

NHS Fife Staff Governance Committee

Thu 29 April 2021, 10:00 - 12:00

via MS Teams

Agenda

10:00 - 10:05 **1. Apologies for Absence**

5 min

Margaret Wells

10:05 - 10:10 **2. Declaration of Members’ Interests and Chair’s Opening Remarks**

5 min

Margaret Wells

10:10 - 10:15 **3. Minutes of Previous Meeting held on 4 March 2021 and Reconvened Meeting held on 9 March 2021**

5 min

Margaret Wells

- Item 03 Minutes of Meeting Held on 04.03.21 Unconfirmed.pdf (8 pages)
- Item 03 Minutes of Reconvened Meeting Held on 09.03.21 Unconfirmed.pdf (4 pages)

10:15 - 10:20 **4. Action List from Meeting held on 4 March 2021**

5 min

Margaret Wells

- Item 04 Table of Actions From Meeting Held on 4.3.21.pdf (1 pages)

10:20 - 10:25 **5. Matters Arising**

5 min

Margaret Wells

10:25 - 11:00 **6. Quality, Planning and Performance**

35 min

- Item 6.1 Integrated Performance and Quality Report Covering Paper.pdf (3 pages)
- Item 6.1 Integrated Performance and Quality Report April 2021.pdf (46 pages)

6.1. Integrated Performance & Quality Report

(Enclosed) Linda Douglas

6.2. Staff Health & Wellbeing Update, including Promoting Attendance

(Enclosed) Rhona Waugh

- Item 6.2 Staff Health and Wellbeing incl Promoting Attendance.pdf (15 pages)

6.2.1.

6.3. Interim Joint Workforce Plan 2021/2022

(Enclosed) Kevin Reith

- Item 6.3 Interim Joint Workforce Plan 2021-2022.pdf (7 pages)
- Item 6.3 NHS Fife and Fife HSCP Draft Interim Workforce Plan 2021-2022 Appendix 1.pdf (17 pages)

6.4. Corporate Objectives 2021/2022

Verbal Susan Fraser

6.5. Winter Report 2020/2021

(Enclosed) Janette Owens

- Item 6.5 Winter Plan Report 2020-2021.pdf (4 pages)
- Item 6.5 Winter Planning Performance Summary March 2021 v0.5 Appendix 1.pdf (20 pages)

6.6. Renewal of NHS Fife Population Health and Wellbeing Strategy

Verbal Margo McGurk

11:00 - 11:25
25 min

7. Governance

7.1. Board Assurance Framework Workforce Sustainability

(Enclosed) Linda Douglas

- Item 7.1 Staff Governance Committee - Board Assurance Framework.pdf (3 pages)
- Item 7.1 Appendix 1 NHS Fife Board Assurance Framework - Workforce Sustainability.pdf (2 pages)
- Item 7.1 Appendix 2 - BAF Risks - Workforce Sustainability Linked Operational Risks as at 21.4.21.pdf (2 pages)

7.2. Committee Self Assessment Report 2020/2021

(Enclosed) Gillian MacIntosh

- Item 7.2 Committee Self Assessment Report 2020-2021.pdf (9 pages)

7.3. Draft Staff Governance Committee Annual Statement of Assurance 2020/2021

(Enclosed) Gillian MacIntosh

- Item 7.3 Draft Staff Governance Annual Statement of Assurance 2020-2021 Covering Paper.doc.pdf (3 pages)
- Item 7.3 Draft Staff Governance Annual Statement of Assurance 2020-2021.pdf (18 pages)

7.4. Draft Staff Governance Committee Annual Workplan 2021/2022

(Enclosed) Linda Douglas

- Item 7.4 Draft SGC Annual Workplan 2021-2022.pdf (5 pages)

7.5. Staff Governance Annual Monitoring Return 2020/2021

(Enclosed) Sandra Raynor

- Item 7.5 Staff Governance Annual Monitoring Return 2020-2021.pdf (4 pages)

11:25 - 11:30
5 min

8. Linked Committee Minutes and Annual Reports - For Information

8.1. Minute of the Area Partnership Forum dated 24 March 2021 (unconfirmed)

(Enclosed)

 Item 8.1 APF Minutes - 24.03.21 (Unconfirmed).pdf (8 pages)

8.2. Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 31 March 2021 (unconfirmed)

(Enclosed)

 Item 8.2 SWPG Minutes - 31.03.21 (Unconfirmed).pdf (4 pages)

8.3. Minutes of the Health and Safety Sub-Committee on Friday 12 March 2021 (unconfirmed)

(Enclosed)

 Item 8.3 Health and Safety Sub Committee Minutes - 12.3.21 (Unconfirmed).pdf (4 pages)

8.4. Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework

Enclosed

 Item 8.4 NMAHP Professional Assurance Framework Survey November 2020.pdf (20 pages)

8.5. Medical Education Report

(Enclosed)

 Item 8.5 Medical Education Report.pdf (13 pages)

11:30 - 11:40
10 min

9. Issues to be Escalated to the Board

Margaret Wells

11:40 - 11:45
5 min

10. Any Other Business

11:45 - 11:50
5 min

11. Date of Next Meeting: Thursday 1 July 2021 at 10.00 am via MS Teams

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY
4 MARCH 2021 AT 10:00 AM VIA MS TEAMS**

Margaret Wells
Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director	Janette Owens, Director of Nursing
Alistair Morris, Non-Executive Director	Lynne Parsons, Society of Podiatrists and
Wilma Brown, Employee Director (for the initial part of the meeting)	Chiropodists representative (deputising for Simon Fevre)

In Attendance:

Lynn Barker, Associate Director of Nursing, H&SP (deputising for Nicky Connor)
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Catherine Penman, PA to Head of HR and Senior HR Manager (Minutes)
Gillian Westbrook, PA to Director of Workforce (Shadowing)

1. Apologies for Absence

Apologies were received from Simon Fevre, Co-Chair, Health and Social Care Partnership, Local Partnership Forum; Andrew Verrecchia, Co-Chair, Acute Services Division, Local Partnership Forum; Nicky Connor, Director of Health & Social Care; Margo McGurk, Director of Finance and Strategy; and Kirsty Berchtenbreiter, Head of Workforce Development.

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

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

The Chair welcomed members and attendees to the meeting; in particular, Gillian Westbrook, PA to Linda Douglas, who was shadowing Catherine Penman, PA to Head of HR and Senior HR Manager, who is providing secretarial support to the Committee for today's meeting. It was noted that Gillian would be providing secretarial support the Committee going forward. The Chair welcomed Janette Owens to her first meeting and congratulated her on her appointment to Board Director of Nursing. The Chair also took the opportunity to thank Helen Buchanan, on behalf of the Committee, for her hard work and dedication over the past years and to wish her well in her forthcoming retirement.

The Chair reminded members that the Echo pen will be used to record the meeting. The Chair confirmed that COVID-19 continues to be the focus of discussion as the NHS remains on an emergency footing across Scotland. The Chair thanked staff, on behalf of

the Board, for their continued efforts, professionally and personally, to maintain services throughout the pandemic, particularly given the extended lockdown measures.

The Chair advised that further to the revised agenda being circulated, it had been decided that the Strategic Planning and Resource Allocation report would no longer be considered within the main meeting; and the Private Session would no longer take place to consider the Joint Fife Remobilisation Plan 2021/2022. To allow members of the Committee to properly consider the content of both reports and recognising that there is a requirement for these to be considered within the current financial year, it was therefore, agreed that the Committee would reconvene week commencing 8 March 2021.

3. Minutes of Previous Meetings held on Wednesday 13 January 2021

The minutes of the meeting held on Wednesday 13 January 2021 were formally **approved** as an accurate record.

4. Action List

The Committee **noted** the current status of the items on the Action List and the updates provided.

5. Matters Arising

There were no matters arising not otherwise covered in the meeting agenda.

6. COVID-19 UPDATE

6.1 COVID-19 Staff Health & Wellbeing (including Promoting Attendance) Update

R Waugh referred to the Staff Health and Wellbeing (including Promoting Attendance) update and highlighted the following COVID-19 related Staff Health and Wellbeing activities, in addition to the continued support for staff previously mentioned:

- Mindfulness Courses and Drop-in Sessions continue to be a great success in our approach to mindfulness. In response to feedback from staff, Mindfulness videos are now available for staff to access at any time to fit in with their daily schedules.
- Bespoke "Our Space" Support Sessions are available for staff who are shielding, given the current climate. These have been extended to staff who are currently home working.
- New Staff Health and Wellbeing materials are now available for staff and have been provided within this report to allow Committee members to see the content. The Spiritual Care Team took the opportunity to deliver these to the majority of areas within the Board to enable them to speak to staff on duty and offer direct support.
- Work is on-going to target support for staff to ensure that resources are directed in the most appropriate way, based on a trauma informed model, making the best use of the resources available for staff currently in place.

R Waugh provided a Promoting Attendance update and advised that the report covered the period to January 2021, ten months of the current financial year. Since the last meeting, the rate was over 5% in November and December 2020 and January 2021, however, this is in line with seasonal variations seen in previous years and was less than reported in the last few years.

The average rate for the rolling year to date was 5.12%, and whilst this is outwith the current trajectory set for the Board, this is an improvement when compared to 5.57% for the

2019/20 financial year. In terms of the reasons for absence; anxiety, stress and depression remain the top reason for absence over the course of this year.

R Waugh advised that whilst the report provided data on the trends, COVID-19 related absence contributed to a further 2% on absence levels within NHS Fife, as detailed within Graph 4 of the report.

C Cooper recognised that there is a lot of investment to support staff with anxiety, stress and depression issues, in particular for short term absence, and asked what long term support was available to staff who had mental health issues.

R Waugh confirmed that there are several support services available to staff within NHS Fife's Occupational Health and Counselling Service and additional Mental Health nursing support is now available. Further support is available via NHS Fife's Psychology Service for those staff who are facing particular challenges. The Staff Listening Service is also available, with additional support from Mark Evans and his team. In terms of the top level tier of support, information will also be available via NHS Fife's Psychology Service and it is expected that this will be considered by NHS Fife's Staff Health and Wellbeing Bronze Group on 10 March 2021. Wendy Simpson, Health Psychologist, is also offering care sessions for staff who are benefitting from her kind touch and support.

A Morris acknowledged the initiatives currently in place to support staff and asked if it would be possible to obtain a breakdown of staff absence reasons across all areas of the Board. R Waugh advised that this information was currently available and would include this within the next Promoting Attendance update.

A Morris also asked if consideration could be given to job redesign to alleviate stress levels before they become an issue. C Potter indicated and R Waugh confirmed that a study undertaken within Estates and Facilities established that stress was often due to factors external to work where staff are suffering from stress and anxiety in their own personal lives. It was noted that support was offered to those staff who had bereavement issues, which was prevalent within this study.

L Douglas referred to the interventions currently in place to alleviate stress within the workplace to prevent staff suffering from ill health. However, it is important to note that we need to support staff resilience to prevent or reduce levels of distress in the first place, which may result in long term sickness absence. There is a great deal of work being undertaken nationally and locally around building and maintaining resilience to avoid this.

L Douglas also advised that the redesign of service and roles to ensure that the workplace eliminates as many sources of distress or stress is important and this is an area that we need to do further work on. NHS Fife's revised Workforce Strategy is currently being prepared and will be published next year. There is some important work that we can do in preparation, but more importantly, with a strategic aim of designing work differently to prevent the stressors.

The Chair thanked R Waugh for the update and asked the Committee to **note** the content on the paper, recognising that COVID-19 related absence contributed to a further 2% on absence levels.

6.2 COVID-19 Staff Experience Everyone Matters Pulse Survey Report

The Chair invited presentation on the update on COVID-19 Staff Experience Everyone Matters Pulse Survey Report.

K Reith presented the update on behalf of K Berchtenbreiter. The following key points were noted from the presentation:

- The Everyone Matters Pulse Survey, which replaced iMatter as the measure of staff engagement for 2020, enabled staff to express their view, feelings and experiences, over the 6 month “COVID-19” period from March to September 2020. It was recognised that the survey was undertaken during the height of the pandemic, and the results may well be different if this survey were to be undertaken today.
- NHS Boards received a copy of the National survey results, Board survey results and Directorate level results. Unlike previous years, there were no Team reports produced and, therefore, action plans were not required. However, there is still an expectation that the data is considered as part of the Board’s recovery plan.
- As with previous national iMatter reports, NHS Fife is not an outlier in terms of results, indeed on overall experience score, we are slightly higher than the national Health and Social Care average. There were no red flags in our report and no significant surprises.
- Although the Board response rate of 39% (national response rate was 43%) was lower than the 2019 iMatter Survey (62%), it was noted that there were a number of contributing factors; including short timescales to publicise the survey; staff working in different teams; ‘survey fatigue’ combined with COVID-19 fatigue; and technical issues.
- Staff were asked to think about their experience of working during the COVID-19 pandemic from March to September 2020 and what they were most worried about. Whilst the results highlighted that staff were anxious and worried during this time, it is important to recognise the level of change being experienced by staff, with around a quarter of the respondents working in a different location, having school age children at home or providing support to vulnerable relatives living elsewhere.
- Staff overall experience of working within NHS Fife and whether they would recommend NHS Fife as a good place to work was 6.85 on the scale, which is a slight reduction from 6.92 in the 2019 iMatter survey. However, it should be noted that NHS Fife is slightly above the National average for territorial boards.
- There was a strong focus on staff health and wellbeing within the survey and the results showed when compared with other Boards that NHS Fife had the same score as the Health & Social Care national average for staffs Life Satisfaction, Worthwhile; and Anxiety question responses and above average for Happiness. There are various staff health and well-being activities being provided by NHS Fife to support staff. NHS Fife was one of three Boards who noted the highest improvement rate when staff were asked “I get the help and support I need from other teams and services within the organisation to do my job”.
- The survey provides an opportunity to inform service remobilisation planning and use the experience of staff, as we respond to the second wave of the pandemic more generally.
- iMatter was due to recommence in April 2021, however, it is proposed that this be delayed until September 2021. Discussions are taking place at the National Operational Leads meeting on 4 March 2021 in relation to plans for the continuation of the Staff Improvement Experience Programme.

W Brown recognised the support that NHS Fife has provided to staff, however, she raised concerns if the iMatter survey were to be delayed until the September 2021. Staff would welcome the opportunity to provide their feedback with regards to their personal

experiences during the COVID-19 pandemic. It would be detrimental to staff's health and wellbeing if this were to be delayed.

C Potter acknowledged the concerns raised and suggested that the staff meetings which had previously taken place, prior to the COVID-19 pandemic, with herself, W Brown and staff within all areas of the Board be recommenced. Whilst it may not be possible to meet staff in person given the current restrictions, these meetings could be undertaken virtually, in the interim. Members agreed that this was a good idea and would allow staff the opportunity to raise any concerns they are currently experiencing.

Action: C Potter / W Brown

M Wells thanked K Reith for the update and asked the Committee to **note** the content of the presentation.

6.3 & COVID-19 Staff Vaccination and Staff Testing Updates

6.4

The Chair invited Janette Owens to present the update on COVID-19 Staff Vaccination and Staff Testing updates.

J Owens advised that the Staff Vaccination programme was well underway, with staff clinics being held with St Andrews Community Centre, Randolph Wemyss Memorial Hospital, Victoria Hospital and Queen Margaret Hospital.

The following key points were noted from the presentation:

- As at 23 February 2021, all Vaccinators had been vaccinated; 3,266 Care Home staff; 18,887 Healthcare staff; and 1,417 Social Care staff had received their first dose.
- Occupational Health support is available for staff who may have had an adverse reaction to the vaccination.
- The programme to administer the second dose of the vaccination commenced on 1 March 2021.
- Medical, Nursing and Allied Health Professional students have been vaccinated. As there is a 12 week gap between administering the first and second dose of the vaccination, the second dose requires to be administered by the host Board or University associated with each individual student.
- Bank and Agency staff have been offered the vaccination and this has been well received.

R Waugh presented an update on the COVID-19 Staff Testing programme and provided an overview of the staff testing activity within the Board to date and the following points were noted:

- Voluntary Asymptomatic Testing has been in place since July 2020 for staff within our most vulnerable ward areas within Acute Services; Oncology; Long Stay Learning Disability; and Mental Health wards; and within the H&SCP.
- An extensive programme of Polymerase Chain Reaction (PCR) Testing of Symptomatic staff (and contact tracing) staff with symptoms has been undertaken.
- Voluntary Staff Lateral Flow testing of all front facing staff has been in place since 19 December 2020, including Medical students, Allied Health Professionals, Pharmacists, Vaccinators and staff within Community Testing sites. Over 50% of

eligible staff have participated to date. The programme has recently been extended to GPs, Pharmacists and Opticians in Fife.

- As at 25 February 2021, 4,449 Asymptomatic Tests have been undertaken, with 3 positive results; 1,980 Symptomatic Tests, with 303 positive results; and 24,338 Staff Lateral Flow Tests, with 31 positive results.
- There continues to be extensive Occupational Health support available to staff.

A Morris noted that there had been a significant number of staff who had taken up the offer of the vaccination and asked if there had been any issues where staff had decided not to be vaccinated. J Owens confirmed that she was pleased with the current staff uptake of vaccination and was not aware of any significant issues.

C Cooper thanked everyone for their efforts on the staff vaccination programme. However, she said issues had been raised about staff access within the Health and Social Care Partnership and asked who sets the eligibility criteria for the vaccination programme for these front line staff who provide a core service within integrated care in the Community.

J Owens acknowledged the concerns raised and advised that the staff vaccination roll-out is undertaken in line with National Guidance, based on the science provided by the experts. It is regularly reviewed and determines the cohorts of staff who should receive the vaccination.

L Douglas said that the categories and designations of staff are nationally set by the Joint Committee on Vaccination and Immunisation and are subject to regular review. C Potter added that there is a process in place for employers who are directed on staff eligibility for the vaccination.

L Barker confirmed that, in line with National Guidance, eligibility is discussed and agreed at the Health and Social Care Partnership Senior Management Team and the programme is rolled-out in line with National guidance.

M Wells thanked J Owens and R Waugh for their updates and asked the Committee to **note** the content of the presentation.

7. GOVERNANCE

7.1 Review of Committee Terms of Reference

The Chair invited G MacIntosh to speak to the Review of the Committee's Terms of Reference.

G MacIntosh advised that the Staff Governance Committee are required to review their Terms of Reference on an annual basis and asked members to consider the suggested tracked changes.

It was noted that the main changes related to the composition of the Committee to ensure Staff Side representation, via a nominated Deputy, should Staff Side Chairs of the LPFs be unable to attend. L Douglas has discussed the suggested changes with staff side colleagues, who have confirmed that they agreed with the suggested changes.

M Wells confirmed that she is content that the tracked changes reflect the issues previously raised and thanked everyone who inputted into the revised version of the Terms of Reference.

The Committee were asked to **note** the content of the report and **approve** the revised Committee Terms of Reference for further consideration by the Board.

8. QUALITY, PLANNING & PERFORMANCE

8.1 Integrated Performance & Quality Report

M Wells invited L Douglas to speak to the Integrated Performance and Quality Report (IPQR).

L Douglas referred to the Staff Governance section of the IPQR and to previous discussions in relation to Promoting Attendance and noted the COVID-19 absence data. As staff absence levels have increased over the last two months, it is important to ensure that staff are provided with the relevant support going forward to enable them to return to work and ensure that sickness absence is managed appropriately. Review and Improvement Panels continue to meet to review short and long term absence and managers recognise the pressures that staff are currently dealing with.

L Douglas advised that sickness absence levels may increase as services re-mobilise.

M Wells thanked L Douglas for her update and confirmed that the Sickness Absence levels, and the COVID-19 absence will be escalated to the Board.

9. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS

9.1 Minutes of the Area Partnership Forum Held on 20 January 2021 (unconfirmed)

The Committee **noted** the minutes.

9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum Held on 20 January 2021 (confirmed)

The Committee **noted** the minutes.

9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum Held on 4 February 2021 (unconfirmed)

The Committee **noted** the minutes.

