in A&E attendances last week following the First Minister's announcement, but numbers are rising again. The multi disciplinary professional Hospital Control Team has been a useful forum for communicating messages to a wider staff group.	
	APF **noted** the update.	
77/20	**HEALTH & SOCIAL CARE UPDATE**	
	N Connor advised that services are really stretched due to winter pressures and staff being deployed to support other priorities, including Test & Protect and the Flu Vaccination programme. N Connor expressed her thanks to all staff for 'going the extra mile'. There has been a COVID-19 outbreak in a community hospital which is being managed; and challenges within mental health areas. At the H&SC Local Partnership Forum this morning, the issues affecting both NHS and H&SC were discussed as we work together to address challenges faced. The staffing structure within H&SC is being reviewed: looking at a change to support the focus on Prevention and Primary Care; Community Healthcare Services, Complex and Critical Care needs and Business and Enabling functions. N Connor was pleased to report that to date, 5,172 staff have had a flu jag, which means that the 60% vaccination target has been exceeded, within 6 weeks – and thanked all those involved with the successful 'Lead from the Front' campaign.	
	APF **noted** the update.	
78/20	**WINTER PLAN 2020/21**	
	H Buchanan explained that the Winter Plan for 2020/21 describes the arrangements in place to cope with increased demand on services over the	

	winter period and possible subsequent COVID-19 waves. The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand. The workforce are key to successful delivery of the winter plan. Pandemic, resilience, severe weather, norovirus and flu plans have been re-visited and are in place. The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process. W Brown raised her concerns in relation to staffing levels and resilience, given all of the key deliverables we are being asked to do, including Test & Protect, the enhanced Flu Vaccination Programme etc. This led to a general discussion, acknowledging that difficult decisions may need to be taken regarding NHS Fife priorities and the importance of communicating this effectively to staff.	
	APF **noted** the plan.	
79/20	**EAST REGION PROGRAMME BOARD**	
	C Potter advised that there was nothing of significance to report.	
	APF **noted** the update.	
80/20	**NHS FIFE ELECTIVE ORTHOPAEDIC CENTRE PROJECT**	
	A Wilson talked to the full business case and outlined the key aspects that had changed since the previous presentation to the APF: the additional services in the new building will enhance both staff and patient experience; the project has come in within budget; work has started on the car parks, with completion early next year. A Wilson took the opportunity to express his appreciation of the engagement of staff and stakeholders in the project and hoped everyone would benefit from the first class facility. C Potter recognised the huge amount of effort and personal time A Wilson had given to lead the project and wished him well in his new role as he leaves NHS Fife.	
	APF **noted** the update.	
81/20	**ATTENDANCE MANAGEMENT**	
	a. **Staff Health and Wellbeing Update** R Waugh guided the APF through the report, drawing attention to: • the improved sickness absence position since April 2020. The main reason remains Mental Health related: anxiety/ stress/ depression, followed by Muskuloskeletal and Back problems. • the investment in the Occupational Health Service which has been at the forefront of COVID-19 input and recruitment activity • monies have been secured to fund top tier Psychology support for staff • funding has been received for refurbishing the Staff Support Hub at the Victoria Hospital. Planning is underway for similar facilities at Queen Margaret Hospital and in Community sites. • The Gym Survey results will be used to improve NHS Fife's approach to sedentary behaviour • The role of the Promoting Attendance Group is under review.	

		• Promoting Attendance Training has recommenced on MS Teams. • Short training sessions on the Once for Scotland Policies are planned. • Promoting Attendance Review and Improvement Panels have been reinstated. It has been agreed not to issue the 'Perfect Attendance' letter for the last year to staff, given the current circumstances. A communication will be published on StaffLink.	**RW / Comms**
	APF **noted** the update.		
82/20	**LEARNING & DEVELOPMENT UPDATE**		
	a.	**Core Training Update** K Berchtenbreiter reported that Core Training compliance is currently 74%. (The absence of classroom based training may continue to have a negative effect on some topics). This is close to the 80% compliance target but an improvement programme has commenced. Some info graphics have been prepared for managers that set out the 9 core skills and the refresh periods. A guidance document is also being crafted which signals to managers the shift to the e-enabled training that is currently available and how it can be accessed. Linked to this programme of work, managers will be emailed supporting data which identifies the members of staff who are currently not compliant (and in what areas); not previously done in Fife. This fairly major piece of work which will start with the Workforce Directorate and Corporate Services (before the end of the year) and then move to other areas where the greatest intervention is required and become a standard rolling programme. It is hoped this intervention will see a significant increase in compliance. Building on the discussion at the last APF around recognition of Prior Learning, whilst there is ongoing work in relation to core learning requirements as part of the Once for Scotland agenda - where all core training topics will be hosted on a single platform (Learn) and will transfer between boards –this may not be in place as quickly as desired. On that basis (and this affects new starts) what is possible in terms of recognising any previous learning that meets our core compliance requirements and has been undertaken in the past 12 months at another Board, is being explored.	
	b.	**PDPR Update** K Berchtenbreiter indicated that there has been a slow increase in performance throughout 2019, peaking in February 2020 at 51%. The data in the report reflects the figures as at October 2020: there is a decline to 43%. Whilst the compliance target remains at 80% and can't be changed - we have revised the recovery trajectory to 55% in the year to 31st March 2021 with the aim to meet the 80% compliance target by 31st March 2022. A re-engagement action plan has been created and is attached to the report. Work is ongoing with colleagues on a number of comms messages and videos. Staff side colleagues input and support has been sought to ensure awareness of the message in as many ways possible;	