9.4 Minutes of the Health and Safety Sub-Committee Held on 11 December 2020 (unconfirmed)

The Committee **noted** the minutes.

10. ISSUES TO BE ESCALATED TO THE BOARD

The Chair highlighted the following items to be escalated to the Board:

- The progress in relation to staff absence, noting the COVID-19 related absence position.
- To highlight the concerns raised in relation to the decision to delay the new Staff Experience Everyone Matters Pulse Survey to September 2021. In addition, to advise the Board of the suggested interim solution for the Chief Executive and Employee

Director to meet with staff within all areas of the Board, albeit virtually, to enable staff to provide feedback and raise any concerns that they are currently experiencing.

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

Action: M Wells / L Douglas

11. ANY OTHER BUSINESS

There was no other business to discuss.

12. DATE OF NEXT MEETING

It was noted that the Staff Governance Committee would reconvene during the week commencing 8 March 2021, to consider the Strategic Planning and Resource Allocation document, followed by a Private Session of the Committee to consider the Joint Fife Remobilisation Plan 2021/2022.

The next meeting thereafter would be held on **Thursday 29 April 2021 at 10:00 am via MS Teams.**

**MINUTE OF THE RECONVENED STAFF GOVERNANCE COMMITTEE MEETING HELD ON
TUESDAY 9 MARCH 2021 AT 09:30 AM VIA MS TEAMS**

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Carol Potter, Chief Executive
Christina Cooper, Non-Executive Director	Janette Owens, Director of Nursing
Alistair Morris, Non-Executive Director	Andrew Verrecchia, Co-Chair, Acute Services, Local Partnership Forum
Wilma Brown, Employee Director	

In Attendance:

Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Gillian Westbrook, PA to Director of Workforce (Minutes)

1. Apologies for Absence

Apologies were received from Simon Fevre, Co-Chair, Health & Social Care, Local Partnership Forum; Kirsty Berchtenbreiter, Head of Workforce Development.

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

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

The Chair welcomed members and attendees to the meeting and thanked them for freeing up their diaries at short notice to participate and allow proper consideration of this paper. A Private Session will follow this meeting and the Chair requested attendees to leave the meeting before proceeding with the Private Session.

The Chair reminded members that the Echo pen will be used to record the meeting.

The Chair confirmed that COVID-19 continues to be the main focus of discussion, as the NHS remains on an emergency footing across Scotland.

3. Strategic Planning and Resource Allocation Report

M McGurk advised that this paper outlines the process in relation to the new Strategic Planning and Resource Allocation arrangements. There is a link between Strategic Planning and Resource Allocation with the near term plan described in the Remobilisation Plan 3 (RMP3).

M McGurk referred to the Diagram on page 3:

There are 3 phases to implementing the new Strategic Planning and Resource Allocation (SPRA) process. It is a management and engagement process which will help to inform the different stages of planning needed to take this forward as an organisation, and will assist the development of a medium and longer term plan for NHS Fife

The first stage has been used to develop the content of the RMP3, with an immediate focus for 2021/22. This has been driven by the fact that the Board is still under Scottish Government direction and there are a number of recognised priorities for NHS Fife as for all of NHS Scotland. An initial discussion has taken place with EDG around a new approach to integrate organisational, financial, workforce and clinical strategies.

M McGurk asked for feedback on the next stages of SPRA. The second phase (now to end June 2021) will be to develop the process fully and engage in detail with the main Governance committees to create a refreshed Health and Wellbeing Strategy (previously the Board's Clinical Strategy). Taking the time to ensure all engagement with key stakeholders is pivotal.

During the period from the end of June 2021 onwards, efforts will concentrate on the development of the revised/refreshed Health and Wellbeing Strategy, using this suggested term for the draft, as the Board will decide on the title of the overall strategy for NHS Fife. The refinement of the process and the appropriate engagement and leadership through all Governance committees and EDG will take place through the period July 2021 to March 2022. The plan is to have a medium / long term strategy approved by the Board by the end of March 2022.

M McGurk highlighted that each Directorate is fully engaged in this new process ensuring a consistent approach. Directorates have outlined key objectives, key stakeholders, higher level workforce and financial planning assumptions and key enabling strategies they would be dependent on. Digital and Estates & Facilities being 2 of the key strategies which underpin delivery of the organisation objectives. EDG have considered an initial report and have agreed to meet on 1st April 2021 to ensure the correct process is in place.

In addition, M McGurk set out three Key objectives for NHS Fife:

- Minimise transmission of COVID-19 and support health protection
- Improve whole system capacity and flow
- Support health inequalities delivered specifically via:
 - o Anchor Institution Work
 - o Mental Health redesign

These three key objectives are mirrored in RMP, the SPRA process is seeking to further develop and articulate this into a medium term set of objectives for the organisation. M McGurk emphasised that the engagement with the Staff Governance Committee is to help design a progress and would appreciate their guidance, support and advice.

A Morris welcomed the structure of the new strategic plan bringing all strands together and commented that is a big step forward. The success of the strategy will depend on the buy in from service leaders and a buy in to change. From a staff perspective we want to improve resilience which will be helped by changing job roles / specifications. This will only happen

if service leaders buy into the bigger picture of staff resilience. The current process of involving all stakeholders is critical to ensure the planning and delivery of this strategy.

C Cooper agreed with A Morris regarding the direction, process and alignment of the strategies. Regarding the communication and the voice of the key stakeholders, C Cooper questioned how to get stakeholders views embedded into the strategy. The format of the strategy should also be accessible and easily understood by all.

W Brown raised concern around workforce numbers, asking if this strategy is based on staff the Board should have in place or the actual number in post. NHS Fife are still running with a significant number of vacancies and looking at numbers over the past few years they haven't improved significantly to fill these gaps.

M McGurk thanked A Morris and C Cooper for their comments particularly around accessibility and creating engagement with all stakeholders, the Communications team will be working closely on the best approach. In response to W Brown's concerns, the difference with this approach is the mechanism in place to bring it all together to understand the overall ask, with a bank of information which would enable the Executive Team, Governance Committees and the Board to have a discussion around prioritisation.

L Douglas commented that being sighted on the end to end demand for workforce and allowing that to inform what the supply is, we can then make decisions on different job design / service design as a consequence of supply and demand of workforce. This prioritisation piece will be key to ensuring clarity on what the Board can do.

The Chair enquired when discussing whole system capacity and flow, where does primary care and its contribution to the whole process of capacity and flow sit? Where is the quality assurance linked to that and the various staff groups which are linked into primary care? How do we understand the impact of that on capacity and flow as it is unclear where it sits within this? The Chair agreed with points made around simplicity but asked for clarity around supporting health inequalities in Objective 3 and anchor institution work.

C Potter acknowledged the important point around the whole systems approach and stated this is a complex landscape in terms of the role of Health & Social Care Partnership, the Integrated Joint Board and NHS Board. Although the independent contractor status within Primary Care Health services was noted, it is still part of Health Services in Fife and will be fundamental in the review of any strategic intent for health and care within Fife. A paper is being presented to EDG on Thursday regarding anchor institutions. The concept behind this is, as one of the largest employers in the area, we can take positive steps forward in terms of decisions around our employment and procurement practices, in order to support the local economy.

M McGurk assured the Committee that we are establishing a new process and that the delivery of services that NHS Fife are directed to by the partnership must be part of this. They will be working alongside N Connor around developing the mechanisms to ensure all aspects are captured. The work between now and June will ensure all key stakeholders and organisations are involved as there are a number of separate programmes across the organisation which need to be included.

A Morris commented that it is important to identify what the Board can stop doing as there is a temptation to layer on more and more good initiatives. Re-evaluating these could improve communication and clarity referred to by C Cooper earlier.

The Committee **noted** the process and outcome and the Chair asked that comments of the Committee are taken into account in its development.

4. ANY OTHER BUSINESS

There was no other business to discuss.

5. DATE OF NEXT MEETING

The next meeting will be held on **Thursday 29 April 2021 at 10:00 am via MS Teams.**

**ACTION LIST from
STAFF GOVERNANCE COMMITTEE MEETING
Held on Thursday 4 March 2021**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
Item 6.2 (4 March 2021)	COVID-19 Staff Experience Everyone Matters Pulse Survey Report As a result of the iMatter survey possibly being delayed until September 2021, staff meetings with C Potter and W Brown to be resurrected within all areas of the Board.	CP / WB	29 April 2021	
Item 10 (4 March 2021)	Escalation to Board – Relevant items to be highlighted to the Board.	MW	24 March 2021	Completed: Agreed items from the 4 March 2021 meeting to be escalated to the Board meeting on 31 March 2021.
Item 05 (13 January 2021)	Vacancy Levels – December 2020 figures, and further detail on increase in vacancy levels, breakdown in specialties and vacancy trends requested.	SR	4 March 2021	Completed: National Workforce statistics at 31/12/2020, including trend analysis, has been shared with Staff Governance Committee members virtually.
Item 06.6 (13 January 2021)	Payroll Consortia – further consideration will be given to concerns regarding NHS Fife identity and base as part of on-going liaison with staff.	MM	4 March 2021	Update: Director of Finance will provide a verbal update at meeting on 29 April 2021 and a paper for 1 July 2021 meeting.
Item 07.2 (13 January 2021)	Internal Audit Annual Report 2019/20 – discussion on approach to Staff Governance Action Planning.	SR / SF	4 March 2021	Update: Staff Governance Annual Monitoring Return 2020/2021 report to be discussed at meeting on 29 April 2021.

Meeting:	Staff Governance Committee
Meeting date:	Thursday 29 April 2021
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
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 February 2021.

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 2020 meeting of the SG Committee was cancelled due to the pandemic, but 'virtual' meetings have taken place bi-monthly since July 2020.

2.3 Assessment

The IPQR was changed for FY 2020/21, to include improvement actions which reflected 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. The Scottish Government were provided with a plan which forecast recovery trajectories in the period up to the end of FY 2020/21, and progress against this (impacted by the second wave of the pandemic) 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)	5.03% in February 2021 (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 2020.

Standing Committees and Board Meetings were cancelled in May 2020, but restarted in July 2020, and the April IPQR will be available for discussion at the round of April/May meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 22 April. The report was authorised for release to Board Members and Standing Committees at EDG.

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

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Fife Integrated Performance & Quality Report

Produced in April 2021



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.

Colour-coding is used in this table and also in the various drill-down charts and tables to illustrate performance relative to target and to other Mainland Health Boards.

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 13 (45%) classified as **GREEN**, 3 (10%) **AMBER** and 13 (45%) **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:

- ECB infection rate – significant reduction in cases in February, and rate now better than the improvement trajectory (as is currently the case for C Diff and SAB)
- Complaints Stage 1 Closure Rate – monthly and rolling quarterly closure rates the highest since reporting started
- CAMHS and Psychological Therapies Waiting Times – number of clients starting treatment within 18 week of referral in both services at their highest levels for over 3 years

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 (25%) within upper quartile, 14 (48%) in mid-range and 8 (27%) in lower quartile.

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

Indicator Summary







Section	LDP Standard	Standard	Target 2020/21
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A
	N/A	HSMR	N/A
	N/A	Inpatient Falls	5.97
	N/A	Inpatient Falls with Harm	2.16
	N/A	Pressure Ulcers	0.42
	N/A	Caesarean Section SSI	2.5%
	N/A	SAB - HAI/HCAI	19.5
	N/A	SAB - Community	N/A
	N/A	C Diff - HAI/HCAI	6.7
	N/A	C Diff - Community	N/A
	N/A	ECB - HAI/HCAI	36.6
	N/A	ECB - Community	N/A
	N/A	Complaints (Stage 1 Closure Rate)	80%
	N/A	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	90%	IVF Treatment Waiting Times	90%
	95%	4-Hour Emergency Access	95%
	100%	Patient TTG (Ongoing Waits)	N/A
	95%	New Outpatients Waiting Times	N/A
	100%	Diagnostics Waiting Times	N/A
	95%	Cancer 31-Day DTT	N/A
	95%	Cancer 62-Day RTT	N/A
	90%	18 Weeks RTT	N/A
	29%	Detect Cancer Early	29%
	N/A	Freedom of Information Requests	85%
	N/A	Delayed Discharge (% Bed Days Lost)	5%
	N/A	Delayed Discharge (# Standard Delays)	N/A
	80%	Antenatal Access	80%
	473	Smoking Cessation	473
	90%	CAMHS Waiting Times	N/A
	90%	Psychological Therapies Waiting Times	N/A
	80%	Alcohol Brief Interventions (Priority Settings)	80%
	90%	Drugs & Alcohol Treatment Waiting Times	90%
	N/A	Dementia Post-Diagnostic Support	N/A
	N/A	Dementia Referrals	N/A
Finance	N/A	Revenue Expenditure	£0
	N/A	Capital Expenditure	£13.634m
Staff Governance	4.00%	Sickness Absence	4.39%

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




Reporting Period	Year Previous		Previous		Current		
Month	Feb-20	22	Jan-21	29	Feb-21	20	↑
Year Ending	Sep-19	1.04	Jun-20	1.00	Sep-20	1.01	↓
Month	Feb-20	7.37	Jan-21	8.80	Feb-21	9.59	↓
Month	Feb-20	1.13	Jan-21	1.66	Feb-21	2.08	↓
Month	Feb-20	0.81	Jan-21	1.00	Feb-21	1.53	↓
Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓
Quarter Ending	Feb-20	11.9	Jan-21	21.7	Feb-21	19.4	↑
Quarter Ending	Feb-20	4.3	Jan-21	10.6	Feb-21	11.9	↓
Quarter Ending	Feb-20	7.6	Jan-21	5.1	Feb-21	3.9	↑
Quarter Ending	Feb-20	2.2	Jan-21	2.1	Feb-21	6.5	↓
Quarter Ending	Feb-20	44.5	Jan-21	51.0	Feb-21	33.6	↑
Quarter Ending	Feb-20	33.0	Jan-21	33.0	Feb-21	33.0	↓
Quarter Ending	Feb-20	75.6%	Jan-21	78.8%	Feb-21	88.2%	↑
Quarter Ending	Feb-20	38.7%	Jan-21	31.3%	Feb-21	30.1%	↓
Month	Feb-20	100.0%	Jan-21	100.0%	Feb-21	100.0%	↔
Month	Feb-20	90.1%	Jan-21	90.1%	Feb-21	91.1%	↑
Month	Feb-20	85.4%	Jan-21	57.4%	Feb-21	48.6%	↓
Month	Feb-20	94.7%	Jan-21	51.2%	Feb-21	48.0%	↓
Month	Feb-20	99.5%	Jan-21	89.2%	Feb-21	76.2%	↓
Month	Feb-20	95.3%	Jan-21	97.9%	Feb-21	97.5%	↓
Month	Feb-20	79.2%	Jan-21	82.4%	Feb-21	80.7%	↓
Month	Feb-20	80.1%	Jan-21	73.7%	Feb-21	73.6%	↓
Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓
Quarter Ending	Feb-20	67.4%	Jan-21	87.5%	Feb-21	89.3%	↑
Month	Feb-20	7.8%	Jan-21	4.9%	Feb-21	6.2%	↓
Month	Feb-20	71	Jan-21	38	Feb-21	54	↓
Month	Nov-19	87.5%	Oct-20	89.7%	Nov-20	88.4%	↓
YTD	Dec-19	87.9%	Nov-20	54.3%	Dec-20	50.6%	↓
Month	Feb-20	74.1%	Jan-21	83.0%	Feb-21	88.1%	↑
Month	Feb-20	69.0%	Jan-21	77.1%	Feb-21	84.0%	↑
YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑
Month	Nov-19	96.0%	Oct-20	90.9%	Nov-20	96.1%	↑
Annual	2017/18	86.7%	2018/19	93.7%	2019/20	94.8%	↑
Annual	2017/18	55.4%	2018/19	60.9%	2019/20	58.2%	↓
Month	Feb-20	N/A	Jan-21	-£3.987m	Feb-21	-£4.200m	↑
Month	Feb-20	N/A	Jan-21	£6.832m	Feb-21	£8.551m	↑
Month	Feb-20	5.51%	Jan-21	5.04%	Feb-21	5.03%	↑

Benchmarking			
●	Upper Quartile		
●	Mid Range		
●	Lower Quartile		
Reporting Period	Fife	Scotland	
N/A			
YE Sep-20	1.01	●	1.00
N/A			
N/A			
N/A			
QE Dec-19	2.3%	●	0.9%
QE Dec-20	20.6	●	18.8
QE Dec-20	12.8	●	9.6
QE Dec-20	7.7	●	16.1
QE Dec-20	2.1	●	4.3
QE Dec-20	50.3	●	40.9
QE Dec-20	27.0	●	37.9
2019/20	71.5%	●	79.9%
2019/20	35.7%	●	51.8%
N/A			
Feb-21	91.1%	●	86.2%
Dec-20	64.3%	●	37.0%
Dec-20	57.0%	●	47.8%
Dec-20	96.0%	●	55.9%
QE Dec-20	99.0%	●	98.6%
QE Dec-20	84.5%	●	86.2%
QE Dec-20	67.6%	●	71.7%
2018, 2019	26.1%	●	25.6%
N/A			
QE Sep-20	6.8%	●	5.1%
Feb-21	14.46	●	12.03
FY 2019/20	89.0%	●	88.3%
FY 2019/20	92.8%	●	97.2%
QE Dec-20	82.8%	●	73.1%
QE Dec-20	73.6%	●	80.0%
FY 2019/20	79.2%	●	83.2%
QE Dec-20	94.3%	●	95.7%
2018/19	93.7%	●	75.1%
2018/19	60.9%	●	43.4%
N/A			
N/A			
YE Mar-20	5.49%	●	5.31%

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
HSMR	1.00	N/A	N/A	YE Sep-20	1.01 YE Sep-20 
The HSMR for NHS Fife for the year ending September 2020 fell slightly in comparison to the year ending June 2020, and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.					
Inpatient Falls (with Harm)	2.16	Feb-21	2.16	Feb-21	2.08 N/A N/A
Reduce falls with harm by 20% by December 2020					
There is a continued higher rate of falls with harm in in-patient settings than recorded at the same period last year. Activity described in the refreshed workplan includes the learning from care delivery during this time, with local review and improvement work underway. The impact of COVID on community inpatient wards led to a pause in improvement activity however this work has now re-started.					
Pressure Ulcers	0.42	Never Met	0.42	Feb-21	1.53 N/A N/A
50% reduction by December 2020					
ASD: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project. HSCP: The pressure ulcer rate in the community inpatient setting was 0.80 in February, significantly higher than in most previous months. However, there have been no grade 4 and only 4 grade 3 (4%) pressure ulcers reported in the last 12 months.					
Caesarean Section SSI	N/A	QE Dec-20	2.5%	QE Dec-20	2.4% QE Dec-19 
We will reduce the % of post-operation surgical site infections to 2.5%					
Since the start of the Covid-19 pandemic, all mandatory SSI surveillance has remained paused. However, Maternity Services have continually monitored Caesarean Section SSI cases and where required (in the case of Deep or Organ Space) carried out SSI Clinical Reviews. This remains the case at the present time. Please note that the performance data provided is non-validated and does not follow the agreed NHS Fife Methodology. It is important to note that there has been no national comparison data published since Q4 2019.					
SAB (MRSA/MSSA)	18.8	QE Feb-21	19.5	QE Feb-21	19.4 QE Dec-20 
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022					
Surveillance of SABs has continued throughout the COVID-10 pandemic. There were just two HCAI in February, and NHS Fife is achieving the trajectory for the 10% reduction target, to be met by March 2022. There has been one further ventilator associated pneumonia SAB in ICU in March, following two cases in January, but the incidence of these is expected to reduce as ICU COVID case incidence decreases.					
C Diff	6.5	QE Feb-21	6.7	QE Feb-21	3.9 QE Dec-20 
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022					
CDI surveillance has continued throughout the COVID-19 pandemic. NHS Fife remains below the national rate for HCAI and CAI CDIs, and also below the improvement trajectory for a 10% reduction by March 2022. Reducing the incidence of recurrence of infection continues to be addressed, to assist reducing the rates further.					
ECB	33.0	QE Feb-21	36.6	QE Feb-21	33.6 QE Dec-20 
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022					
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022 and we are currently below the trajectory line and in line to achieve this. Reducing CAUTI ECBs and UTIs is the focus for quality improvement, to achieve this target.					
Complaints - Stage 2	N/A	Never Met	65%	QE Feb-21	30.1% FY 2019/20 
At least 75% of Stage 2 complaints are completed within 20 working days					
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.					