		that Quality PDPR conversations need to be promoted and facilitated to everyone in NHS Fife. Targeted communications to managers are being drafted where PDPR compliance is particularly poor; and offering support as well as creating an online appraisal pack for managers, reviewers and reviewees. It was recognised that time constraints and competing work priorities may make PDPR conversations difficult.	
	APF **noted** the updates.		
83/20	**EMPLOYEE RELATIONS CASE MANAGEMENT MONITORING REPORT**		
	W Brown raised her concerns with the continued delays and backlog of ER cases. It was acknowledged that in the current circumstances, the additional COVID-19 pressures are making it problematic for time to be found by managers/ staff/ staff side reps to meet to take forward the ER cases. The situation will be closely monitored and cases resolved as soon as they can be.		
	APF **noted** the update.		
84/20	**COMMUNICATIONS**		
	K MacGregor: • thanked colleagues for their feedback on the items around COVID-19, Staff Health & Wellbeing, FACTS etc. • Videos of honest, realistic 'thank you' messages will be uploaded to StaffLink to recognise efforts of redeployed staff. • It was good to see the 'Lead by Example' flu vaccination campaign had been successful, with targets met. • Information will be put on StaffLInk regarding the Winter Plan, COVID-19 vaccination and EU Exit. • On a lighter note, a Christmas video is planned, albeit within COVID-19 restraints, with a focus on 'kindness' and the hard work of staff. • Charities communication is being prepared – highlighting grants awarded to staff projects • Graphics to reinforce the Level 3 restrictions message will be sited at the entrance to the Victoria Hospital next week.		
	APF **noted** the update.		
85/20	**POLICIES, PROTOCOLS AND CIRCULARS**		
	The APF approved the amendments to HR25 - Evaluation of New Agenda for Change (AfC) Posts, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject To Significant Change; approved the new Working from Home Policy – COVID-19; and the CoSO12 Christmas & New Year Public Holiday (Updated October 2020).		
	APF **approved** the Policies and the CoS Guidance.		
86/20	**ITEMS FOR NOTING/ INFORMATION**		
	The following items were **noted** for information by APF:		

	a.	H&SCP LPF – Minutes of 15 September 2020	
	b.	PCS(ESM)2020/1 - Executive and Senior Management Pay 2020-21	
	c.	South East Payroll Services Consortium Business Case	
	d.	Job Evaluation Annual Performance Report	
	e.	Chair Reappointment	
87/20	**AOB**		
	RCN Representatives W Brown advised that former staff side representatives Gillian Tait and Sharon Adamson are now working for RCN full time and on a secondment respectively. W Brown thanked them for all their hard work for NHS Fife.		
	B Anderson Retirement W Brown thanked B Anderson for all his valuable support over the years; and recognised he would be a great loss and would be really missed by all at NHS Fife. On behalf of the APF, W Brown wished B Anderson a long, healthy and happy retirement.		
	TUPE R Waugh indicated that in August 2020, two staff were transferred out of the OH service who were attached to an external contract; they were TUPE transferred and are now with the new OH provider at Stirling University.		
88/20	**DATE OF NEXT MEETING**		
	The next Area Partnership Forum meeting will be held on Wednesday, 20 January 2021 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
WEDNESDAY 18 NOVEMBER 2020 AT 9.00 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
Eleanor Haggett, Staff Side Representative
Alison Nicoll, RCN
Audrey Valente, Chief Finance Officer, H&SC
Bruce Anderson, HR Head of Staff Governance, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona Forrest, Pharmacy, NHS Fife (for Andrea Smith)
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Lynn Barker, Interim Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
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: Andrea Smith, Pharmacy, NHS Fife
Helen Hellewell, Associate Medical Director, H&SC
Kevin Egan,
Louise Noble, UNISON Fife Health Branch
Scott Garden, Director of Pharmacy and Medicine
Susan Robertson, UNITE

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 20 October 2020

The Minute from the meeting held on 20 October 2020 was approved.

NO	HEADING	ACTION
2.2	**Action Log from 20 October 2020**	
	The Action Log from the meeting held on 20 October 2020 was approved.	
3	**JOINT CHAIRS UPDATE**	
4	**HEALTH AND SAFETY UPDATE**	

NO	HEADING	ACTION
5	**COVID-19 POSITION**	
6	**BRIEF FINANCIAL POSITION**	

NO	HEADING	ACTION
7	**HEALTH AND WELLBEING**	
	Attendance Information	
	Pulse Survey	
8	**UNSCHEDULED CARE REVIEW UPDATE**	
9	**H&SC STRUCTURE AND LEADERSHIP**	