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%	Feb-21	91.1%	Feb-21	●
Attendances remain below projected numbers, and there was a slightly improved performance in February, with a significant reduction in breaches for bed waits indicating a better overall hospital occupancy position.							
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	Feb-21	48.6%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic and cancelled non-urgent elective surgery. At the end of February, the waiting list was 16% lower than at the end of February 2020 but 51% were waiting greater than 12 weeks for treatment compared to 15% in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	N/A	Feb-21	48.0%	Dec-20	●
Waiting times performance recovery continued to slow in January and February as the Acute Hospital had to contend with the second wave of the COVID-19 pandemic which resulted in the suspension of routine activity. At the end of February, the waiting list was 42% higher than at the end of February 2020, with 52 % waiting more than 12 weeks compared to 5% waiting more than 12 weeks in February 2020. Efforts are continuing to mitigate the situation, with particular attention focusing on urgent referrals whilst routine activity recommenced in March. A recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
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	Feb-21	76.2%	Dec-20	●
Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance, with 76% of patients waiting more than 6 weeks at month end. There were breaches both for Endoscopy and Imaging tests, however urgent (including urgent cancer) diagnostic tests were prioritised. It will be a major challenge to recover this performance in the new FY, with referrals anticipated to rise and activity continuing to be restricted due to the need for social distancing. With routine activity recommencing a recovery plan has been developed and discussions are underway with Scottish Government to secure the additional resources required to deliver the plan.							
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	Feb-21	80.7%	QE Dec-20	●
February continued to see challenges in the 62 day performance. There were delays to breast surgery due to vacancy, but a locum is now in post. Routine staging and investigations contributed to the majority of breaches seen and the range of breaches were 4 to 55 days, with an average breach time of 17 days.							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	QE Feb-21	85%	QE Feb-21	89.3%	N/A	N/A
NHS Fife has now completed 6 months under the new process for responding to requests for information, managed by specialist FOI staff. In that period, 287 requests have been closed. The rollout of newly drafted FOISA training for NHS and IJB personnel has started, in order to assist with the team interaction and engagement with FOI duties and obligations as well as solidifying sign-off arrangements for responses to requests. Planning for the delivery of a new Publication Scheme for NHS Fife is now underway.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jan-21	5%	Feb-21	6.2%	QE Sep-20	●
The number of bed days lost due to patients in delay rose in February and is again above the target 5%. This is due to a combination of normal winter pressures (occupancy levels, ward closures due to significant covid outbreaks and care home closures across Fife), and the continued requirement to accommodate amber pathways to manage the pandemic.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
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 Dec-20	50.6%	FY 2019/20	
Remote service provision is continuing, including established pathway to medications, and there has been a steady increase in number of clients self referring to the service (over 450 clients have contacted the service during the pandemic). From January, the specialist stop smoking midwife service staff have been deployed to clinics / long term absence, but the specialist service has agreed to provide support to pregnant mums until normal service can resume. The midwife service operates an opt-out service, requiring a call to every pregnant mum identified as a smoker following referral from midwife at booking. To date, over 60 mums have been referred, with a third of these keen to engage in a quit attempt.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	N/A	Feb-21	88.1%	QE Dec-20	
Fife CAMHS RTT has continued to increase towards the national standard of 90%, however this reflects the current need to focus the majority of the staffing resource on priority and urgent presentations at the expense of those who have waited the longest. Funding approval for additional staff has been provided by Fife HSCP. Once posts are recruited to, this will provide the capacity to achieve a more sustainable approach to reaching the RTT whilst at the same time permanently reducing the waiting list.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	N/A	Feb-21	84.0%	QE Dec-20	
February's improved RTT performance is influenced by expansion in capacity in cCBT services with low waiting times and also reduced activity due to staff AL. In addition, pressures in some areas to deal with urgent/priority referrals mean that relatively few longest waiting patients began treatment. The waiting list profile and demand–capacity gap in some service tiers remains of most relevance to the RTT trajectory.							

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	Feb-21	-£ 4.200m	N/A	N/A
<p>The position to month 11 is an underspend of £4.2m and the forecast underspend to the year end is £2.1m. The underspend position is driven largely by continued pausing of our elective activity in Q4 and a lower than planned level of critical care bed provision. Dialogue continues with Scottish Government colleagues to discuss the management of this residual forecast underspend.</p> <p>In our forecast we have assumed the creation of an IJB earmarked reserve for Health Delegated, comprising: core underspend (arising post the budget realignment process to Social Care highlighted last month); any qualifying Covid funding underspend; and qualifying late funding allocations.</p>							
Capital Expenditure							
Work within the capital resource limits set by the SG Health & Social Care Directorates	£13.634m	N/A	£13.634m	Feb-21	£8.551m	N/A	N/A
<p>The total Capital Resource Limit for 2020/21 is £13.634m including anticipated allocations for specific projects. The capital position for the 11 months to February records spend of £8.551m equivalent to 62.71% of the total allocation. The capital spend on the specific projects is on track to spend in full, notwithstanding the end loaded spend profile as in any financial year.</p>							

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%	Feb-21	5.03%	YE Mar-20	
Sickness absence levels continue to fluctuate, however, it is positive to note that the sickness absence rates have improved for the first eleven months of the year when compared with the same period of 2019/20, with a reduction of 0.51% in the year to date. The sickness absence rate has been above 5% for the months of November 2020 to February 2021, but this is in line with seasonal variations seen in previous years and the rate for this winter period is less than reported over the past 5 years.							

II. Performance Exception Reports

Clinical Governance

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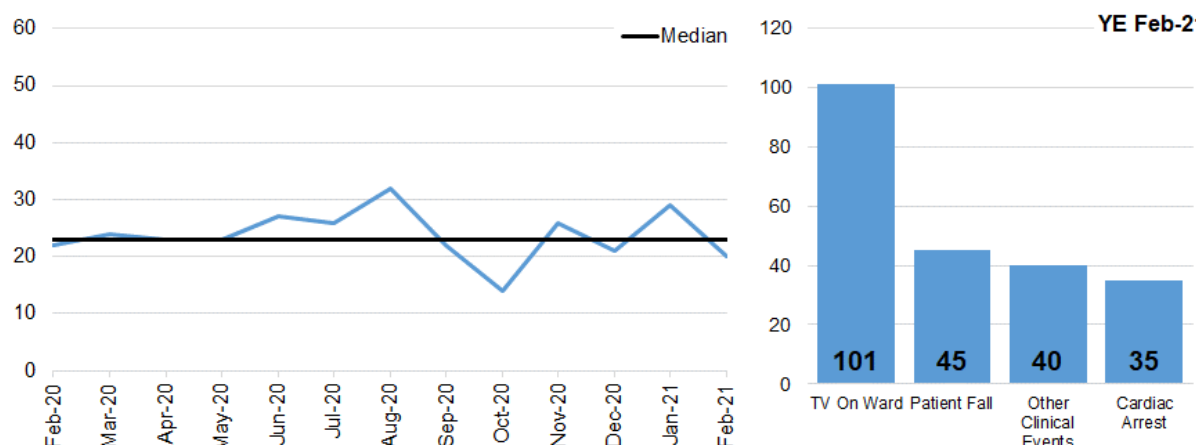
Staff Governance

Sickness Absence	45
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20		2020/21										
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
ALL	NHS Fife	1308	1123	890	1066	1123	1329	1243	1285	1337	1301	1239	1280	1179
	Acute Services	634	472	371	475	463	561	506	604	555	637	597	567	509
	HSCP	624	627	486	558	627	730	695	639	748	634	616	692	643
	Corporate	50	24	33	33	33	38	42	42	34	30	26	21	27
CLINICAL	NHS Fife	924	800	608	726	740	909	837	921	899	948	919	896	815
	Acute Services	572	440	342	432	421	515	469	556	506	593	554	528	473
	HSCP	334	345	248	279	299	373	352	347	377	340	356	357	327
	Corporate	18	15	18	15	20	21	16	18	16	15	9	11	15

Commentary

There is nothing exceptional to report in the data.

Following a pause in local and significant adverse event review activity due to the pandemic, a recovery plan scheduling delayed reviews according to service and organisational priorities has been developed; this will be approved by the Medical Director and the Director of Nursing.

The NHS Fife Adverse Events/Duty of Candour Group which oversees the development and implementation of local adverse events management policy will consider a plan for review of the policy at its meeting later this month.

Clinical Governance

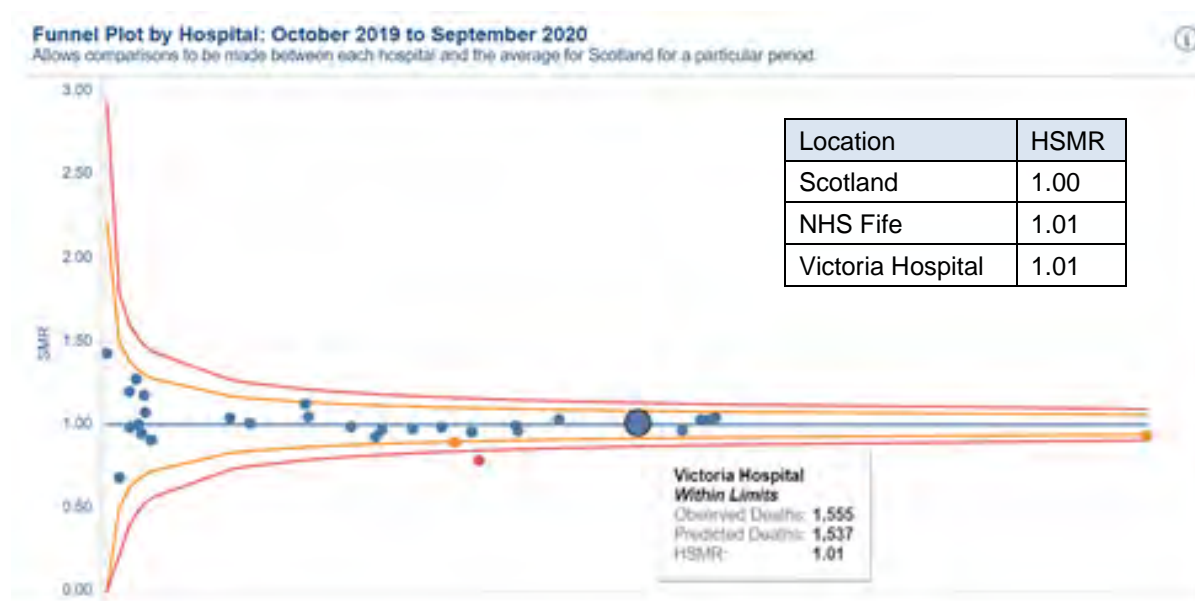
HSMR

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; October 2019 to September 2020^a

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.



Commentary

The annual HSMR for NHS Fife increased during the third quarter of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

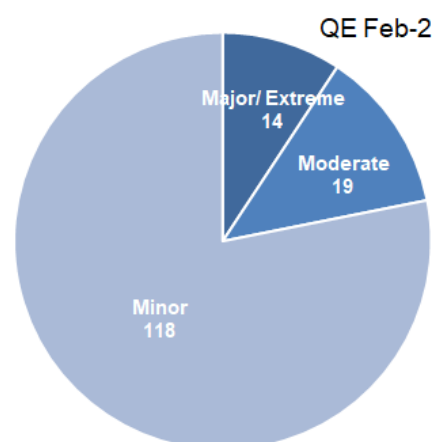
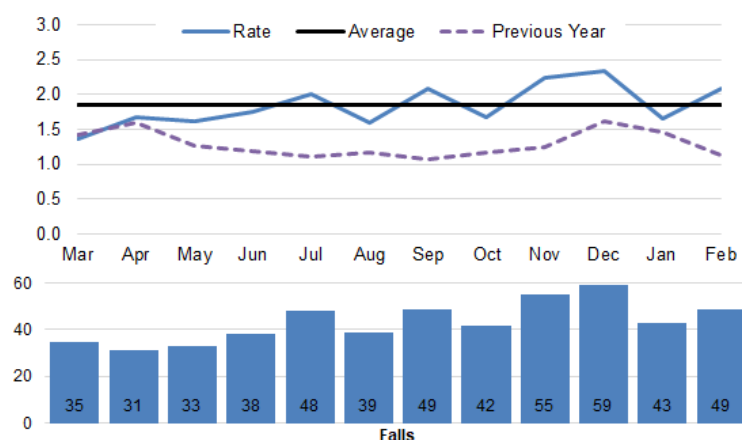
Clinical Governance

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

		2019/20		2020/21											
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
With Harm	NHS Fife	1.37	1.67	1.62	1.75	2.01	1.60	2.08	1.68	2.24	2.35	1.66	2.0		
	Acute Services	1.26	1.78	1.21	1.38	1.26	1.17	1.46	1.11	1.54	1.67	1.73	1.5		
	HSCP	1.44	1.61	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.60	2.8		

Key Challenges in 2020/21

As previously reported, the changes in service delivery, in clinical area function and staff deployment has been a significant challenge over this last year. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. As services remobilise, continued review and a focus on local approaches aim to recover to a reducing trend in falls with harm.

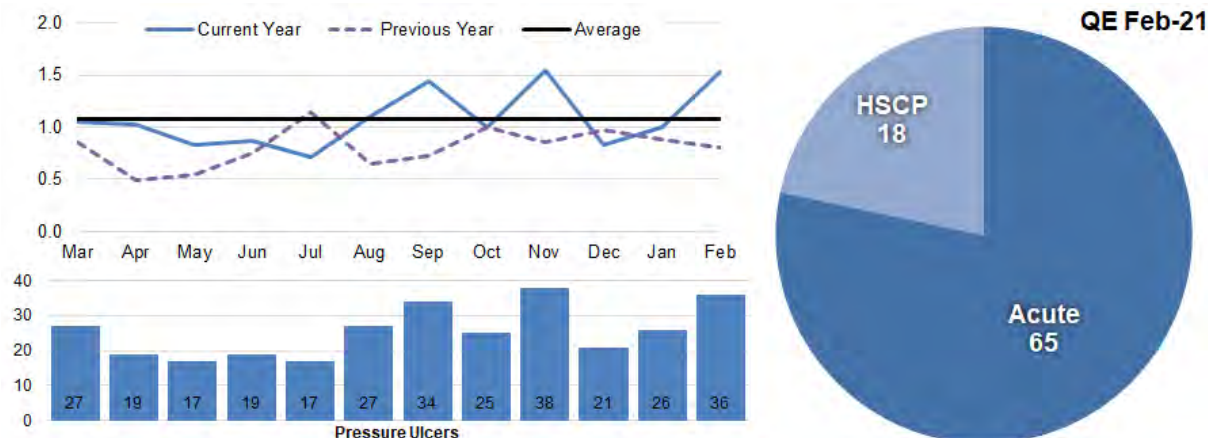
Improvement Actions	Update
20.3 Falls Audit <i>By Jul-21 (was Apr-21)</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
20.5 Improve effectiveness of Falls Champion Network <i>By Jul-21 (was Apr-21)</i>	This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.
21.1 Refresh of Plans	The refreshed workplan has been agreed. This will remain a live document with flash reports at meetings to support update on progress. Action complete
21.2 Falls Reduction Initiative <i>By Jul-21</i>	A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July 2021
21.3 Integrated Improvement Collaborative <i>By Jun-21</i>	An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September, but was paused as a result of COVID. The work has re-commenced and is due to complete in May.

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

		2019/20	2020/21											
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Grade 2 to 4	NHS Fife	1.06	1.02	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.53	
	Acute Services	1.94	2.08	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.36	
	HSCP	0.46	0.42	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	

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

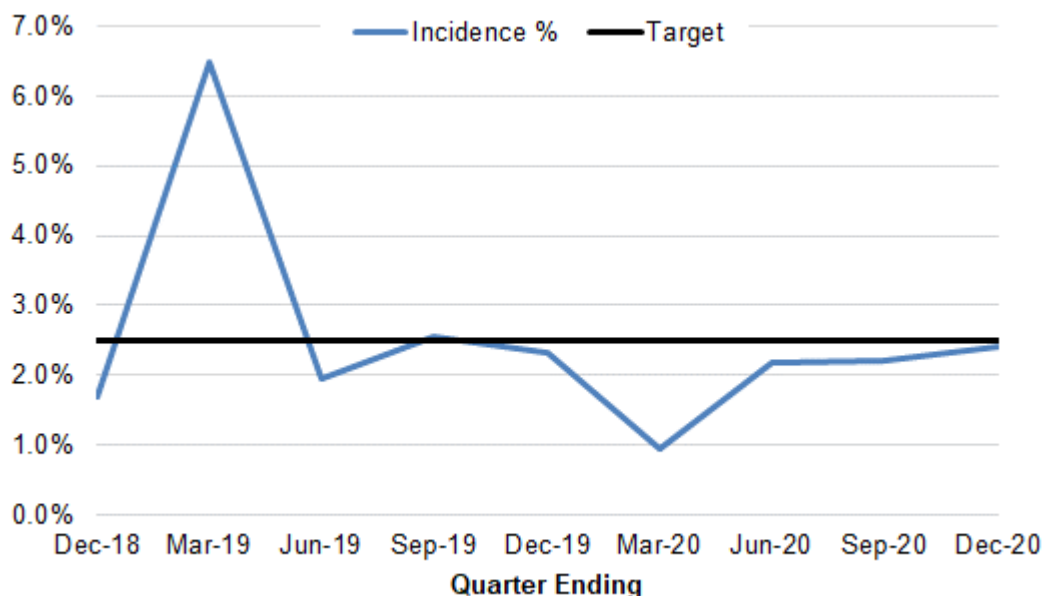
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative <i>By May-21 (was Feb-21)</i>	An integrated 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 <i>By Apr-21 (was Feb-21)</i>	A rolling programme of documentation audit has been developed. 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. The rollout has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.

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



National Benchmarking

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

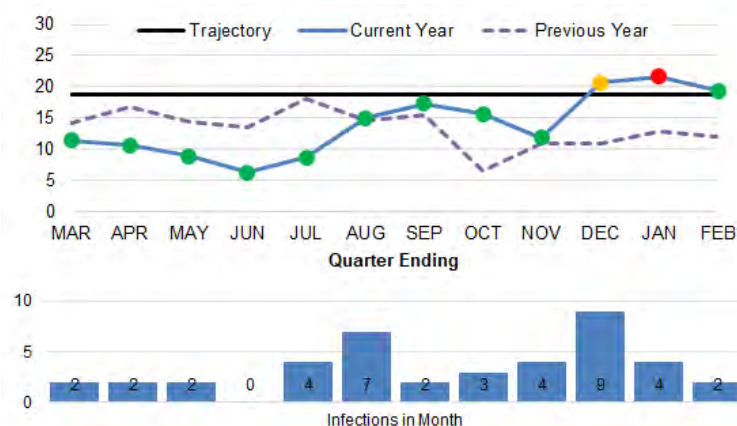
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	<p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.</p> <p>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.</p> <p>SSI incidence during 2020 has been calculated using unvalidated data, provided by Maternity Services, which does not follow the agreed methodology. The data has not been verified and there is no National comparison, so should be interpreted with caution.</p> <p>Action paused due to COVID-19</p>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

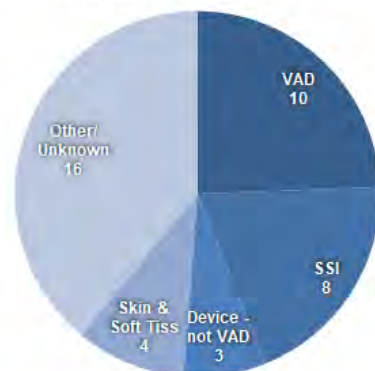
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Feb-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	13.7	15.5	10.9	12.5	6.3	18.7	20.6
Scotland	16.7	17.5	15.2	16.3	20.3	17.3	18.8

Key Challenges in 2020/21

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

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-22 (was Mar-21)</i>	There has been just 1 PWID to date in 2021 following only 5 in 2020, a marked improvement from 14 in 2019. Addition services continue to be supported by the IPCT with the SAB improvement project, last meeting on 25 th March. Significant reduction in 2020 has been deemed as multi-factorial. Nurse prescribing of antibiotics by ANPs to be planned for.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-22 (was Mar-21)</i>	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 and areas of concern. There was a single vascular access device SAB associated with the renal unit in January, following a cluster in August 2020.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-22 (was Mar-21)</i>	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 on 19 th March. This QI group is contributed to by the ECB data.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-22 (was Mar-21)</i>	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.

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	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	8.0	8.9	13.1	8.0	7.9	9.3	7.7
Scotland	12.3	13.7	15.1	13.6	15.4	17.4	16.1

Key Challenges in 2020/21

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

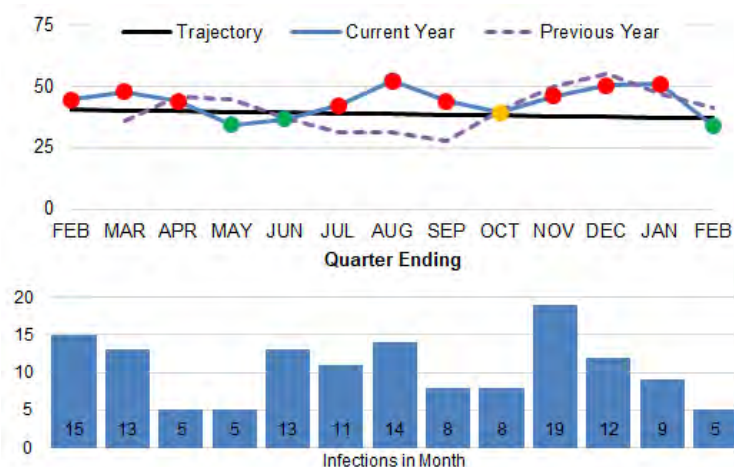
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection, two 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
20.2 Reduce overall prescribing of antibiotics <i>By Mar-22</i>	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 <i>By Mar-22</i>	Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. 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 is also to be displayed for public assurance.

Clinical Governance

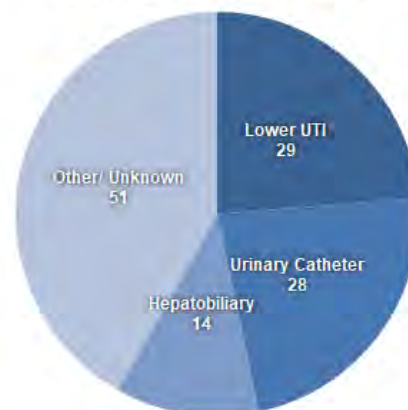
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Feb-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	42.1	31.0	60.0	47.9	36.4	45.3	50.3
Scotland	38.9	40.3	40.8	36.4	39.7	42.0	40.9

Key Challenges in 2020/21

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

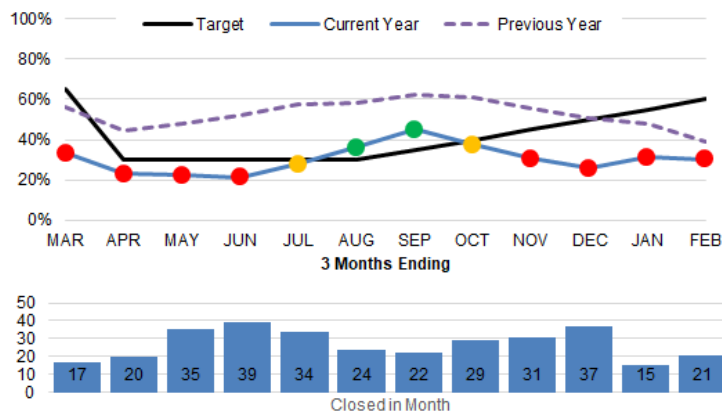
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX.</p> <p>There has been a single trauma associated CAUTI to date in 2021 - learning from this will be fed back to the UCIG.</p>
20.2 Formation of ECB Strategy Group	<p>The key issues initially identified in this group have now been incorporated within the Urinary Catheter Improvement Group (UCIG) so this action is now complete</p>
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-22</i>	<p>The UCIG meeting last met in March to review the following topics:</p> <ul style="list-style-type: none"> • A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused) • 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

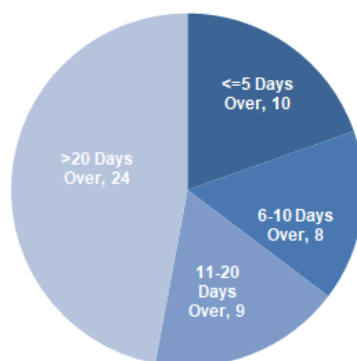
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Feb-21



Local Performance by Directorate/Division

3-Month Ending	2019/20	2020/21											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS Fife	33.3%	22.9%	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	
Ack <= 3 Days (Monthly)	94.1%	95.0%	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	100.0%	100.0%	
ASD	56.2%	55.2%	54.3%	53.4%	54.6%	55.4%	56.0%	55.4%	54.2%	51.8%	50.7%	50.0%	
HSCP	28.6%	28.4%	28.0%	26.8%	26.6%	28.0%	28.8%	27.8%	26.8%	25.4%	25.6%	26.1%	

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

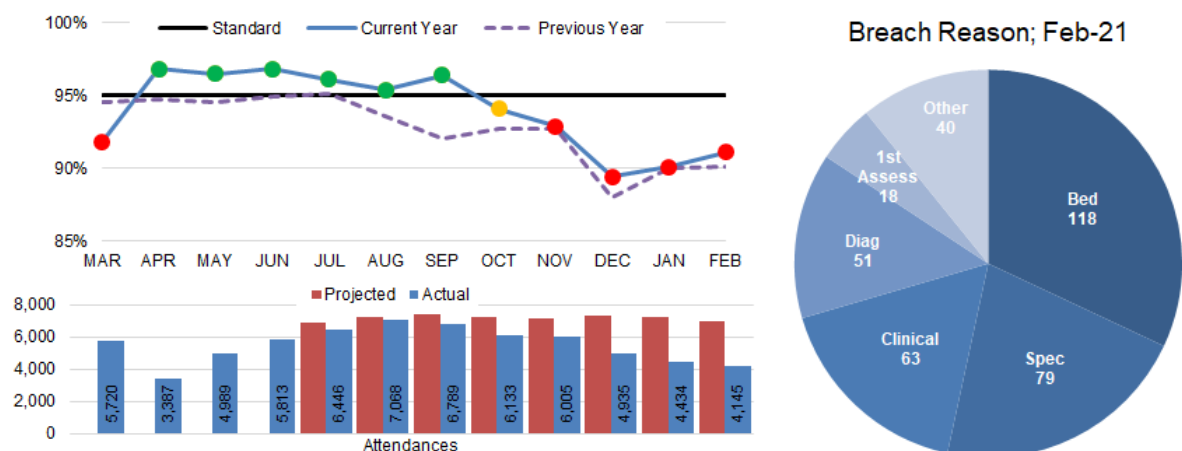
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses <i>By Jun-21 (was Mar-21)</i>	<p>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.</p> <p>PRT have been working with Mental Health and Learning Disabilities services in relation to Stage 2 complaint responses and a trial is in place where MH and LD draft their own complaint responses, with PRT reviewing for quality.</p>
21.2 Deliver virtual training on complaints handling <i>By Sep-21 (was Mar-21)</i>	<p>This action has been identified as a replacement for previous action 20.2, with the aim being to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19.</p>

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										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	91.8%	96.8%	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%
Scotland	89.2%	94.9%	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%

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

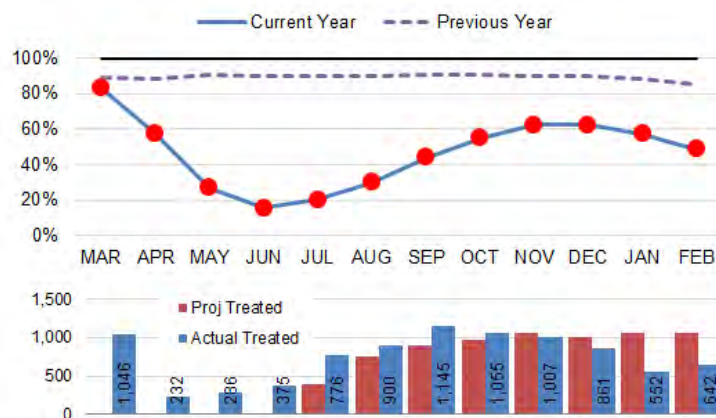
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Erroneous action, now removed, but the numbering has been retained for continuity	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub By Mar-22	ASD is supporting this initiative via the final triage of patients by consultants in Emergency Medicine and ongoing pathway planning. Adjustments to initial models are implemented where appropriate following review of data, to improve patient experience

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



Breaches Breakdown Feb-21



National Benchmarking

	2019/20				2020/21							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	83.1%	57.3%	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%
Scotland	64.4%	46.6%	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%		

Key Challenges in 2020/21

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

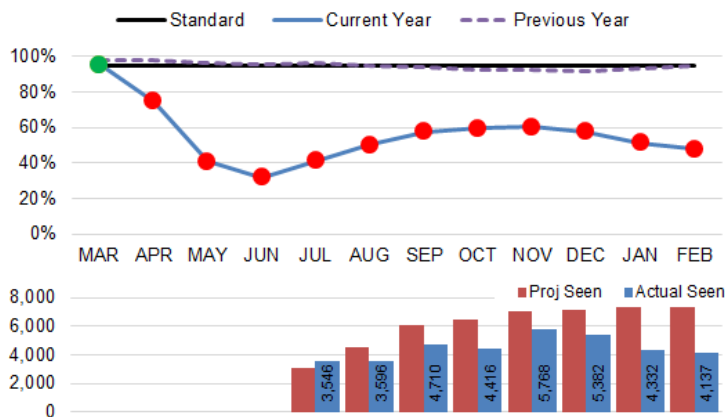
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic Action complete for FY 2020/21, ongoing for FY 2021/22
21.2 Review DCAQ in relation to WT improvement plan	
21.3 Undertake waiting list validation against agreed criteria	

Finance, Performance & Resources – Operational Performance

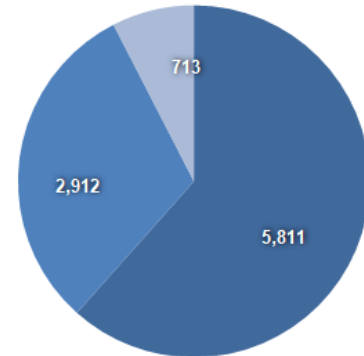
New Outpatients

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

Local Performance



Breaches Breakdown Feb-21



National Benchmarking

	2019/20					2020/21						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	95.2%	74.8%	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%
Scotland	74.9%	57.8%	34.9%	28.5%			46.5%			47.8%		

Key Challenges in 2020/21

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

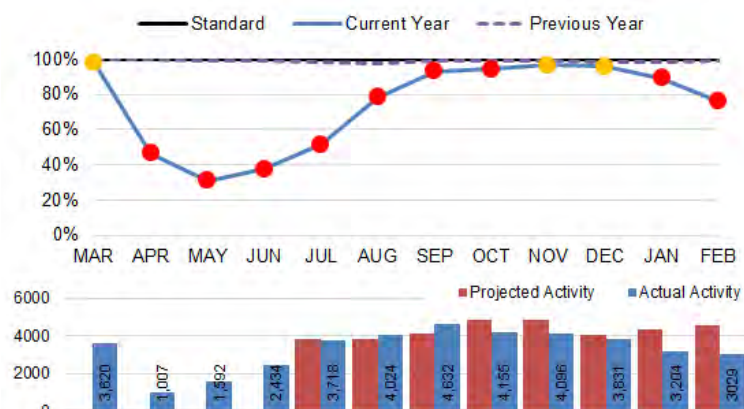
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts	Action complete for FY 2020/21, ongoing for FY 2021/22
21.1 Review DCAQ in relation to WT improvement plan	
21.2 Refresh OP Transformation programme actions	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic Action complete for FY 2020/21, ongoing for FY 2021/22
21.3 Develop clinic capacity modelling tool	
21.4 Validate new and review waiting list against agreed criteria	Action complete

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



Breaches Breakdown Feb-21



National Benchmarking

	2019/20	2020/21										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	97.8%	46.3%	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%
Scotland	75.8%	28.4%	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%		

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

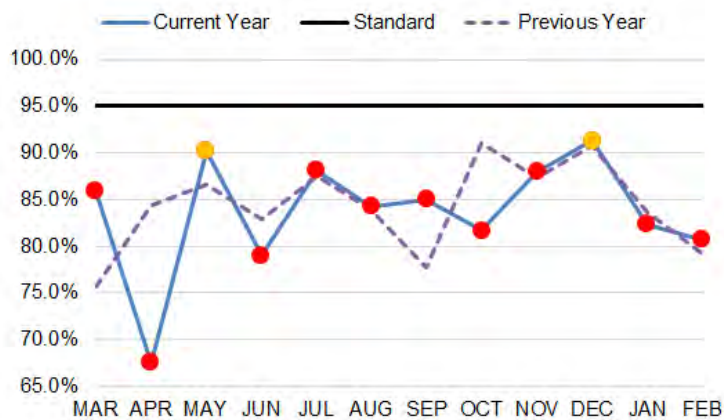
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria	Action complete for FY 2020/21, ongoing for FY 2021/22
21.3 Improve recruitment to vacant posts	Action complete for FY 2020/21, ongoing for FY 2021/22

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



Breaches: Dec-20 to Feb-21



National Benchmarking

Month	2019/20	2020/21										
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	85.9%	67.5%	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%
Scotland	86.1%	82.6%	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%

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

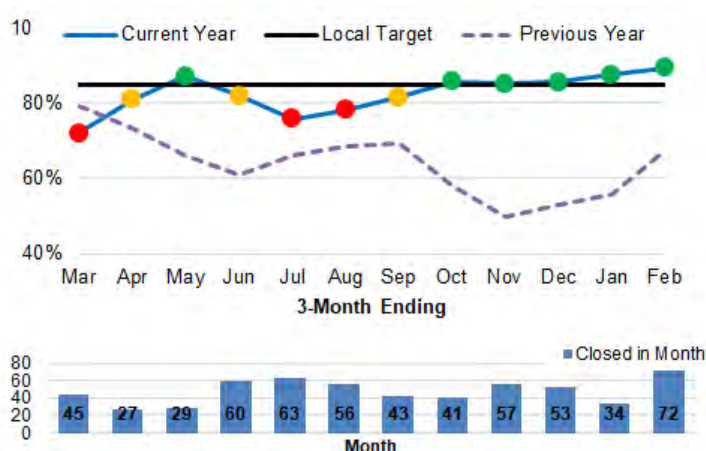
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-21 (was Mar-21)</i>	This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-21 (was Mar-21)</i>	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 – this work is ongoing.
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 <i>By Sep-21 (was Mar-21)</i>	The National Cancer Recovery Plan has been published. A Strategic & Governance Cancer Group has been established with a Cancer Strategy Core Group to develop and take forward the 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



Closure Period, QE Feb-21



Service Performance

Monthly	2019/20	2020/21										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Health Board	76.9%	100.0%	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%
IJB	100.0%	100.0%	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%

Key Challenges in 2020/21

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

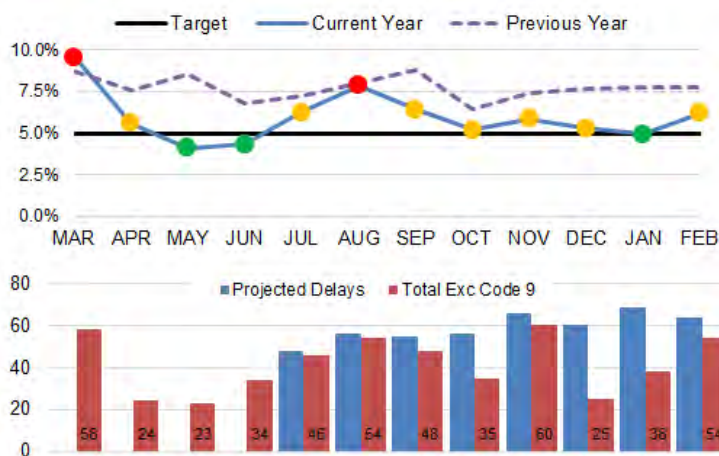
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	
20.7 Formalise long-term resource requirements for FOI administration	
21.1 Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	First draft Paper detailing the initial stages of the design of the new Publication Scheme to go to EDG in April / May. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.
21.2 Improve communications relating to FOISA work <i>By Dec-21</i>	The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance. Increased and more detailed internal reporting is currently being considered.

Finance, Performance & Resources – Operational Performance

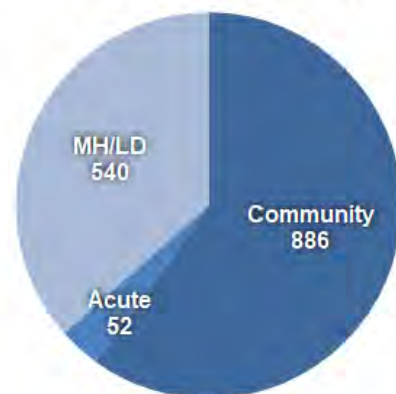
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Feb-21



National Benchmarking

	Quarter Ending	2018/19			2019/20			2020/21		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
% Bed Days Lost	NHS Fife	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%
% Bed Days Lost	Scotland	6.9%	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%

Key Challenges in 2020/21

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

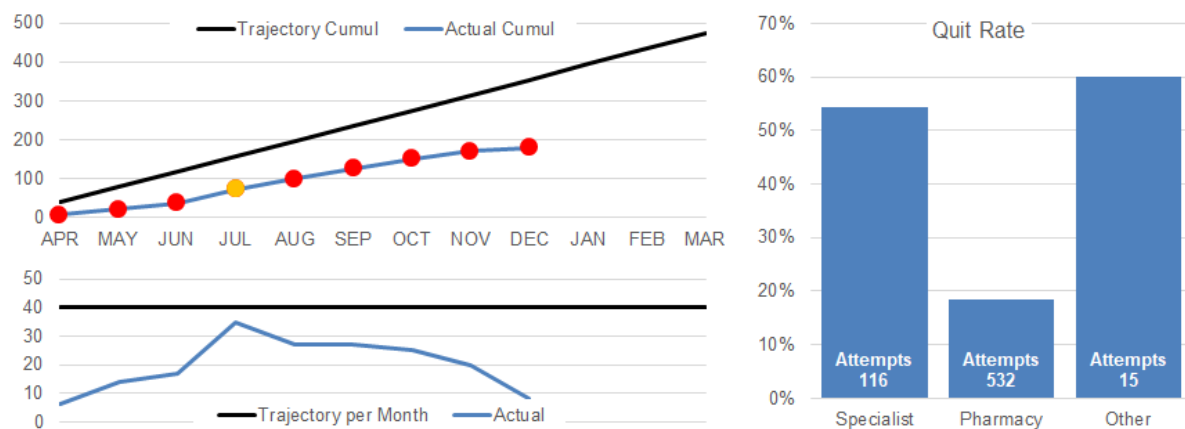
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented	
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model <i>By May-21 (was Mar-21)</i>	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. The Oversight "Home First" group meeting will take place on the 16 th April with H&SC, NHS Fife, Fife Council and Scottish Care to discuss and agree an action plan in line with local and national priorities.
21.2 Develop virtual community HUB across east hospitals to include Ninewells Hospital	Teams meetings with East Hospitals and Patient Flow Co-ordinators (including Ninewells) are in place Action complete

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

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	35	27	27	25	20	8			
	Actual Cumul	6	20	37	72	99	126	151	171	179			
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	45.6%	50.3%	53.4%	54.7%	54.3%	50.6%			
Scotland	Achieved												

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues
- Staffing levels due to redeployment and maternity leave
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group
- Inability to validate quits as part of an evidence based service
- Limited interest from clients to engage with Near Me

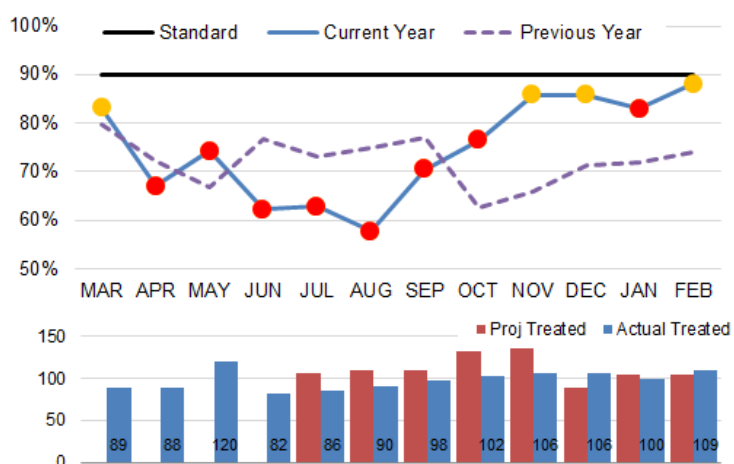
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Action paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women	Action paused due to COVID-19
20.4 Enable staff access to medication whilst at work	Action paused due to COVID-19
21.1 Assess use of Near Me to train staff <i>By Jul-21 (was Mar-21)</i>	Near Me has been set up and clients are being offered this service, but there has been little uptake to date, possibly due to issues with IT availability and connectivity. Near Me used as part of new staff training.
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative <i>By Jul-21 (was Mar-21)</i>	Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway, and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding from April.