NO	HEADING	ACTION
10	**WINTER RESPONSIVENESS**	
	Full Winter Plan	

NO	HEADING	ACTION
11	**STAFF – SEASONAL FLU PROGRAMME**	
12	**LPF ACTION PLAN**	
13	**AOCB**	
	Nothing raised.	
14	**DATE OF NEXT MEETING** **Wednesday 2 December 2020 at 10.00 am**	

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 22 OCTOBER 2020 AT 2.00 PM VIA MICROSOFT TEAMS

Present:
Andrew Verrecchia (AV), Unison (**Chair**)
Claire Dobson (CD), Interim Director of Acute Services
Andrew Fairgrieve (AF), Director of Estates, Facilities & Capital Services
Paul Bishop (PB), Head of Estates
Benjamin Hannan (BH), Chief Pharmacist
Craig Webster (CW), Health & Safety Manager
Louise Noble (LN), Unison
Conn Gillespie (CG), Unison
Joy Johnstone (JJ), FCS
Dr Sue Blair (SB), BMA

In Attendance:
Mechelle Sinclair-Forrow (MS-F), HR Officer (for S Young)
Marie Paterson (MP), Head of Nursing (for L Campbell)
Gillian McKinnon (GMcK), Personal Assistant to Director of Acute Services (**Minutes**)

		Action
1	**WELCOME & APOLOGIES**	
	AV opened the meeting and welcomed everyone, in particular Claire Dobson, the new Interim Director of Acute Services. Apologies were received from Susan Young, Lynn Campbell, Gemma Couser, Miriam Watts, Fiona Alexander, Andrew Mackay and Murray Cross.	
2	**MINUTE OF PREVIOUS MEETING – 20 AUGUST 2020**	
	The Minutes of the Meeting held on 20 August 2020 were accepted as an accurate record.	
3	**ACTION LIST**	
3.1	**<u>Attendance Management Update – Phased Return</u>**	
	• HR Officers have shared the circular with the teams they support and are providing advice where required. Close action.	**GMcK**
3.2	**<u>Attendance Management Update – Phased Return</u>**	

- Circular shared via email (20/08/2020: 14:19). Close action. **GMcK**

3.3 **Staff Health & Wellbeing Update**

- LN advised these meetings were still currently on hold and at this time no further meetings have been scheduled. It was noted a Staff Health and Wellbeing Update would be given under Item 9.1. It was agreed to close this action and once these meetings have reconvened an update could be given. **GMcK**

3.4 **Wearing of Face Coverings – Dining Room Staff**

- It was noted events have since been overtaken regarding the wearing of face coverings but noted this action has been completed. Close action. **GMcK**

3.5 **Wearing of Face Coverings – Retail Units**

- PB advised Costa and WS Smith within Phase 3 had been instructed that face coverings should be worn as these were genuine retail areas. Events have since been overtaken on the wearing of face coverings. Close action. **GMcK**

3.6 **Timing of this Meeting**

- AV advised a discussion had taken place with CD suggesting the timing of this meeting be changed as it now took place on the same week as the APF, and therefore there would be a delay in any issues requiring escalation to the APF.
- AV advised he had been made aware the APF dates for 2021 may be changed to a Tuesday.
- CD confirmed the LPF and APF should not be held on the same week and was supportive of a change of dates to work more realistically with the APF.
- AV agreed to circulate the 2021 APF dates electronically when these were made available, and a further discussion/decision could take place at that time with CD to work out the synchronisation. **AV**
- It was agreed to keep this action open meantime.

3.7 **Returning to Workplace & Risk Assessment**

- The documents have been brought together under one staff link, but it was not possible to amalgamate them into one document as such. Close action. **GMcK**

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- CW advised since the update report had been prepared there was now a mandatory requirement around face coverings being extended to all communal areas in the health sector. This had been discussed at the recent H&SCP LPF and some questions had been raised around enforcement and staff challenging other members of staff who were not wearing face coverings. CW advised there was no real resolution but was an issue to consider here. An issue had been raised that some members of staff had developed long term medical conditions that their manager had been previously unaware of which prevented them wear a face mask. Under the health and safety banner there was an onus on Managers to look at the behaviour of individual staff and to challenge it appropriately.
- CW advised in the last week there has been a Datix alert around a recall of a particular brand of mask. We did have some of these masks within NHS Fife, but these had not gone out into general circulation, therefore no action is required.
- CW advised the 1863+ masks were now back in circulation and an updated newsletter around masks had gone out last week on StaffLink with an update on the masks staff should be ordering and using.
- AV advised he would be uncomfortable with a blanket challenge around the wearing of face coverings and BH asked if we could obtain a consistent organisational message.
- SB advised doctors require to lead by example, but if a member of staff is unable to wear a face covering due to medical reasons, they should ensure they practice appropriate social distancing and not put themselves, other staff or whole departments at risk. If a manager is aware a member of staff cannot wear a face covering, there should be clear rules and a bubble around that member of staff.
- CD advised there have been 19 staff outbreaks across Scotland and this will be an area of significant risk for NHS Scotland as a whole, and is important we have a consistent message for staff.
- CW advised following the recent H&SCP LPF there had been agreement they would work on a communication to go out to staff to reinforce the message of wearing a face covering in communal areas. It may be worth seeing that communication and to send out something similar within Acute.
- MS-F advised she sat on the Workforce Guidance Group and confirmed an updated communication had gone out on Monday from the Communications Team following the First Minister's announcement regarding changes and asking Managers to encourage staff to wear face coverings in communal areas.