Finance, Performance & Resources – Operational Performance

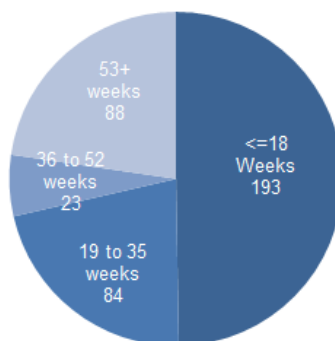
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (388) Feb-21



National Benchmarking

Month	2019/20				2020/21							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	83.1%	67.0%	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%
Scotland	64.3%	74.0%	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%		

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

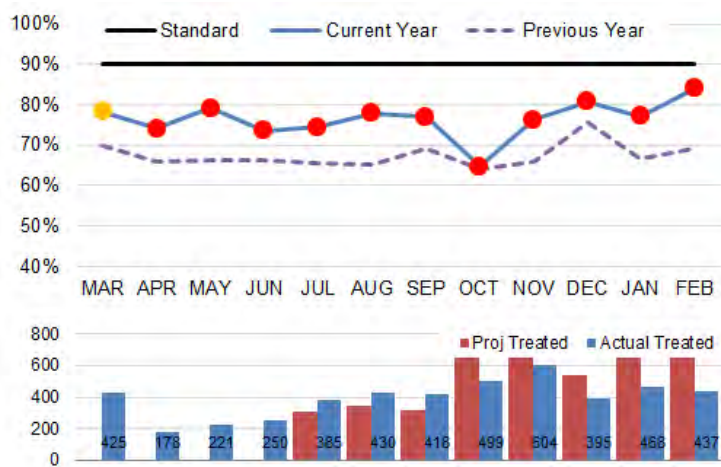
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System	
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme By Jul-21 (was Mar-21)	Due to COVID-19 restrictions, group-based face to face therapy work is limited compared to pre-COVID practices. Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.
21.2 Use Centralised Allocation Process	
21.3 Build CAMHS Urgent Response Team By Jul-21 (was Mar-21)	The plan to develop a CAMHS URT was 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. Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

Finance, Performance & Resources – Operational Performance

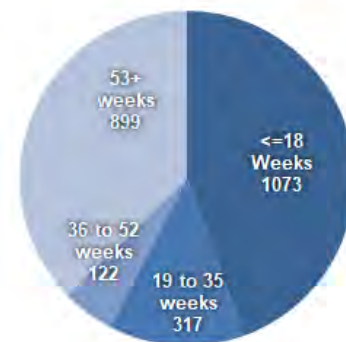
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2411) Feb-21



National Benchmarking

Month	2019/20				2020/21							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	78.4%	74.2%	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%
Scotland	78.8%	74.0%	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%		

Key Challenges in 2020/21

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

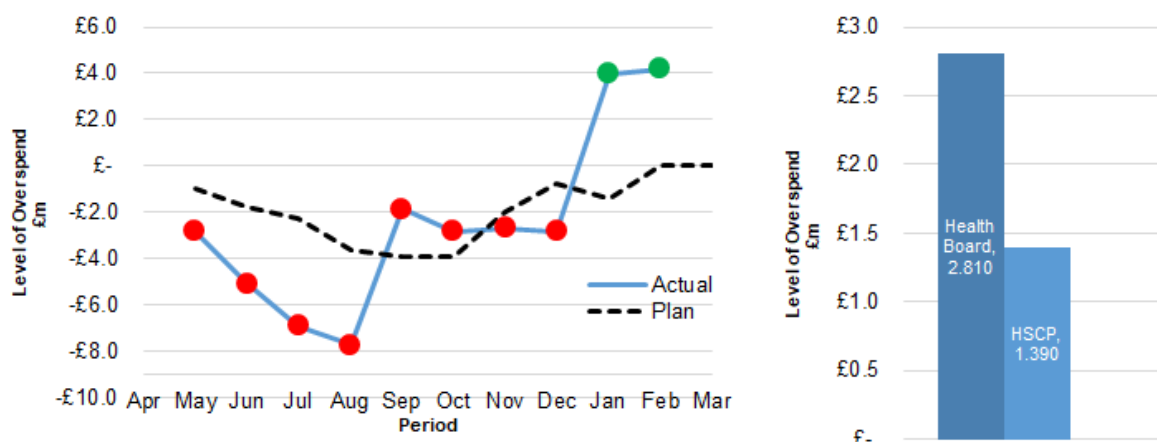
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	
20.4 Implement triage nurse pilot programme in Primary Care	
20.5 Trial of new group-based PT options <i>By Sep-21(was Mar-21)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. We are awaiting results of Schema therapy group pilot. Development of Compassion Focused therapy group is ongoing, but there has been a delay in the start date for the pilot.
21.1 Introduction of additional on-line therapy options	
21.2 Development of alternative training and PT delivery methods	

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	419,845	460,818	409,339	406,529	2,810	0.69%	3,005	-195	2,810	0
Integration Joint Board (Health)	359,601	405,351	367,194	365,804	1,390	0.38%	1,390	0	1,390	0
Risk Share	0	0	0	0	0	0.00%	0	0	0	0
Total	779,446	866,169	776,533	772,333	4,200	0.54%	4,395	-195	4,200	0

Key Challenges in 2020/21

Capturing full additional costs in respect of: Covid-19 mobilisation plans; the Covid-19 vaccination scheme; and the Community Testing Programme. Close monitoring of actual activity and spend will take place over the remaining weeks to ensure our operational activity and financial plans remain aligned.

Balancing the overall NHS Fife position to a break even position given the number of variables in respect of core and Covid activity and the resulting financial impact.

Improvement Actions	Update
21.1 Local mobilisation plan <i>Ongoing throughout FY</i>	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Confirm final 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; the Covid-19 vaccination programme; and the Community Testing Programme.
21.2 Savings	

Commentary

The position to month 11 is an underspend of £4.200m. This comprises a run rate underspend position of £4.395m; unmet core savings of £0.195m. All additional Covid-19 costs for April to February have been match funded from the SG Covid-19 funding allocations.

Finance, Performance & Resources – Finance

Whilst last month we reported a projected core underspend position of £4m; this forecast has now been updated, following a concerted effort to work towards a balanced break even position, to a projected underspend outturn of £2.1m.

The forecast position takes account of the non-recurring budget realignment process of £4.1m from Health delegated to Social Care. Whilst planning assumptions around the budget realignment process has removed any risk share cost (ie both partners would land a break even position); a core forecast underspend for both Health delegated, and Social Care is now projected following additional funding allocations. As such, the position reflects a year end transfer to an earmarked health delegated reserve which includes a level of core underspend; covid underspend; and late funding allocations; totalling c£11m. This funding will be carried forward by the Fife Council on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 2021/22. Initial discussions with the IJB CFO indicate some of this funding may be earmarked towards Acute Set Aside budget pressures on a non-recurring basis.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.

In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.

The forecast outturn to the year end is a projected underspend position of £2.1m which represents slippage in our elective programme; associated waiting times funding; and an element of surplus Covid funding and will be reported to Scottish Government in the monthly Financial Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.

We continue to work towards a balanced position as we approach the financial year end.

1. Annual Operational Plan

- 1.1 The AOP process for the 2020/21 financial year was paused in the early part of the financial year as Boards and Scottish Government prepared to respond to the Covid-19 pandemic. A revised AOP financial plan was submitted in July which reflected both the mobilisation and the remobilisation plan high level impact on the financial position. Full Covid-19 funding has been received with the initial allocation made in the September allocation letter; and a final allocation recently received in the January allocation letter. A further Remobilisation Plan (RMP3) was submitted to Scottish Government at the end of February.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the January core revenue amount on 5 March. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £839.648m. Anticipated allocations adjustments total £4.229m.

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 non-core RRL funding totals £22.292m.

Total RRL

- 2.3 The total current year budget at 28 February is therefore £866.169m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 11 months to 28 February reflects an underspend of £4.200m.
- 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. Unmet savings as a result of the impact of Covid have been funded and are reflected at a zero variance. An underspend of £2.810m is attributable to Health Board retained budgets; and an underspend of £1.390m is attributable to the health budgets delegated to the IJB. The in-year position reflects the non-recurring budget realignment process of £4.1m from Health Delegated to Social Care which was agreed, reported and reflected in January.

Finance, Performance & Resources – Finance

Table 1: Summary Financial Position for the period ended February 2021

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	460,818	2,810	0.69%	3,005	-195	2,810	0
Integration Joint Board (Health)	405,351	1,390	0.38%	1,390	0	1,390	0
Risk Share	0	0	0.00%	0	0	0	0
Total	866,169	4,200	0.54%	4,395	-195	4,200	0

	CY	Variance	Variance	Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
	£'000	£'000	%	£'000	£'000	£'000	£'000
	£'000	£'000	%	£'000	£'000	£'000	£'000
Acute Services Division	228,148	-4,168	-1.99%	-4,118	-50	-4,168	0
IJB Non-Delegated	8,724	162	2.03%	162	0	162	0
Estates & Facilities	76,912	1,431	2.05%	1,407	24	1,431	0
Board Admin & Other Services	45,479	1,270	3.24%	1,439	-169	1,270	0
Non-Fife & Other Healthcare Providers	90,907	960	1.15%	960	0	960	0
Financial Flexibility & Allocations	17,159	3,102	100.00%	3,102	0	3,102	0
HB Offsets	0	0	0.00%	0	0	0	0
Health Board	467,329	2,757	0.67%	2,952	-195	2,757	0
Integration Joint Board - Core	450,215	1,229	0.30%	1,229	0	1,229	0
IJB Offsets	0	0		0	0	0	0
Integration Fund & Other Allocations	7,824	139	0.00%	139	0	139	0
Sub-total Integration Joint Board Core	458,039	1,368	0.69%	1,368	0	1,368	0
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	458,039	1,368	0.69%	1,368	0	1,368	0
Total Expenditure	925,368	4,125	-0.43%	4,320	-195	4,125	0
IJB - Health	-52,688	22	-0.04%	22	0	22	0
Health Board	-6,511	53	-1.43%	53	0	53	0
Miscellaneous Income	-59,199	75	-0.14%	75	0	75	0
Net Position Including Income	866,169	4,200	0.54%	4,395	-195	4,200	0

3.3 The position at month 11 is a core net underspend of £4.200m, following SG funding of unmet savings of £7.604m (£8.296m full year).

3.4 Funding allocations of £23.630m and £7.505m have been allocated to HB and HSCP respectively to match April to February Covid-19 costs incurred. Social Care funding of £19.966m has been passed to our Local Authority partners in-year. 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 £4.168m for the year to date**. This reflects an overspend in operational run rate performance of £4.118m, and overachieved savings of £0.050m per Table 2 below. The overall position is mainly driven by pay overspend in junior medical and dental staffing of £1.873m. Additional non pay cost pressures of £1.961m relate to medicines within Emergency Care. The balance is attributable to long standing over establishment of nursing posts within maternity. Various underspends across other areas of Acute arising from vacancies have helped to offset the level of overspend. The pausing of elective activity specifically in Q4 accounts for an underspend of £0.810m.

Funding of £7.7m has also been received for elective/planned care activity which we had already anticipated and reflected in our financial reporting to date. There is significant slippage in this activity (previously anticipating significant activity in quarter 4) and, in turn, the associated funding.

Table 2: Acute Division Financial Position for the period ended February 2021

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	70,779	74,442	67,777	66,676	1,101	1.62%	1,097	4
Emergency Care & Medicine	74,958	85,624	78,962	83,571	-4,609	-5.84%	-4,498	-111
Women, Children & Clinical Services	55,270	59,737	54,804	55,854	-1,050	-1.92%	-860	-190
Acute Nursing	858	695	622	542	80	12.86%	80	0
Other	1,683	1,815	1,460	1,150	310	21.23%	63	247
Total	203,548	222,313	203,625	207,793	-4,168	-2.05%	-4,118	-50

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £1.431m** which is generally attributable to vacancies, energy, PPP and rates. These underspends are partly offset by an overspend in clinical waste costs

IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.162m**. Acute outpatients are reporting drug and medical supplies underspend in addition to underspend on NEF Clinics covered by NHS Tayside.

Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £1.270m**. As previously reported, this position includes unfunded costs of £0.069m related to 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

- 4.5 The budget for healthcare services provided out with NHS Fife is **underspent by £0.960m** 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; and potential costs associated with patient treatment within the private sector.

Financial Plan Reserves & Allocations

- 4.6 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year 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 released on a monthly basis. The **financial flexibility of £3.102m** released to the month 11 position is detailed in Appendix 4.

Integration Services

- 4.7 The health budgets delegated to the Integration Joint Board report an **underspend of £1.368m for the year to date** following the non-recurring budget realignment of health delegated underspend to Social Care. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, psychology, community and general dental services across Fife Wide Division. Additional underspends are reflected in East Division following service redesign, and also against vacancies in community services, clinical governance, primary care support unit and administrative posts. The position has improved as a result of the current lockdown impacting on areas such as the childhood vaccination programme.

Income

- 4.8 A small over recovery in income of £0.075m is shown for the year to date.

5. Pan Fife Analysis

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

Table 3: Subjective Analysis for the Period ended February 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	407,700	373,994	374,722	-728
GP Prescribing	70,708	64,899	65,730	-831
Drugs	33,294	30,926	31,566	-640
Other Non Pay	389,243	356,492	353,214	3,278
Efficiency Savings	-560	-195	0	-195
Commitments	24,983	3,241	0	3,241
Income	-59,199	-52,823	-52,898	75
Net overspend	866,169	776,533	772,334	4,200

Pay

- 5.2 The overall pay budget reflects an overspend of £0.728m. The majority of the overspend is within medical & dental staff with small offsetting underspends across other pay heads with the exception of nursing and midwifery & 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 8,044 wte across all staff groups, there was an average 8,164 wte core staff in post in February. 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 £1.471m on medicines. The GP prescribing budget is overspent in-year by £0.831m with a forecast of breakeven. 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 has not been possible 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. The position to month 11 reflects £1.115m recharged to Covid costs, 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.

Acute medicines have an overspend of £1.641m, with a forecast of £2.420m. The main overspend to date is in Neurology at £0.600m, where a high cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. However, in 20/21 Dermatology, GI, Neurology and Respiratory started to present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The forecast assumes the overspending trajectory will continue, with an additional pressure of £0.6m for Haematology drugs which exceed the funding available from the new medicines reserve.

Finance, Performance & Resources – Finance

5.5 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively underspent by £3.278m. 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 Funding Allocation

6.1 We have received full Covid-19 funding with allocations made in 2 tranches (September and January). The funding allocations made across Scotland were informed on either actual costs or NRAC share; and reflected the return of offsetting cost reductions; and full funding of agreed unachieved efficiency savings. A summary of our Covid-19 funding is attached at Appendix 5.

6.2 A separate allocation of £1.5m relating to payments to primary care for additional costs in responding to the pandemic was received in the October allocation letter.

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. 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. With our focus on responding to the Covid-19 pandemic, our planning assumptions reflected an anticipated achievable £11.7m of the target, with a resulting £8.3m underachievement of savings, which has now been fully funded by Scottish Government. Whilst good progress has been made to month 11, to support the delivery of the full £11m, c50% has been made on a recurring basis. The non-recurring 'tail' will form an opening pressure for next financial year and is as a consequence of our focus on the pandemic this year.

7.2 In addition to the £20.015m savings target, the IJB identified an additional savings target of £1.8m which was to be met from Health Delegated. This was linked to the budget realignment exercise described in 4.6 above; and has been funded through the wider LMP process.

7.3 Table 4 summaries the position for the 11 months to February 2021.

Table 4: Savings 20/21

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Funded unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to Feb £'000	Forecast / Unidentified to March £'000
Health Board	14,868	6,572	8,296	1,211	4,802	6,013	559
Integrated Joint Board	5,147	5,147	0	4,219	928	5,147	0
IJB additional savings	1,800	0	1,800	0	0	0	0
Total Savings	21,815	11,719	10,096	5,430	5,730	11,160	559

8 Forecast

8.1 Whilst last month we reported a projected core underspend position of £4m; this forecast has now been updated, following a concerted effort to work towards a balanced break even position, to a projected underspend outturn of £2.1m.

Finance, Performance & Resources – Finance

- 8.2 The forecast position takes account of the non-recurring budget realignment process of £4.1m from Health delegated to Social Care. Whilst planning assumptions around the budget realignment process has removed any risk share cost (ie both partners would land a break even position); a core forecast underspend for both Health delegated, and Social Care is now projected following additional funding allocations. As such, the position reflects a year end transfer to earmarked health delegated reserve which includes a level of core underspend; covid underspend; and late funding allocations; totalling c£11m. All funding will be carried forward by the Local Authority Partner on behalf of the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 21/22. Initial discussions with the IJB CFO indicate some of this funding may be earmarked towards Acute Set Aside budget pressures on a non-recurring basis.
- 8.3 NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward.
- 8.4 In addition, the Health Board retained run rate position has improved reflecting further pausing of elective activity. The impact of lockdown and a further wave have had a significant impact on the forecast outturn; and we continue to work towards a balanced position taking into account funding and expected activity.
- 8.5 The forecast outturn to the year end is a projected underspend position of £2.1m which represents slippage in our elective programme; associated waiting times funding; and an element of surplus Covid funding and will be reported to Scottish Government in the monthly Financial Performance Return (FPR). The component parts which inform the forecast outturn are detailed in Table 5.
- 8.6 We continue to work towards a balanced position as we approach the financial year end.

Table 5 – Forecast Outturn Position

Forecast Outturn	Run Rate £'000	Offsets £'000	Savings £'000	Risk Share £'000	Total £'000
Acute Services Division	-5,875	3,743	-8,263	0	-10,395
IJB Non-Delegated	121	0	-33	0	88
Estates & Facilities	1,758	463	0	0	2,221
Board Admin & Other Services	1,082	51	0	0	1,133
Non-Fife & Other Healthcare Providers	845	0	0	0	845
Financial Flexibility	2,719	0	0	0	2,719
Miscellaneous Income	100	0	0	0	100
Savings funding			8,296		8,296
Health Board Retained Budgets	750	4,257	0	0	5,007
IJB Delegated Health Budgets	2,300	3,603	0	0	5,903
Budget realignment	-4,100				-4,100
Savings funding			1,800		1,800
Integration Fund & Other Allocations	0	0	0	0	0
Total IJB Delegated Health Budgets	-1,800	3,603	1,800	0	3,603
Covid	1,354				1,354
Offsets returned to SG	0	-7,860	0	0	-7,860
Total Forecast Outturn	304	0	1,800	0	2,104

9 Key Messages / Risks

- 9.1 The month 11 position reflects an underspend of £4.200m; which comprises a core underspend of £4.395m; and unmet core savings of £0.195m. All additional Covid-19 costs for the year to date have been match funded from the SG Covid-19 funding allocations.
- 9.2 The forecast outturn position to the year-end reflects a potential underspend of £2.1m which reflects the pausing of elective activity; the resulting impact on specific waiting times funding; and Covid funding allocations; and is net of an assumed transfer of Covid funding to our Local Authority Partner of £2.5m for Covid vaccination venue costs; and Community Testing Programme costs. There is a degree of risk to the forecast position, specifically relating to year end deliveries, which we are keeping under close review of the year end nears.
- 9.3 Notwithstanding, we continue to work towards our target balanced position and dialogue with Scottish Government is ongoing.

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 £4.200m for the 11 months to February
 - **Note** that funding allocations for Covid-19 reflected in the month 11 position match fund additional costs incurred across Health and Social Care
 - **Note** the updated key assumptions which inform a potential forecast underspend position of £2.1m (related to elective activity and associated funding); and, in parallel, dialogue with Scottish Government colleagues is underway
 - **Note** the plans to create an IJB Reserve for Health Delegated to cover ongoing Covid-19 costs into 2021/22.

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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	Confirmed Allocations		2,528	3,668	6,196	
Nov-20	Confirmed Allocations			117	117	
Dec-20	Confirmed Allocations		2,187	4,932	7,119	
Jan-21	Confirmed Allocations		162	16,350	16,512	
Feb-21	Adult Flu Vaccine costs			271	271	Annual Allocation
	Insulin Pumps			309	309	National initiative
	Discovery 20-21		-36		-36	Annual Contribution
	Arcus Finance Business Partnering			-29	-29	Contribution for Finance Training
	Total Core RRL Allocations	700,161	71,065	68,422	839,648	
Anticipated	NDC Contribution		-781		-781	
Anticipated	Family Nurse Partnership		28		28	
Anticipated	Top Slice NSS		-16		-16	
Anticipated	Cancer Diagnostic Centre			-297	-297	
Anticipated	Capital to Revenue			-92	-92	
Anticipated	Covid Recognition Payment			4,357	4,357	
Anticipated	AFC pay award			1,030	1,030	
	Total Anticipated Core RRL Allocations	0	-769	4,998	4,229	
	IFRS			8,874	8,874	
	Donated Asset Depreciation			131	131	
	Impairment			500	500	
	Depreciation			12,959	12,959	
	AME Provisions			-172	-172	
	Total Non-Core RRL Allocations	0	0	22,292	22,292	
	Grand Total	700,161	70,296	95,712	866,169	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	13,047	11,955	12,109	-153
Nhs Fife Chief Executive	216	198	237	-39
Nhs Fife Finance Director	6,498	5,921	5,339	581
Nhs Fife Medical Director	7,554	5,935	5,712	223
Nhs Fife Nurse Director	4,161	3,759	3,471	288
Legal Liabilities	-17,914	-18,297	-18,606	308
Early Retirements & Injury Benefits	814	746	698	48
Regional Funding	276	246	206	40
Depreciation	18,129	16,581	16,581	0
Nhs Fife Public Health	2,735	2,512	2,544	-32
Nhs Fife Workforce Directorate	3,228	2,954	2,879	74
Nhs Fife Major Incident - Flooding			69	-69
Total	38,745	32,509	31,239	1,270

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	90	86	4
Borders	45	41	51	-10
Dumfries & Galloway	25	23	52	-29
Forth Valley	3,179	2,914	3,256	-342
Grampian	359	329	251	78
Greater Glasgow & Clyde	1,655	1,518	1,486	32
Highland	135	124	182	-58
Lanarkshire	114	105	226	-121
Lothian	31,518	28,892	26,976	1,916
Scottish Ambulance Service	101	93	94	-1
Tayside	41,030	37,609	37,421	188
	78,259	71,738	70,081	1,657
UNPACS				
Health Boards	10,627	9,741	10,419	-678
Private Sector	1,245	1,141	1,652	-511
	11,872	10,882	12,071	-1,189
OATS				
	711	652	162	490
Grants				
	65	65	63	2
Total	90,907	83,337	82,377	960

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Feb-21 £'000
Financial Plan		
Drugs	197	0
CHAS	0	0
Unitary Charge	100	92
Junior Doctor Travel	20	14
Cost Pressures	616	561
Developments	3,249	1,839
Sub Total Financial Plan	4,182	2,506
Allocations		
Waiting List	2,020	0
AME: Impairment	640	0
AME: Provisions	-102	0
Neonatal Transport	6	2
Cancer Access	256	0
Endoscopy	85	0
ARISE	68	0
Covid 19	7,504	0
MPPP Respiratory Projects	29	0
Winter Funding	51	0
Capital to revenue	340	0
Baby Bliss	5	0
Best Start	32	0
MRI Van	39	0
Disestablished GPST	10	0
Carry Forward from 19/20	60	55
NSD Risk Share Return	539	539
R&D	4	
Reporting Radiographer Training	9	
Inequalities Fund	6	
Cancer Strategy	5	
Wellbeing Fund	32	
Insulin Pumps	309	
AFC pay award December to March	1,030	
Sub Total Allocations	12,977	596
Total	17,159	3,102

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Appendix 5 – 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	1,325
Allocations received previously	1,296		9,779	11,075		
Funding Received Jan-21	10,765	-1,698	5,729	14,796		234
Total funding	34,601	4,848	19,966	59,415	999	1,559
Allocations made for Apr to Feb						
Planned Care & Surgery	1,878			1,878		
Emergency Care & Medicine	2,518			2,518		
Women, Children & Clinical Services	1,422			1,422		
Acute Nursing	17			17		
Estates & Facilities	1,690			1,690		
Board Admin & Other Services	5,774			5,774		
Income	682			682		
Test and Protect	1,353			1,353		
West Division		1,881		1,881		
Pharmacy Division		93		93		
Fife Wide Division		1,484		1,484		
East Division		945		945		
Primary Care		1,302		1,302		1,559
Social Care			19,966	19,966		
Unachieved savings	8,296	1,800		10,096		
Total allocations made to M11	23,630	7,505	19,966	51,101	0	1,559
Offsets returned to SG	-4,257	-3,603		-7,860		
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	27,097	3,902	19,966	50,965	999	1,559
Balance In Reserves	7,504	946	0	8,450	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 £13.634m including anticipated allocations for specific projects. The capital position for the 11 months to February records spend of £8.551m equivalent to 62.71% of the total allocation. The capital spend on the specific projects is on track to spend in full, notwithstanding the end loaded spend profile as in any financial year.

Current Challenges

The medium-term programme of work required to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available. Careful assessments are made each financial year to allocate the resource limit to key areas of priority.

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

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter, and allocations of: £0.999m for Covid equipment in the September allocation letter; £0.381m for Cancer Waiting Times equipment; £2.008m for radiology in the November allocation letter; and £0.400m for Hospital Eye Service in the December allocation letter. In the February allocation letter we received the following; £2.2m for the Elective Orthopaedic Centre; HEPMA £0.025m; Lochgelly Health Centre £0.025m; Kincardine Health Centre £0.025m; Additional £0.025m for Hospital Eye Service; and an allocation of £0.060m for radiology. We are still anticipating the capital to revenue transfer of £0.093m. The total capital plan is therefore £13.634m.

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 The summary expenditure position across all projects is 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 £8.551m or 62.71% 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	£2.221m
Equipment	£3.892m
E-health	£0.664m
Elective Orthopaedic Centre	£1.346m

4. Capital Expenditure Outturn

- 4.1 As we near the end of quarter 4, it is 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 28 February 2021 of £8.551m and the forecast year end spend of the total capital resource allocation of £13.634m.

Finance, Performance & Resources – Finance

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	292	242	292
Statutory Compliance	203	149	203
Capital Equipment	99	62	99
Covid Community Equipment	26	26	26
Condemned Equipment	0	0	0
Lochgelly Health Centre	25	12	25
Kincardine Health Centre	25	12	25
Total Community & Primary Care	670	502	670
ACUTE SERVICES DIVISION			
Statutory Compliance	2,775	1,910	2,775
Capital Equipment	2,376	1,599	2,376
Covid Acute Equipment	973	753	973
Minor Works	205	121	205
Cancer Waiting Times Equipment	371	337	371
Hospital Eye Service	425	30	425
Radiology Funding	2,068	994	2,068
Condemned Equipment	91	91	91
Elective Orthopaedic Centre	2,200	1,346	2,200
Total Acute Services Division	11,483	7,181	11,483
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Information Technology	1,066	664	1,066
Minor Works	2	0	2
Statutory Compliance	12	0	12
Contingency	0	0	0
Asbestos Management	104	78	104
Fire Safety	85	83	85
Scheme Development	60	17	60
Vehicles	60	25	60
Capital In Year Contingency (EDG)	0	0	0
Total NHS Fife Wide Schemes	1,389	868	1,389
TOTAL CONFIRMED ALLOCATION FOR 2020/21	13,541	8,551	13,541
ANTICIPATED ALLOCATIONS 2020/21			
Capital to Revenue Transfer	93	0	93
Anticipated Allocation for 2020/21	93	0	93
Total Anticipated Allocation for 2020/21	13,634	8,551	13,634

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

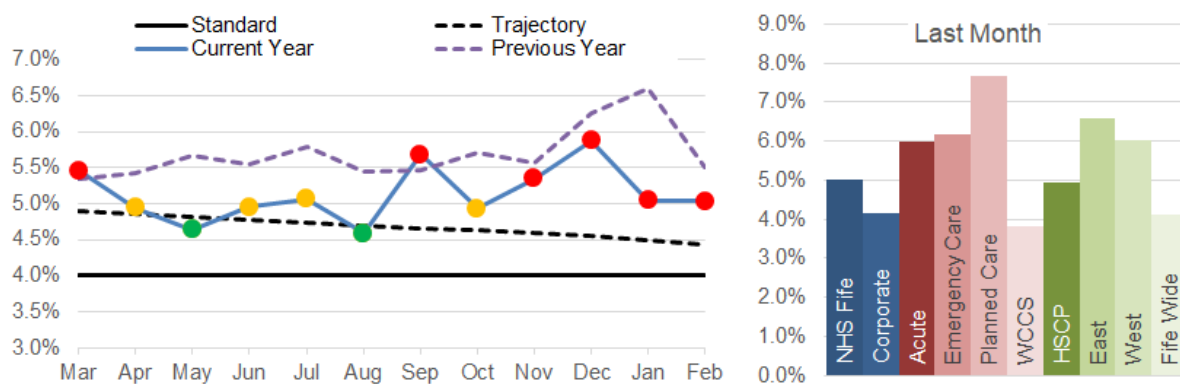
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	99	0	99
Condemned Equipment	0	0	0	0
Minor Capital	0	291	1	292
Covid Equipment	0	26	0	26
Statutory Compliance	0	153	50	203
Lochgelly Health Centre	0	0	25	25
Kincardine Health Centre	0	0	25	25
Total Community & Primary Care	0	569	101	670
Acute Services Division				
Capital Equipment	0	2,241	135	2,376
Condemned Equipment	0	91	0	91
Cancer Waiting Times Equipment	0	381	-10	371
Minor Capital	0	206	-1	205
Hospital Eye Service	0	400	25	425
Covid 19 Acute Equip	0	973	0	973
Radiology Funding	0	2,008	60	2,068
Statutory Compliance	0	2,842	-67	2,775
Elective Orthopaedic Centre	0	0	2,200	2,200
	0	9,141	2,342	11,483
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569	-3,559	2	12
Fife Wide Equipment	2,036	-1,925	-111	0
Information Technology	1,041	0	25	1,066
Minor Work	498	-497	1	2
Fife Wide Contingency Balance	100	-100	0	0
Condemned Equipment	90	-90	0	0
Scheme Development	60	0	0	60
Fife Wide Asbestos Management	0	104	0	104
Fife Wide Fire Safety	0	85	0	85
Fife Wide Vehicles	0	60	0	60
Capital In Year Contingency	0	0	0	0
Total Fife Wide	7,394	-5,922	-83	1,389
Total	7,394	3,787	2,360	13,541
ANTICIPATED ALLOCATIONS 2020/21				
Capital to Revenue Transfer	93	0	0	93
Anticipated Allocation for 2020/21	93	0	0	93
Total Planned Expenditure for 2020/21	7,487	3,787	2,360	13,634

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										
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	5.46%	4.95%	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%
Scotland	5.20%	4.57%	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%

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	
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason	
21.1 Once for Scotland Promoting Attendance Policy	
21.2 Review the function of the Promoting Attendance Group	<p>The review of the function of the NHS Fife Promoting Attendance Group and associated 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.</p> <p>Work on this has concluded for implementation from April 2021.</p> <p>Action complete</p>
21.3 Restart Promoting Attendance Panels	

MARGO MCGURK

Director of Finance and Performance
20th April 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation Activity to end of Mar 2021

Higher than Projected | Lower than Projected

		Quarter End	Quarter End	Month End			Quarter End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected Actual Variance	2,040 2,590 550	3,044 2,930 -114	1,071 556 -515	1,063 644 -419	1,086 1,049 -37	3,220 2,249 -971
OP Referrals Accepted (Definitions as per Waiting Times Datamart)	Projected Actual Variance	14,042 15,774 1,732	22,565 17,683 -4,882	7,261 4,854 -2,407	7,303 5,258 -2,045	7,342 7,570 228	21,906 17,682 -4,224
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected Actual Variance	13,602 11,852 -1,750	20,630 15,566 -5,064	7,321 4,332 -2,989	7,386 4,137 -3,249	7,500 5,719 -1,781	22,208 14,188 -8,020
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	1,648 1,110 -538	2,296 1,258 -1,038	848 410 -438	848 360 -488	848 545 -303	2,544 1,315 -1,229
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected Actual Variance	10,074 11,264 1,190	11,450 10,835 -615	3,450 2,797 -653	3,700 2,671 -1,029	3,700 4,010 310	10,850 9,478 -1,372
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	21,495 20,303 -1,192	21,705 17,073 -4,632	7,230 4,403 -2,827	6,990 4,145 -2,845	7,590 5,557 -2,033	21,810 14,105 -7,705
Number of A&E 4-Hour Breaches (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	775 815 40	1,000 1,310 310	390 440 50	325 369 44	270 509 239	985 1,318 333
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	9,225 8,800 -425	10,100 9,642 -458	3,450 2,717 -733	3,220 2,568 -652	3,300 3,170 -130	9,970 8,455 -1,515
Admissions via A&E (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected Actual Variance	4,354 4,467 113	4,350 4,227 -123	1,400 1,329 -71	1,330 1,232 -98	1,430 1,559 129	4,160 4,120 -40
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected Actual Variance	2,195 2,097 -98	2,140 2,481 341	750 742 -8	770 776 6	800 1,058 258	2,320 2,576 256
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	309 275 -34	309 281 -28	103 95 -8	103 81 -22	103 86 -17	309 295 -14
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	325 274 -51	356 314 -42	104 100 -4	105 109 4	86 516 430	295 1,985 1,690
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected Actual Variance	970 1,233 263	1,956 1,498 -458	724 468 -256	745 437 -308	516 437 -87	1,985 1,498 -487
		Month End	Month End	Month End			Month End
		Sep-20	Dec-20	Jan-21	Feb-21	Mar-21	Mar-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected Actual Variance	79 75 -4	79 51 -28	88 65 -23	83 91 8	74 98 24	74 98 24

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

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 29 April 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 COVID-19 related Staff Support and Wellbeing activity, which is aligned to Well at Work (Healthy Working Lives). This work is continuing to be overseen by the combined membership of the Bronze 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 2020/21 financial year.

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 in respect of the current pandemic and in general.

2.2.1 Occupational Health Service

NHS Fife's Occupational Health team continue to support efforts during the pandemic, with a focus on contact tracing, staff testing, vaccinations of staff who cannot be vaccinated via the standard pathway and supporting recruitment of supplementary staff.

To support NHS Fife's Occupational Health Service, a number of posts have been established and recruitment to these posts has been completed. The new post holders, once in post, will enhance the services and support available to NHS Fife staff and will contribute to the health and wellbeing agenda.

2.2.2 Bicycle Sheds

NHS Fife has been awarded £21k to fund two bicycle sheds which will be located within the grounds of Victoria and Queen Margaret Hospitals.

2.2.3 Celebrating and Inspiring Kindness in NHS Fife Conference 2021

The Celebrating and Inspiring Kindness in NHS Fife Conference is scheduled to take place on Wednesday 26 May 2021. Further details to follow in due course.

2.2.4 New Staff Health & Wellbeing Resources

The Staff Health and Wellbeing Resources Pack, which was rolled-out at the start of the COVID-19 pandemic, is currently being reviewed and will be re-published for staff in due course.

2.2.5 Staff Support Information Sessions for Managers

The Psychology Department arranged Staff Support Information Sessions for Managers on Monday 19 April 2021 and Monday 26 April 2021, via MS Teams. The aim of these sessions was to advise of the range and types of staff support options available to NHS Fife and Health and Social Care Partnership staff, locally and nationally. Feedback to date has been very positive, with the sessions oversubscribed. Therefore, further opportunities are being considered.

2.2.6 Staff Online Mindfulness Drop-in Sessions

The Staff Online Mindfulness Drop-in Sessions which took place between January and March 2021 were well received by participants and further sessions have been arranged to take place on Tuesday evenings, for the period 20 April 2021 to 11 May 2021 from 7.00 pm to 7.45 pm.

Further to a survey of participants who had attended previous drop-in sessions, please find detailed below a sample of the feedback received, for your information:

- *These sessions have enabled me to find a different sense of being. They are simultaneously relaxing and energising.*
- *That was great – peace, calm and I could hear the silence.*
- *Felt looser in my shoulders, more awake posture, calm and peaceful, thank you.*
- *The sessions are lovely. So accessible and simple. It is a lovely guided practice - much easier and more enjoyable than doing it on my own. The timetabled sessions make me take time out of my busy day to actually do it. Bill's voice is gentle and encouraging too. Very relaxing and beneficial for body, mind and mood.*

2.2.6 Spiritual Care Service

NHS Fife's Department of Spiritual Care have provided additional support to staff during the COVID-19 pandemic. In order to obtain feedback from staff with regards to the

support they have received, an on-line form has been developed. This evidence will help towards our future Gold HWL Award review.

2.2.7 Local Partnership Forum Annual Report – Staff Health and Wellbeing

The Local Partnership Forum Annual Report for Staff Health and Wellbeing prepared by Dr Frances Baty, Head of Fife Psychology Service, Fife Council HR colleagues and Rhona Waugh is attached at Appendix 2 for information.