- AV asked CW for an update on the supply issue for small size masks and the position regarding clear masks for people who are hard of hearing. CW advised the small masks were still not in production and this had been added to the Corporate Risk Register. We do have access to a possible alternative but this is in limited supply. It is hoped that AlphaSolway will be back in production early next year but until then we are monitoring the situation and diverting supplies where we can. CW advised they are currently looking at two designs for clear masks. One was from America, but the pilot has been put on hold at a national level as it does not meet filtration standards and there are also supply issues. The other mask is more akin to a Type II surgical mask with a clear window and is manufactured by a company in Perth. NHS Fife has been selected to be involved in a pilot together with NHS Lothian and Greater Glasgow and a meeting has been arranged for tomorrow. It is hoped within the next couple of weeks we should have some pilot sites up and running within NHS Fife then this can be rolled out more broadly across NHS Fife. There will be issues around distribution, long term supply and how these masks are used and we will require to be fairly robust in terms of being used in specific circumstances only rather than staff using them on an ad hoc basis as they are much more expensive that the standard surgical masks and we will not have the same level of supply as normal Type II surgical masks.
- LN advised from a personal point of view she requires everyone else to wear a clear mask as she relies on being able to see other people when they are speaking to her. CW confirmed a conversation is required with staff side colleagues regarding a number of staff who require this type of mask and also for clinical staff communicating with any patients who have hearing difficulties.

4.2 <u>NHS Fife Incident Dashboards</u>

- The NHS Fife Incident Dashboards for the period January – June 2020 was noted, for information.

5 STAFF GOVERNANCE 2019/20

A <u>Well Informed</u>

5.1 <u>Director of Acute Services Brief – Operational Performance</u>

- CD thanked everyone for the warm welcome to the LPF and the warm welcome to Acute Services.
- CD advised the COVID position was escalating not only within the community but also within the hospital.
- CD advised over the past 24-hours we have had to enact the

first trigger on our Critical Care Escalation Plan. We have now established a red ICU and doubled our ICU capacity in the hospital which has meant changes to SHDU, but MHDU remains unchanged.

- CD advised Ward 53 has become a red pathway in its entirety and that should be completed by close of play today. In order to do that we are having to maximise amber capacity and how we can accelerate discharges and make space for all the patients who require care in our hospital. The response of the management team and the staff as a whole has been fantastic and has been undertaken in a calm and smooth way.
- CD advised currently the Hospital Control Team (HCT) meets on a Wednesday but the frequency will be increased as the situation escalates.
- CD advised a number of services have been brought back in terms of our inpatient and elective activity but we will be keeping a close eye on remobilisation as we manage pressures around COVID and winter.
- AV advised it had been reported at a recent meeting of the HCT there had been an increase in the red footprint within Ward 53 and AM had produced a very helpful briefing. It would be useful if there could be similar briefings which would be useful to distribute.
- AV asked for an update on the frequency and format of the SLT meetings. CD advised we were currently working on finalising a set of Terms of Reference (ToRs). There will be two Acute SLT meetings; a smaller group which would be tight and focussed; and an extended Acute SLT which would be used to communicate and engage with a wider group of staff across the organisation. The frequency of these meetings would be dictated as the situation escalates and in conjunction with HCT and Silver Command.

5.2 <u>Attendance Management Update</u>

- The Attendance Management Update Report was noted, for information.
- MS-F advised there has been an improvement in the figures across NHS Fife and these are steadily coming down, although we are still currently sitting just over 5%.
- MS-F advised Corporate Services are sitting under 4% in the last four out of five months. This is just below the HEAT target or on it but we should note Corporate Services do not necessarily have the same number of staff that we have elsewhere within Acute.
- MS-F advised nursing and midwifery staffing within Acute have the highest absence rates. The age group 65+ has a high absence rate but to note this is a small group of staff. There are a large number of staff within the age bracket 55-59 and we are seeing a true reflection of the level of sickness

absence in that age range.

- MS-F confirmed Attendance Management Training is still taking place via MS Teams with partnership input. We appreciate as COVID cases start to rise again this may not be a key priority for staff, but will be important as we start to work through the new policies and manage that part of the service. Some questions have been raised nationally around the Attendance Policy, and in particular around the appeals process.
- SB advised her department was currently dealing with a number of COVID related issues and were struggling to keep up with business as usual. The ask if for Managers and staff to bear with them as turnaround times for reports are slower than normal. Some Managers and staff have been asking for specific clinicians to undertake appointments, but as senior staff are otherwise engaged, they were unable to provide the same continuity of care that they would normally.
- SB advised at a recent meeting with the local authority, HSE and other agencies they have seen a reduction in sickness absence when staff have been offered working from home as an option.