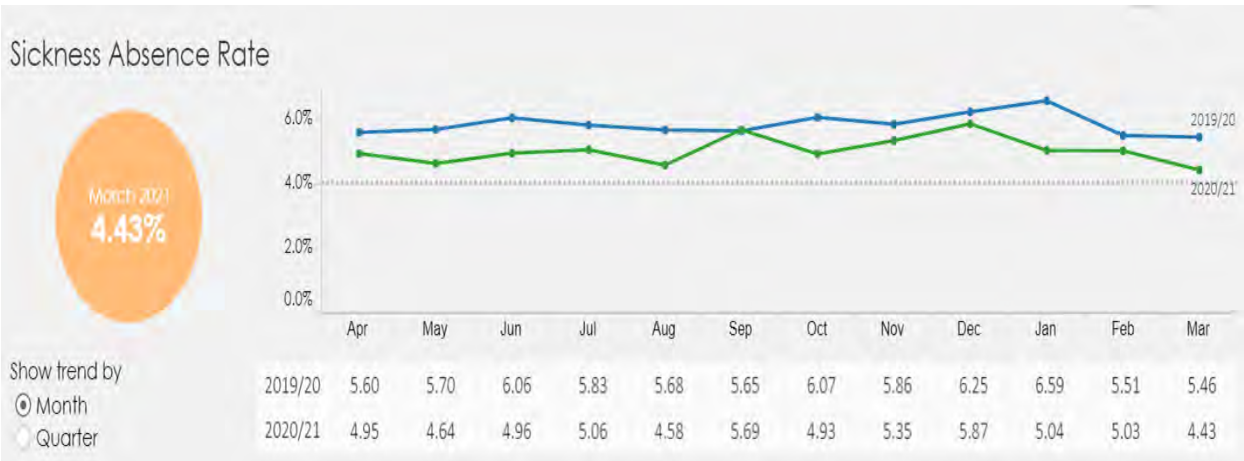
Part 2: Sickness Absence

2.2 Background

2.2.1 NHS Fife Sickness Absence Rates

NHS Fife’s absence rate was below 5% for six of the twelve months of the 2020/2021 financial year, with an absence rate of 4.43% in March 2021. This means that the average rate for the 2020/2021 financial year was 5.04%. It is positive to note that there has been a 0.53% improvement when compared with the absence figures for the 2019/2020 financial year, as detailed in the graph below:

Graph 1: NHS Fife Sickness Absence Rates – 2020/2021



2.2.2 Reasons for Absence

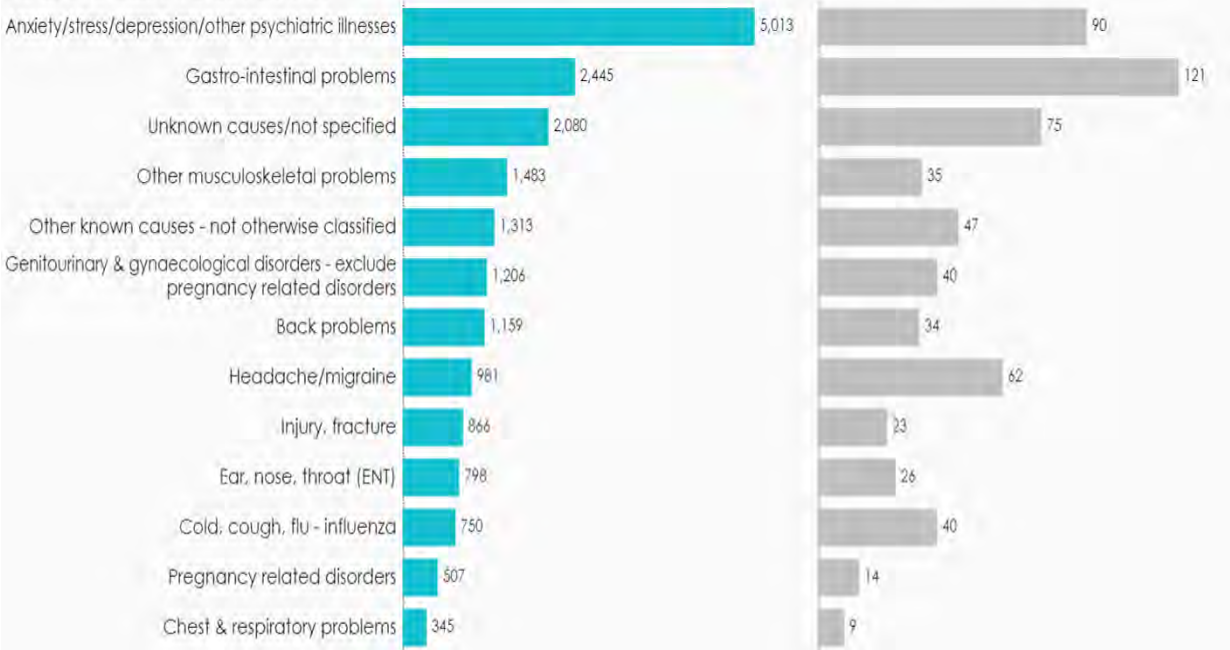
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with this absence rate decreasing by 0.09% from 29.61% in February 2021 to 29.52% of the overall absence in March 2021; followed by Injury, Fracture decreasing from 8.38% in February 2021 to 7.57% in March 2021; and Back Problems increasing from 6.62% in February 2021 to 7.29% in March 2021.

The reasons for both short and long term sickness absence are detailed within the graphs 2 and 3 below. In both categories, Anxiety / Stress / Depression / Other Psychiatric illnesses accounts for the most hours lost within NHS Fife in March 2021.

Graph 2: Short term Absence by Reason

EPISODES AND HOURS LOST by Reasons for Short Term Absence

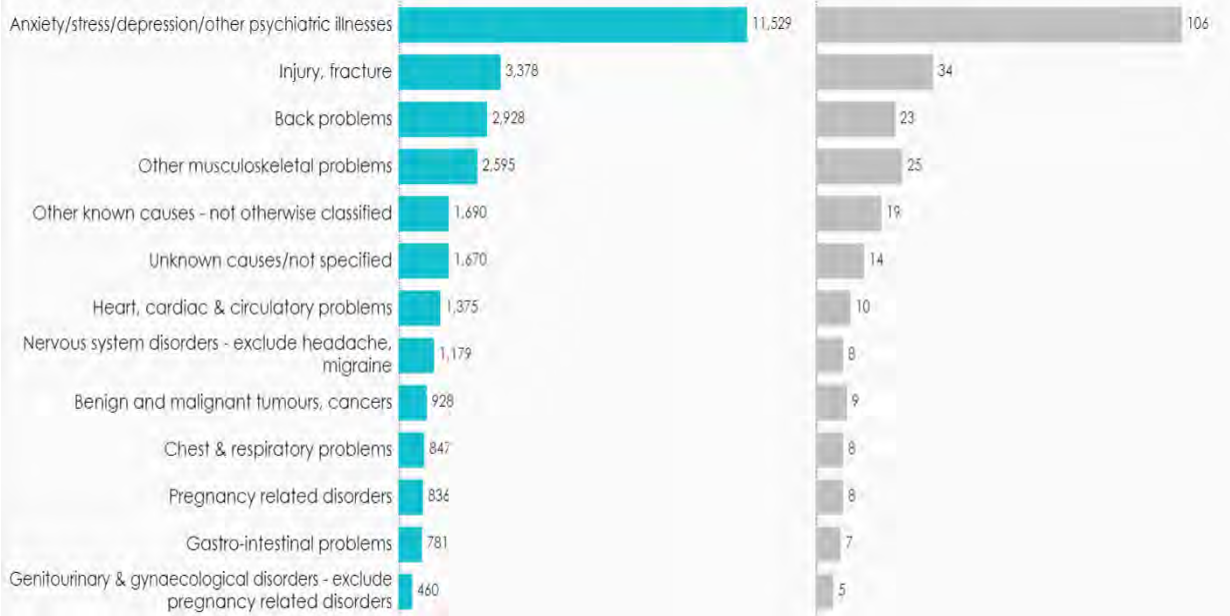
The visualisation excludes any absence reason which has less than 5 episodes recorded in the time period selected, this is to protect confidentiality. This data is available to Directorate level.



Graph 3: Long term Absence by Reason

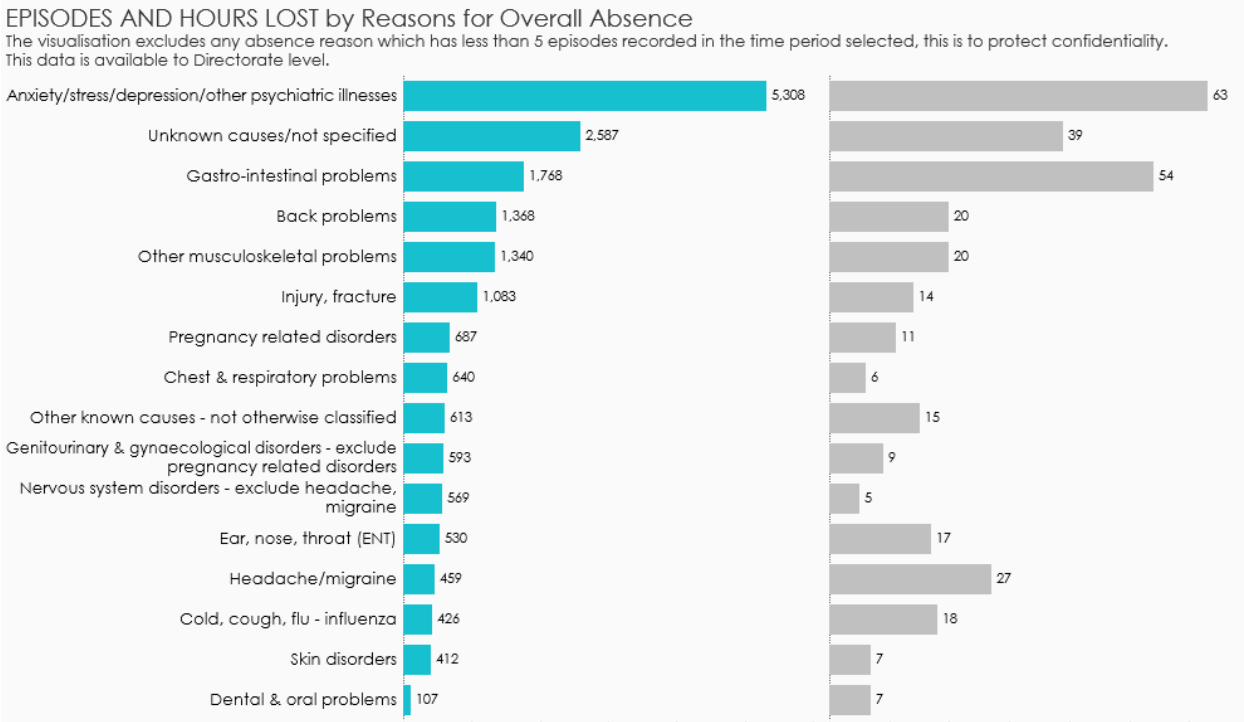
EPISODES AND HOURS LOST by Reasons for Long Term Absence

The visualisation excludes any absence reason which has less than 5 episodes recorded in the time period selected, this is to protect confidentiality. This data is available to Directorate level.

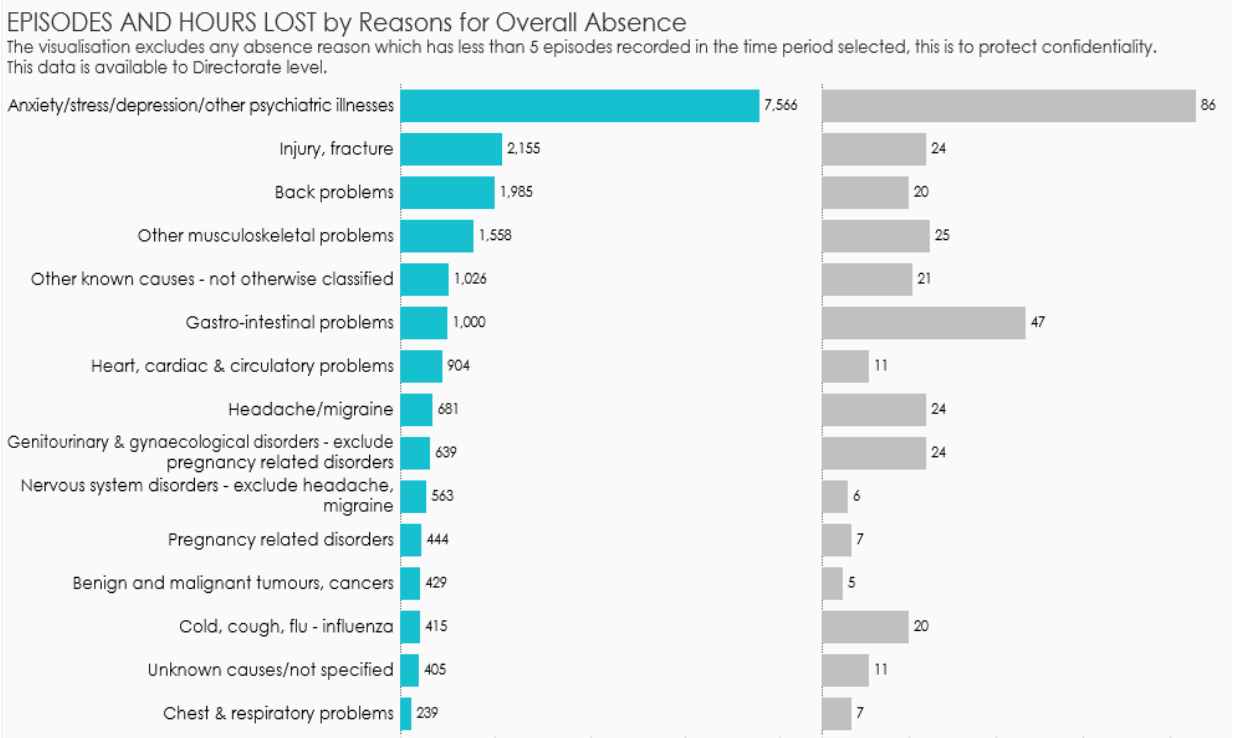


In line with the request at the March 2021 Staff Governance Committee, the breakdown of staff absence reasons within all areas of the Board for March 2021 are set out within Graphs 4 to 8 below. The data shows the top reason of Anxiety / Stress / Depression / Other Psychiatric illness prevalent in all areas, with a similar range of other reasons featuring.

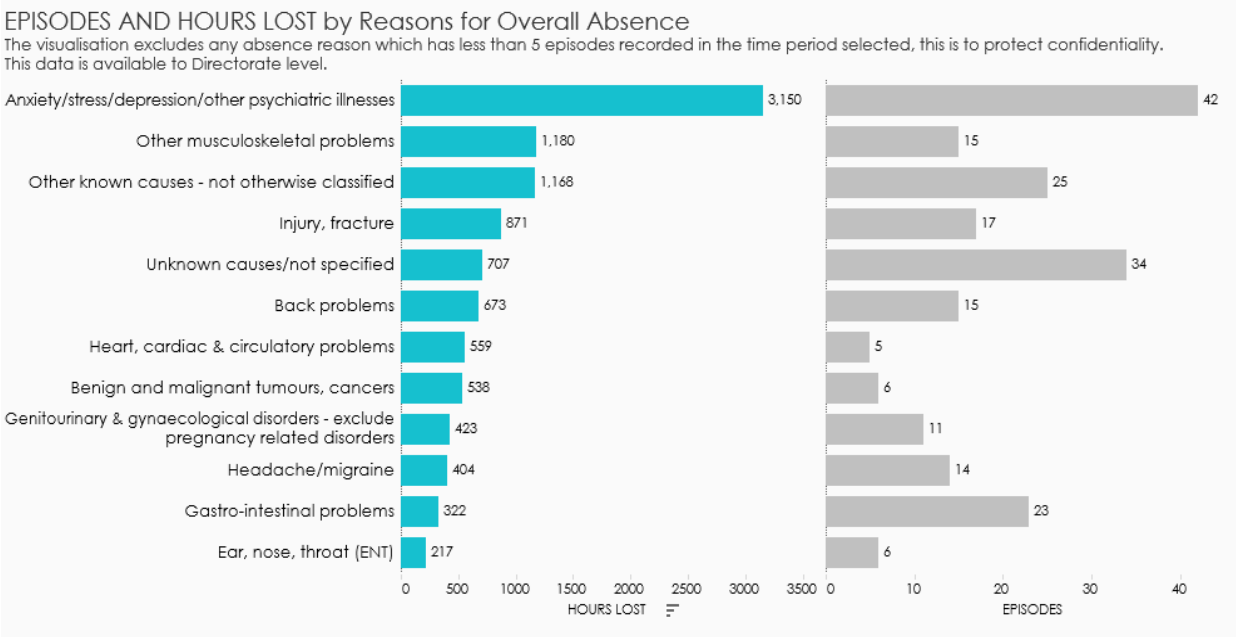
Graph 4: Acute Services Division Overall Absence by Reason



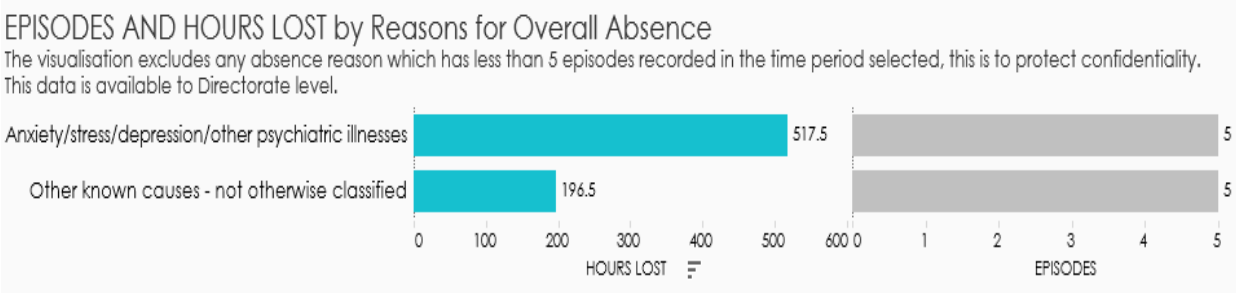
Graph 5: Health & Social Care Partnership Overall Absence by Reason



Graph 6: Corporate Directorates Overall Absence by Reason



Graph 7: Pharmacy Overall Absence by Reason

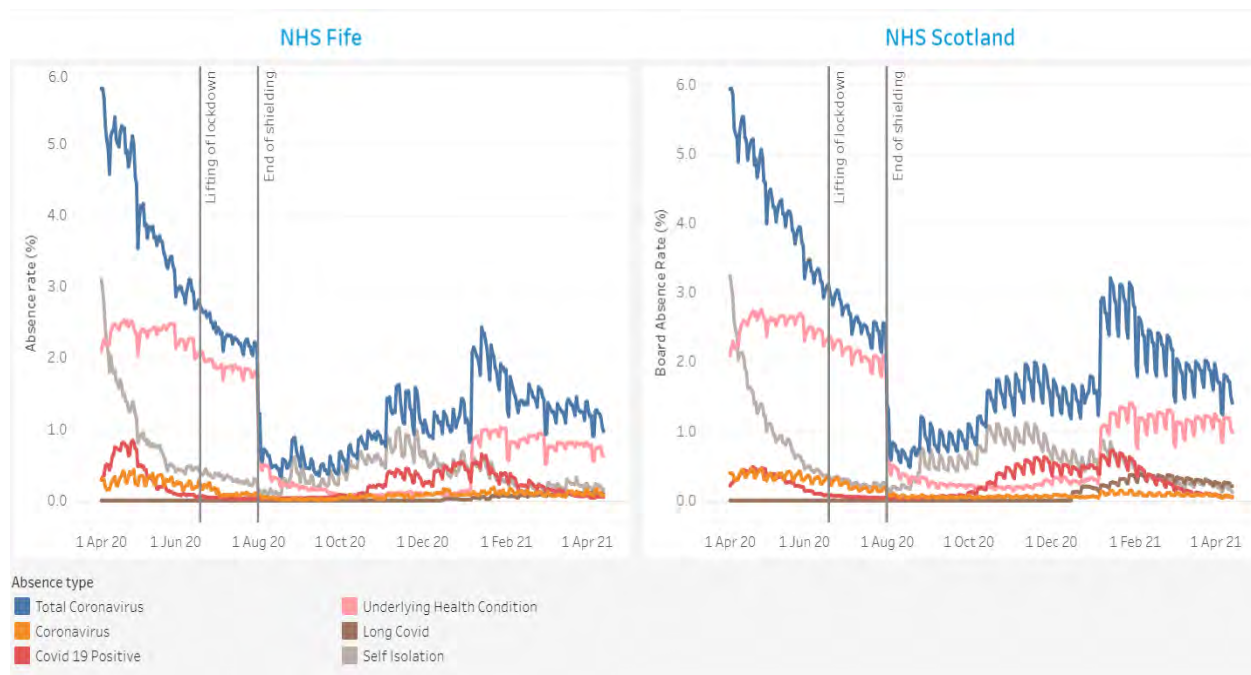


2.2.3 COVID-19 Related Workforce Absence

COVID-19 related absences continue to be recorded separately under the special leave categories within SSTs. Absence rates reduced in August 2020 with the cessation of Scottish Government advice on shielding within the general population. The re-introduction of this guidance in January 2021 has impacted on 1% of the workforce.