5.3 <u>Feedback from NHS Fife Board & Executive Directors</u>

- AF advised a number of discussions have taken place at EDG around our financial position and details provided regarding the mid-year report and forecast for the end of the fiscal year. As at September 2020 we are £9.1m overspent. The main reason for this overspend is the unachieved CRES savings. If we do ask for brokerage near the end of the fiscal year we would automatically move into the next phase.
- AF advised there had been a number of discussions around the uptake of flu vaccinations. We are currently sitting at 23% and we will guarantee to exceed last year's figures.
- AF advised pressures within Acute Services and other areas were discussed.
- CD advised she had highlighted the significant financial challenges facing the Acute Services Division, taking into account COVID and winter pressures.
- CD noted there had been a couple of good news stories to highlight from Acute. Approval had been given for 4 additional Consultant posts with ECD, with some caveats attached around how we work to avoid locum costs in the future but this is good news for our resilience. A few weeks ago approval had been given for an ambulatory care model around MOE which will support our resilience and performance.
- AV asked for further information about financial brokerage and the implications of this if we move from level 3 to 4. AF advised there are 5 levels and we are currently sitting with most other boards at level 3. If a Board moves into level 4 a

turnaround team would come in to assist, but was not sure of the actual details but finance colleagues did not think we would require brokerage.

- MS-F asked about the impact across the whole of this financial year and whether the additional spend we have for COVID and flu vaccination sat separately. AF and CD confirmed we did receive a full COVID allocation, but we continue to have challenges due to historical commitments and because of the COVID position we have been unable to deliver.
- CW advised 2812 staff have been immunised in just over 3 weeks which is just over half the amount of vaccines that were delivered in the whole season in 2019.

6 B Appropriately Trained

6.1 Training Update

- No update available.

6.2 Turas Update

- No update available.

7 C Involved in Decisions which Affect Them

7.1 **Staff Briefings & Internal Communications**

- AV advised he would discuss staff briefings going forward further with CD. **AV/CD**
- CD mentioned the potential of using MS Teams to provide staff briefing sessions, similar to those undertaken for the Grand Round sessions. Agreed this is something that could be explored further being mindful of footfall into clinical areas at the current time.

7.2 **Pulse Survey**

- MS-F advised we achieved a 38% response rate, which was expected due to the short notice timescale for completion and we did not have the ability to go out and promote this within individual areas this year. The national response rate was 42%.
- MS-F advised the full report will not be available until 20 November 2020, however the Chief Executive and Executive Directors will receive an element of the full report around culture, bullying, harassment. The report will not show the same detail as the iMatter survey has done in the past.

8 D Treated Fairly & Consistently

8.1 **Current/Future Change Programmes**

- No areas to note.

8.2 **Remobilisation**

- CD advised our elective programme is back up and running within Acute Services. Cancer services have always been a priority and we were starting to see some recovery within TTG and outpatient waits. We have received funding support from the Scottish Government to help us with our elective activity.
- CD advised we are currently considering all activity to ensure we have the workforce and capacity to be able to manage the inpatient situation that is developing and escalating day to day.
- AV asked if an update could be given on the work of the Flow and Navigation Hub. CD advised the Scottish Government has given every Board a direction to schedule unscheduled care and within that the ask is that we establish a Flow and Navigation Hub. In Fife this is not necessarily a new thing as we have already had quite a significant urgent care transformation programme for the past few years. Dr McKenna is leading on this for NHS Fife and we are looking to set our own Flow and Navigation Hub that would go live at beginning of December 2020. Some funds had been made available from the Scottish Government to support this. Patients with a minor injury or illness would phone NHS24 for appropriate advice and this would ensure patients are seen by the correct person, place and time and would take the pressure away from the ED and minor injuries and move to an appointment based system. In order for the Flow and Navigation Hub to run we would require to have appropriate staffing and a level of clinical decision making within ED.

9 E Provided with an Improved & Safe Working Environment

9.1 **Staff Health & Wellbeing Update**

- The Staff Health & Wellbeing Update was noted, for information.
- MS-F reminded staff that health and wellbeing support was still available. The Pause Pod for staff wellbeing is available at Whyteman's Brae Hospital and staff can access resources from the NHS Scotland Promise website together with a 24-hour helpline for staff who may be struggling with their mental health.
- LN advised all staff hubs were currently available and work has commenced on converting the Squash Court, Victoria Hospital as a permanent staff support hub.

- LN advised staff had been asked to provide their thoughts on exercise and staff gyms on hospital and healthcare sites and the results of the Gym Survey was available in Appendix 1.

9.2 **Capital Projects Report**

- The August 2020 Capital Projects Report was noted for information.
- AF advised a lot of time had been lost this fiscal year due to contractors being on furlough. We are committed to spending all the capital by the end of the fiscal year and all projects will be completed by end of March 2021.
- AF advised we were in the process of trying to acquire funding of £1.8m from the Scottish Government for some energy efficiency projects. An SBAR would be taken to next week's Fife Capital Investment Group (FCIG) for consideration.
- AV asked if AF could provide an update on the progress/delay of the Fife Elective Orthopaedic Centre. AF advised at the last Orthopaedic Project Board Alan Wilson had reported a 2-3 week delay which was mainly due to the Fife Council Planning Department around additional car parking. AF advised Alan Wilson would be moving on to new pastures next month and hopefully his replacement will be in post soon to ensure the project progressed in accordance with the key milestones.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period October 2019 to September 2020 was noted, for information.
- MP advised the highest category of the incidents affecting staff was unwanted behaviours, violence and aggression; followed by personal accident; sharps incident; and infrastructure.
- MP advised the data shows normal variation across all the data sets across all categories, with no areas of particular concern.
- MP advised the top sub-categories of unwanted behaviours, violence and aggression were physical assault; verbal assault; then other unwanted behaviours. Nurses followed by healthcare support workers then bank staff were the highest affected staff groups.
- MP advised the top sub-categories of infrastructure were staffing levels too low (15 incidents); activity to staff ratio (11 incidents); lack of suitably trained/skilled staff (11 incidents). Nurses followed by healthcare support workers then medical staff were the highest affected staff groups.
- MP advised the most common sub-categories of personal accidents were general accident – struck my moving/flying/falling object; slips, trips and falls; then general accident – struck by something.

- MP advised the most common sub-categories of sharps incidents were contact with needle (67 incidents); cut with sharp object (3 incidents); occupational exposure to blood and body fluids (3 incidents).

10 ISSUES FROM STAFF-SIDE

10.1 Rest Rooms/Changing Areas

- AV advised PH had asked if the changing rooms in the basement of Phase 2 could be raised. PH was concerned about the general upkeep of the area and a number of lockers that did not close/lock. The area is being used more often by staff to change in and out of uniforms travelling to and from work.
- AF advised he had visited the area a couple of years ago which had been risk assessed and added to the capital programme. Unfortunately, the red risks were still be worked through but wondered if we could perhaps look to fund improvements via Endowment funds.
- Following discussion, PB agreed to take a discussion offline with PH and undertake a walkround of the area to ascertain what could be done in the interim until a full refurbishment could take place. **PB/PH**

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meetings held on 6 August 2020 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- AV/CD to review the current Agenda items. **AV/CD**

12.2 Issues for Escalation to Area Partnership Forum

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

13 ANY OTHER COMPETENT BUSINESS

13.1 Self-Isolating

- AV advised he had received a query from a member of staff regarding self-isolating and conflicting advice given by some Managers regarding how absences will be recorded.

- MS-F advised the workforce guidance is updated regularly but was concerned Managers did not appear to be following the same guidance. MS-F agreed to put out a communication highlighting the correct guidance and asked colleagues to reinforce this message and to circulate it through their management teams across Fife as not all staff currently had access to StaffLink. **MS-F**

13.2 **Social Distancing**

- MS-F asked if Managers could remind staff to remain vigilant about maintaining good social distancing and the use of face coverings in all public areas.
- MS-F advised staff should also be made aware of the significant impact on resources if we have to self-isolate a whole section of staff.

13.3 **Flu Immunisation Programme / Test & Protect**

- MS-F advised a number of staff have been involved with the Flu Immunisation Programme and Test and Protect. Managers have been pulling back these staff into their own areas as they have been short of staff, but the ask is if Managers could be mindful that if they have put staff into these areas we require them to remain there to support these programmes and to avoid clinic cancellations.
- MS-F advised a number of discussions are ongoing to try to stabilise that workforce in advance of a possible COVID vaccination next year.

13.4 **TUPE Transfers**

- MS-F advised discussions around TUPE transfers had been put on hold during lock-down but these discussions have recommenced around payroll staff moving to NSS next year. Staff would stay on site and would not move base.
- MS-F advised we had provided St Andrews University with an OHSAS service but this is no longer happening. One member of staff had been TUPE transferred for that situation.

13.5 **Paid as if at Work**

- MS-F advised a Paid as if at Work Report had gone to EDG and was approved. Managers have been given letters to send to staff. Payroll are currently in the process of actioning these payments now and staff will be paid arrears at the end of November.
- MS-F advised the payroll system is being upgraded and from November 2020 there will be no requirement for Managers to enter this manually as the system will work this out.

14 DATE OF NEXT MEETING

Thursday 17 December 2020 at 2.00 pm via MS Teams.

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE GROUP MEETING HELD ON FRIDAY 20TH NOVEMBER 2020 AT 09:00 HRS VIA MS TEAMS

Chair: Linda Douglas, Director of Workforce

Present:
Jacqui Balkan, Regional Workforce Planning Manager
Wilma Brown, Employee Director
Dr Helen Hellewell, Associate Medical Director, H&SCP
Andy Mackay, Deputy Chief Operating Officer, Acute Services
Brian McKenna, HR Manager – Workforce Planning
Janette Owens, Associate Director of Nursing
Rhona Waugh, Head of Human Resources
Amanda Wong, Associate Director of Allied Health Professions

In Attendance:
Kevin Reith, Deputy Director of Workforce, Scottish Ambulance Service (Guest)
Janet Melville, Personal Assistant (Minutes)

		Actions
	Welcome and Apologies	
	L Douglas welcomed everyone to the meeting, especially K Reith who will be joining NHS Fife on 30 November 2020; introductions were made; and apologies were noted from Claire Dobson (Andy Mackay attending), Dafydd McIntosh, (attendance was affected by IT issues) Derek Phillips (Jacquie Balkan attending) and Susan Fraser.	
01.	**Minutes and Matters Arising**	
	The minutes of the previous meeting held on 21st August 2020 were accepted as a true and accurate record. There were no matters arising.	
02.	**National Workforce Planning Group - Update**	
	J Balkan reported that the National Workforce Planning Group next meets in early December 2020, along with the Scottish Shape of Training Transitions Group (SSTTG), when the function and purpose of that group going forward will be reviewed. There are pending changes to the Internal Medical Training Programme which will also be discussed at the next Regional Workforce Group on 24 November 2020. J Balkan suggested she share the agenda and papers of both National Workforce Planning Group and the SSTTG meetings for comment in advance and feedback after both meetings are held. B McKenna had previously guided the Group through the Stirling University Absence Toolkit 'Mosaic' – J Balkan advised that Public Health	**JB**

	Scotland Absence Dashboard has also been developed and was demonstrated to East Region workforce planning colleagues: B McKenna indicated that he has only accessed the system this morning but will update the group and share slides following the meeting. The PHS absence modelling is informed by SSTS data and SG predictions; providing historical absence data with projected impacts from future waves of COVID-19. It is working on various, adjustable Scottish Government scenario planning options – forecasting what absence rates may be, based on the principle that staff absences will be similar to the COVID-19 R rate. Derek Phillips is on a National group looking at these models, and a further absence model, that has been developed to integrate and create a model that works well at both Scotland wide and board level.		**BMcK**
03.	**East Region Workforce Planning - Update**		
	J Balkan advised that this Group meets on 24 November 2020, when the revamped regional agenda will be discussed: the three Boards will reconsider priorities post COVID-19 to determine what to continue/ ramp up/ pause. The next iteration of the Scotland-wide Integrated Workforce Plan will be developed around the revised strategic agenda. J Balkan explained that the Physicians Associates (PAs) student programme placements within Fife have been stood down for this cohort, to allow efforts to focus on the ongoing pandemic and other commitments; the intention is to restart in January 2022. There are potentially PAs available to fill posts for Tests of Change in the short term, using non recurring PCIF funding for GPs to reduce their workload, as well as assessing the benefits of introducing more into secondary care across Fife.		
04.	**Workforce Planning Updates from Associated Groups**		
	4.1	**GMS Contract Implementation Group** Dr H Hellewell confirmed there has been significant work on GMS Implementation; it has been a tricky year, trying to balance financial aspects and added staffing requirements. Dr H Hellewell wishes to further explore the Physician's Associates programme – and will pick up with J Balkan. Various models are being explored to aid the transition of the Flu vaccination programme and the interdependencies of the future COVID-19 vaccination. The GMS project includes working with 55 GP practices around Urgent Care to ensure sufficient Mental Health Nurses, Physiotherapists and Advanced Nurse Practitioners. A recent meeting explored realistic, achievable objectives within the complex landscape. **Medical Workforce Operational Group** A Risk Assessment for the Medical Workforce in the Partnership is underway to address challenges going forward. A virtual assessment of the wider medical workforce indicated there are no major concerns or gaps in Training Grades, although there are some challenges in the Consultant workforce in Acute Services and the Partnership.	**HH/JB/RW**
	4.2	**AHP Clinical Advisory Forum** A Wong reported that the Professional Judgement and Safety Huddle templates have now been widely tested nationally; feedback from the evaluation report is awaited. Recruitment is an ongoing challenge for	

		some professions: services are prioritising student placement activity to ensure NHS Fife has a future workforce. Work is continuing to support schools to profile AHPs – using videos and online national tools, to limit face-to-face contact in schools/ clinical areas. In addition, work is ongoing with transforming roles and advanced practice; including consideration of how AHPs can support the redesign of urgent care, expand on first contact practitioner work with GPs practices and in terms of major trauma rehab network activity. A Wong reported another development is linking with the University of Stirling around paramedic student non-Scottish Ambulance Service placements within NHS Fife.	
	4.3	**Nursing Workforce Planning Group** J Owens informed colleagues that the Safe Staffing Group and the Excellence in Care Group have been amalgamated, as they work closely together on topics including workforce, and most members sit on both groups. With regards to Safe Staffing legislation, the Nursing Workload Tools were run in all the Inpatient areas and the information gathered is being analysed. There are concerns around recruitment – work continues to attract nurses to work in Fife; nonetheless there are a number of vacancies impacting on quality of care. Supplementary Staffing: a number of bank and agency staff have been deployed to assist with flu vaccination and will be required for the forthcoming COVID-19 vaccination programme. J Owens thanked Elaine Paton, Nurse Bank Manager, for her continued support in this area.	
	4.4	**Area Clinical Forum** J Owens advised that earlier this year a Development Session on Safe Staffing legislation was held for the Area Clinical Forum: it now affects all professions, not only Nursing & Midwifery. Valerie Reid, Workforce Planning Nurse and J Owens attended the AHPCAF meeting on 07 October 2020, at which there was a good discussion around the implications for AHPs of Safe Staffing legislation. There is a requirement to develop an audit tool to show staffing levels are 'safe' in all disciplines every day.	
	4.5	**Acute Services Division** A Mackay indicated that with the pressures of COVID-19 and Winter, staff are extremely stretched and resilience low across all professional groups, giving cause for concern. Vacancies continue with the focus on recruitment in nursing areas. There will be a revised approach to the AOP process, concentrating on staffing requirements. Going forward, there needs to be a focus on staff retention and attracting new staff. A Mackay expressed his thanks for the flexibility shown by staff. In relation to resilience and attrition, A Mackay suggested that when staff wish to move, there is a mechanism to enable a swift internal transfer within NHS Fife to encourage staff to stay.	**AMcK/RW**
	4.6	**Operational Workforce Planning Group** R Waugh reported that the Group had met for the first time earlier this week, with good representation from all areas. The requirements of the group were set out and the commitment to undertake the necessary work was gained from members. It was suggested that joining forces with the Tactical Workforce Group, led by J Owens would be helpful to take forward the workforce agenda, especially in the current climate. B	

		McKenna confirmed that the publication date for the Strategy had been revised to 31 March 2022. The Operational Group will meet quarterly to monitor and update the current Action Plans to achieve the specific actions contained in this years plan .	
	4.7	**Health & Social Care Partnership Workforce and Organisational Development Group** Dr H Hellewell concurred with A Mackay's update that a lot of challenges faced in Acute are reflected within H&SC: resilience, retention, winter planning and surge capacity. Additionally, Care Home support work which is complex and new; it stretches the workforce into a new area. There is also ongoing balancing work with Independent contractors: Optometrists, Community Pharmacy and especially Dental workforce, with concerns around remobilisation. Due to COVID-19, the Voluntary Organisation refresh has been delayed: it has been a challenging time to support and ensure they remain engaged and it is important to look forward both strategically and flexibly. A reorganisation within the Partnership is being undertaken around the extended leadership team and to make sure the workforce is supported, with staff side involvement. **Fife Council** D McIntosh was unable to join the meeting due to technical difficulties, but provided the following update: the Apprenticeship programmes continue to be modified or reviewed due to the current restrictions. Foundation Apprenticeships for Social Services and Healthcare will continue using virtual workplaces for placements enabling 37 students to finish their study by May 2021. Most have indicated a preference to work in HSC / NHS. Modern Apprenticeship opportunity for Health and Social Care will remain under review until April 2021. There are no plans to commence an apprenticeship programme in the current climate. Fife Council has agreed to participate in the Kickstart programme in collaboration with the DWP which is a 26 week placement to support people looking to change career. It's anticipated there will be opportunity for people interested in a career in Health and Social Care to participate.	
	4.8	**Pharmacy & Medicines** The Pharmacy & Medicines representative is to be confirmed.	
	4.9	**Corporate Services Update** L Douglas explained that Corporate Services covers all non-clinical facing and Partnership areas. R Waugh advised that feedback will be provided on both the Regional Workforce Planning meeting and the H&SC meeting being held on 24 November 2020. S Garden has prepared a Workforce Plan for Pharmacy Services. R Waugh offered to circulate updates from the Payroll Consortium and Regional Recruitment Transformation programmes to the group.	**RW**
	4.10	**Oversight of Workforce Implications of Current Work Programmes** It was agreed this has already been captured in the items earlier in this meeting. It was agreed it would be helpful to have input regarding the COVID-19 Vaccination Programme; given the implications for training and	

		workforce numbers.	
05.	**Review of 2019/22 NHS Fife Workforce Strategy, and requirements to support scheduled publication of 2022/25 Workforce Strategy**		
	L Douglas affirmed the need to keep the current strategy and delivery outcomes under review and proposed that for the next meeting of the Group, members review the existing strategy and reflect on updates (incorporating the impact of the COVID-19 pandemic) in preparation for the implementation of the Workforce Plan 2021/22. B McKenna advised that a new template will be issued by the Scottish Government detailing requirements for the next plan. The Operational Group can then start to create the next Workforce Strategy 2022/25 (to be published 31 March 2022), for review by this group.		
06.	**Workforce Implications of EU Exit**		
	The Scottish Government is reviewing and reaffirming support for EU citizens seeking Settled Status. B McKenna provided an update on the work undertaken in NHS Fife to date: earlier this year a communication had been circulated to services and an optional questionnaire had been issued to EU citizens working within NHS Fife - the majority are Irish citizens, whose remaining in the UK is not connected to withdrawal from the EU. Individuals must apply for Settled Status by June 2021. B McKenna also highlighted new Immigration procedures come into force from 1 January 2021. R Waugh advised that the new policy directives from the UK Borders Agency, detailing the new arrangements which may impact on staff recruited internationally after 1 January 2021, will be cascaded to services. Although information in relation to applying for Settled Status had previously been communicated, it was acknowledged that general and tailored reminder messages would be useful to reach all those potentially affected, (both electronically and hard copy).		**BM**
07.	**For noting**		
	DL (2020)27 – Update on Revised Workforce Planning Guidance (NHS) and DL (2020)28 – Update on Revised Workforce Planning Guidance (H&SC) were noted by the Group.		
08.	**AOB**		
	There was no other business.		
	Date of Next Meeting: TBC		