COVID-19 absence contributes a further 1% on absence levels within NHS Fife. The composition of this figure is detailed within Graph 4 below. Whilst NHS Fife's COVID-19 absence levels continue to mirror the NHS Scotland trend, the charts below show a slightly reduced rate locally.

Graph 8: COVID-19 Reasons for Absence – 1 April 2020 to 1 February 2021



2.2.4 Management Actions

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

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term will be an essential component of our approach to staff health and wellbeing and is currently being considered in line with the current 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.

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 4.42% 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 – Local Partnership Forum Annual Report – Staff Health and Wellbeing
Appendix 2 – 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 – Local Partnership Forum Annual Report – Staff Health and Wellbeing

NHS Fife and Fife Council both have a long-term commitment to supporting staff health and wellbeing. Both organisations are committed health working lives employers with NHS Fife successfully achieving and retaining the Gold Healthy Working Lives (HWL) Award. Both organisations facilitate and promote access to information on wellbeing and other staff support topics.

“Well @Work” is the branding of NHS Fife’s employee Health and Wellbeing programme. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics. In recognition of a requirement to improve the depth of the approach, a plan for “Going Beyond Gold” (GbG), was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture.


Fife Council has developed a culture of “Team Fife”, using videos and challenges to inspire a positive spirit and mindset.

The pandemic period saw innovations in communication from senior management in both NHS Fife and Fife Council, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognise people’s resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife/Fife HSCP Staff Health and Wellbeing Bronze group provided focus and co-ordination.

Staff wellbeing and support initiatives in Fife 20/21

Staff Support Hubs were established at various locations throughout Fife, available to health and social care staff. Funding has been secured to refurbish the Hubs at the Victoria and Queen Margaret sites and within the Community Hospitals. Taking account of the recent direction on practical support for staff, the Hubs and recognised NHS Fife staff rooms are being supplied with refreshments and snacks.

Listening support options remain in place via the Council’s Service and NHS Fife Spiritual Care Team’s Staff Listening Service. The Spiritual care team staff were also present in the red zones for informal support as well as ensuring appropriate quiet zones in various locations.



Going home checklist

✔ Take a moment to think about today.

✔ Acknowledge one thing that was difficult during your working day – let it go.

✔ Consider three things that went well.

✔ Check on your colleagues before you leave – are they OK?

✔ Are you OK? Your senior team are here to support you.

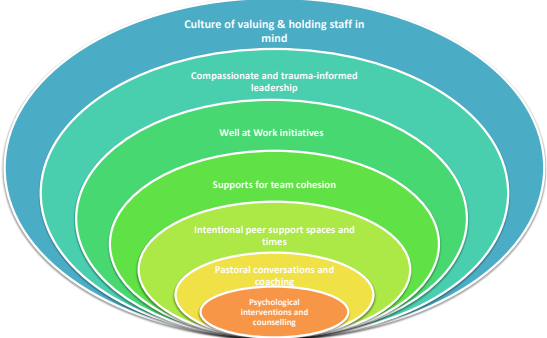
✔ Now switch your attention to home – rest and recharge

To find local health and wellbeing support and a wide range of other resources visit the staff app, StaffLink.

StaffLink

powered by Bionik

Key dimensions of staff support



Information and resources including a COVID related Staff Wellbeing Resource pack and a Psychology Support pack for staff were developed and promoted via NHS Fife Stafflink and the Council intranet’s Employee Wellbeing section as well as by respective Comms Teams. They were also made available in the staff Hubs.

New staff wellbeing materials - Going Home Checklist Poster and credit card size list; Stress Leaflet, and; Staff Well Being Huddle Template - have recently been distributed to wards and departments, in the main by the Spiritual Care Service. Work is underway on materials to aid staff to identify what types of support can be helpful in which situations.

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Information and resources for care home staff were also produced and disseminated by Health Promotion.

Fife Council had a very high uptake to its first online wellbeing programme – Spring into Wellbeing (22 workshops focusing on improving mental and physical health). In addition, relevant topics were highlighted via regular promotion of national health and wellbeing days and physical wellbeing was promoted via the MSK week with live videos showing benefits of exercise and opportunity for Q&As.

Mindfulness sessions – As part of the NHS Fife Going Beyond Gold, (GbG) work to bring mindfulness into work place, there have been lunchtime introductory sessions, telephone peer support and Mindful movement sessions. Full Mindfulness courses are being offered online with an 8-week course currently ongoing and a waiting list for the next. Accessible video clips were launched in January 2021 - “Mindful Pauses for Our Wellbeing”. The *Pause Pod* available at Whyteman's Brae Hospital is being well used.

Psychological interventions and counselling – A Psychology staff support helpline was established during 2020. This has now been replaced by direct self referral for psychological support via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource has been secured within NHS Fife OH and to a bid has been prepared to be considered by the Endowments Committee for funding of additional Counselling Service support. Fife Council provided telephone services from occupational health and physiotherapy as well as access to telephone and online counselling from their counselling service provider.

Peer Support sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. During March 2021 online “*Our Space*” Peer Support Sessions were arranged for staff who are currently shielding or exclusively home working. To make peer support available to everyone –the *Spaces for Listening*, online facilitated peer support sessions were also launched in March 2021. These are open to all staff who work in health and social care in Fife, bookable via Access Therapies Fife website. Training to support roll out of other forms of peer support is currently underway and a number of Teams and services introduced reflective practice sessions facilitated by the psychology service.

Support for Managers – A SLWG of the Bronze Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Sign-posting to resources is now available via Access Therapies Fife web pages; information-giving sessions are being offered via the psychology service; and the Learning and Development team are currently developing several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience.

Alongside these locally delivered initiatives, we have promoted and signposted staff to the new **NHS Scotland National Digital wellbeing hub (ProMIs)** and to the **NHS 24 helpline**. The latter provides advice and support and can sign post to local and national options.



<https://www.accesstherapiesfife.scot.nhs.uk/>



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. In recognition of this and to ease navigation of support options, the staff support and wellbeing section of the Fife Psychology **Access Therapies Fife website** went live in March 2021. New information and offers will be added overtime.

A host of Well@Work and Fife Council wellbeing activities are on-going with more planned.

NHS Fife, Fife Council and Fife HSCP are all represented on the national Workforce Wellbeing Champions Network and sharing of learning via this is shaping our thoughts on the future strategy and approach.

Priorities for 21/22


- Ensuring sustained focus on staff support and wellbeing
- Ensuring provision of information that:
 - recognises the range of different responses during the pandemic including resilience
 - supports staff to know what helps and where and how to access it
- Consideration of ways to support staff who may struggle to seek help
- Shaping organisational culture through developments to support compassionate and trauma informed leadership
- Increasing and embedding of peer support options





Trauma is Everybody's Business

Introducing the National Trauma Training Programme

Webinar: Friday 14th May 2021

**14th May 2021**
10.00 - 11.30

**Online – MS**
Teams Live event



Introducing the National Trauma Training Programme

The experience and impact of trauma and adversity in the lives of Scottish people is more pervasive than has previously been recognised and this has been exacerbated by the COVID pandemic. The National Trauma Training Programme (NTP) supports the shared ambition of the Scottish Government, COSLA and partners from across Scotland of a trauma informed and responsive nation and workforce that is capable of recognising where people are affected by trauma and adversity, able to respond in ways that prevent further harm while supporting recovery, and can address inequalities & improve life chances. For more information about the NTP please visit our website: <https://transformingpsychologicaltrauma.scot/>

This **free** webinar is open to anyone with an interest in learning more about the National Trauma Training Programme and is a repeat of the sessions delivered in December 2020 and February 2021. **The focus of this event to introduce and raise awareness of the work of the National Trauma Training Programme and the resources available.** The session will:

- Provide an overview of the National Trauma Training Programme.
- Introduce the freely accessible NTP informed and skilled learning resources, including animations, workshops and e-learning.
- Highlight the importance of leadership in driving trauma informed change.
- Update on commitments across local authorities and public services.

To register your interest in attending the webinar, please register using the following link:-

[Intro to NTP 3 - Fri May 14th 2021](#)

Focus on Wellbeing Webinar Programme for Health and Social Care Staff: April to May 2021

The aim of third Focus on Wellbeing Programme is to empower and encourage health and social care staff and unpaid carers to enhance personal resilience and self-care. The programme content is linked to the range of resources available on the National Wellbeing Hub www.nationalwellbeinghub.scot

The Focus on Wellbeing Programme will be updated and circulated periodically with information on new topic sessions for your benefit, so please refer to the 'Key Dates' page on the [National Wellbeing Hub](#)

Please circulate this programme widely to staff and others in your organisation or network, and look out for the Updates which will be circulated to health and social care organisations and posted on the Key Dates page of the National Wellbeing Hub. For enquiries please contact Scot Hall scot.hall@gov.scot

Programme of Webinars – April to May 2021

Enhancing Personal Resilience: Managing Stress and Staying Positive

1 April, 14.00 – 15.00 or 16.00 – 17.00 hrs.

30 April, 12.30 – 13.30 hrs.

6 May, 13.00 – 14.00 or 15.00 – 16.00 hrs.

These webinars will be led by Dr Alastair Dobbin (GP) and Dr Sheila Ross (Psychotherapist) from the Foundation For Positive Mental Health who developed the Feeling Good app. The session will include a short presentation with practical tips on using the app to improve sleep, resilience and wellbeing through reducing stress, worry and depression. There will be an opportunity for Q&A's. You will be introduced to the Feeling Good app which is available to all Health and Social Care staff and Unpaid Carers [here](#) on the National Wellbeing Hub www.nationalwellbeinghub.scot.

[Click here](#) to register for the session on **1 April at 14.00**

[Click here](#) to register for the session on **1 April at 16.00**

[Click here](#) to register for the session on **30 April at 12.30**

[Click here](#) to register for the session on **6 May at 13.00**

[Click here](#) to register for the session on **6 May at 15.00**

A foundation for health and wellbeing: A general lyengar yoga class for those with and without previous yoga experience

12 April, 12.00 – 13.00 hrs.

26 April, 12.00 – 13.00 hrs.

10 May, 16.00 – 17.00 hrs.

Yoga practice both relaxes and energizes the body and mind and brings vitality, flexibility, strength, concentration, self-confidence and mental calm. It helps you overcome and prevent many stresses, strains, aches and pains, and is a firm foundation for health and well-being. Iyengar yoga, the most widely used in the world, focuses on alignment of the body through the practice of asana (poses). Careful sequencing and the use of props helps the achievement of asana. These sessions will be led by Jane Walker.

Jane is an NHS consultant and an Iyengar yoga teacher. She began practicing yoga as a medical student and then trained as an Iyengar yoga teacher. Jane continues to practice and teach at the Edinburgh Iyengar Yoga Centre <https://www.yoga-edinburgh.com/>

No previous experience required but participants should wear comfortable clothing suitable for movement. Some yoga 'props' will be helpful if you have them such as an exercise mat (so you don't slip; bare feet please!), something to sit on (folded blanket, yoga bricks or pads), belt, chair. You are welcome to attend one or all of these sessions.

[Click here](#) to register for the session on **12 April at 12.00**

[Click here](#) to register for the session on **26 April at 12.00**

[Click here](#) to register for the session on **10 May at 16.00**

Self-care: a guide to making yourself a priority with mindfulness

14 April, 16.00 – 17.00 hrs.

You spend your time caring for others at work and at home, but how often do you really look after yourself. Self-care isn't selfish, it's essential - especially the busier you are! Martin Stepek, one of Scotland's foremost teachers of mindfulness, will show you how mindfulness can help you make yourself a priority and ensure your batteries are recharged for your own well-being.

[Click here](#) to register for this session.

Helping you cope with low mood

16 April, 13.00 – 14.00 or 15.00 – 16.00 hrs., or

30 April, 14.30 – 15.30 hrs.

These webinars will be led by Dr Alastair Dobbin (GP) and Dr Sheila Ross (Psychotherapist) from the Foundation For Positive Mental Health who developed the Feeling Good app. The session will include a short presentation with practical tips on coping with low mood, followed by a Q&A. You will be introduced to the Feeling Good app which is available to all Health and Social Care staff and Unpaid Carers via the National Wellbeing Hub www.nationalwellbeinghub.scot

[Click here](#) to register for the session on **16 April at 13.00**

[Click here](#) to register for the session on **16 April at 15.00**

[Click here](#) to register for the session on **30 April at 14.30**

Mindfulness: simple tools for a stress free life

21 April, 16.00 – 17.00 hrs.

Martin Stepek, one of Scotland's foremost teachers of mindfulness, will teach you how to use the simple, yet scientifically proven techniques of Mindfulness to recognise stress very quickly and give you some simple tools and techniques to deal with it. Living mindfully will help your stress levels dwindle and you'll be able to manage it more easily.

[Click here](#) to register for this session.

Reflective Practice in the workplace

22 April, 12.00 – 13.30 hrs.

Aimed at health and social work/social care practitioners, this webinar introduces participants to reflective practice and how to make the best use of it in the workplace as a supportive, learning opportunity to process the challenges and as an enabler of wellbeing and personal resilience. Three experienced

professionals will highlight how Reflective Practice can be usefully implemented in various settings: hospital / wards, social work / social care services and GP practices / primary care services.

Dr Adam Burley is a Consultant Clinical Psychologist at NHS Lothian's Psychotherapy Department. He runs the Homeless Clinical Psychology and Psychotherapy Service works with a wide range of public and third sector homeless organisations in Scotland. He has a particular interest in health inequalities, exclusion dynamics, early years, and the psychology of adversity.

Lindsay Hall is a Staff Development Officer with South Lanarkshire Council. She qualified as a social worker in 1994 and has worked in children & families services in both statutory and voluntary sectors, latterly specialising in learning & development, initially as a Practice Teacher with social work students and more recently as a staff development officer with a broader focus.

Andrew Gillies is Head of Spiritual and Person-Centred Care with NHS Ayrshire & Arran. Andy is a keen advocate of values based reflective practice in health and social care. He is interested in helping the professions to process the difficult and distressing situations they regularly face, and has seen the transformative impact of taking time to reflect on work in a safe, curious and hopeful way.

[Click here](#) to register for this session.

Be kind to yourself: let go of guilt and self-judgements with mindfulness **28 April, 16.00 – 17.00 hrs.**

Often we are our own worst critics. Unhelpful emotions like guilt and negative self-judgement are often a consequence of stress, worry and anxiety. Martin Stepek, one of Scotland's foremost teachers of mindfulness, will show you how to recognise these negative emotions arising and guide you on how to replace them with more positive emotions to be kinder to yourself. He'll also show you how to deal with the underlying stress which may be the cause of these emotions in the first place.

[Click here](#) to register for this session.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 29 April 2021
Title:	Submission of Interim Joint Workforce Plan for 2021/2022
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 a:

- Government Policy / Directive

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper provides an update for Staff Governance Committee members on the requirement for NHS Fife and Fife Health and Social Care Partnership (H&SCP) to submit an Interim Joint Workforce Plan for 2021/2022, following receipt of the Scottish Government correspondence, attached at **Appendix 1**. The draft NHS Fife and Fife H&SCP submission is attached at **Appendix 2**.

2.2 Background

Staff Governance Committee members will be aware that both NHS Fife and Fife H&SCP have extant Workforce Strategies in place for 2019-2022 and of the work which will be required to develop an integrated Workforce Strategy for 2022-2025, in line with the revised Workforce Planning for Scotland guidance, Director Letters (2020)27¹ and (2020)28², received in October 2020. This guidance detailed changes to the existing arrangements across NHS Boards, Integrated Authorities and Local Authorities, aligned to the guidance for Boards and Integrated Joint Boards set out in “An Integrated Health and Social Care Workforce Plan for Scotland”.³

¹ DL (2020) 27 [http://www.sehd.scot.nhs.uk/dl/DL\(2020\)27.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2020)27.pdf)

² DL (2020) 28 [http://www.sehd.scot.nhs.uk/dl/DL\(2020\)28.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2020)28.pdf)

³ An integrated Health and Social Care Workforce Plan for Scotland – Workforce Planning for Scotland Guidance published in December 2019 <https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/>

As a consequence of the COVID-19 pandemic, while the formal Workforce Planning arrangements were paused and / or suspended due to the pandemic and in recognition of the work of Boards and the commitments detailed within Remobilisation Plans, the Scottish Government requested that all NHS Boards and Integration Joint Boards should complete an Interim Workforce Plan, regardless of whether an existing Workforce Strategy is currently in place, to ensure that a national picture of workforce need, as influenced by the current pandemic, is established.

The intention of the template was to assist organisations in developing a short document to complement Remobilisation Plans. This recognises the limited local capacity, short submission timescale and that fuller details on workforce change will be provided in the first three year Workforce Strategies in March 2022.

2.3 Assessment

A key aim of the revised approach to workforce planning is to ensure that there is closer alignment between operational service developments and financial planning processes. The document attached meets the specific request of a summary of the key workforce consequences of remobilisation and signposting other medium term workforce risks, which will be captured in the future Workforce Strategy for 2022-2025.

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

The Operational Workforce Planning Group will focus on the significant changes since the extant Workforce Strategy and associated action plans were prepared, which will require to be refined to take account of any changes in models of service delivery and in line with the requirements and timetabling set out within the national guidance.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The Board and the Health & Social Care Partnership will develop the detail within the Interim Joint Workforce Plan within the future Workforce Strategies for 2022-2025.

2.3.3 Financial

N/A – There was no requirement for Boards and H&SCP to submit detailed workforce and financial data to accompany the template.

2.3.4 Risk Assessment / Management

N/A – Risks are appropriately captured within relevant risk registers and the Workforce Sustainability Board Assurance Framework.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

For the purposes of the completion of the Interim Workforce Plan and in recognition of the timescale for submission in April 2021, consultation has largely been on a virtual basis, with collaborative input from NHS Fife, Fife Council, the Regional Workforce Planning team and the Operational Workforce Planning Group. Oversight has been provided by the NHS Fife's Strategic Workforce Planning Group and the H&SCP Workforce and Organisational Development Board.

There has also been input from managerial and clinical colleagues across the sectors, representatives of the Area and Local Partnership Fora, the Board's Employee Director, the GMS Contract Implementation Group, Primary Care Manager, and the nominated representative of the Independent Sector. The intention is that the Interim Joint Workforce Plan will also be provided to the Regional Workforce Group for noting.

2.3.8 Route to the Meeting

This paper has been considered by Workforce Leadership Team, and the Director of Workforce and Executive Directors Group as part of its development and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Staff Governance Committee members are asked to **note** the content of the Interim Joint Workforce Plan for 2021-2022 and to **note** that this will be submitted to Scottish Government by 30 April 2021.

3. List of Appendices

Appendix 1: NHS Fife's Draft Interim Joint Workforce Plan 2021/2022

Appendix 2: Scottish Government Commissioning Letter

Report Contact:

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Appendix 1 – NHS Fife and Fife H&SCP Interim Joint Workforce Plan 2021/2022

Please see Appendix 1 within the separate document attached

Appendix 2 – Scottish Government Letter – Interim Workforce Plans 2021/2022

DG Health Workforce,
Leadership and Reform



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: Sean.Neil@gov.scot

To: NHS Board Chief Executives
IJB Chief Officers
Cc: NHS Directors of Human Resources
NHS Board Workforce Planning Leads
NHS Directors of Planning
NHS Directors of Finance
HSCP HR Leads

03 March 2021

Dear Colleagues,

INTERIM WORKFORCE PLANS 2021/22

On 15th October 2020 I wrote to you as NHS Board Chief Executives¹ and Integration Joint Board Chief Officers² to advise of changes to the revised workforce planning guidance³ issued as part of the Integrated Health and Social Care Workforce Plan published in December 2019.

In my letter I noted that the Scottish Government recognised that the Covid-19 pandemic has radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance and given this, the publication date for the first three year NHS Board and HSCP Workforce Plans would move from 31st March 2021 to 31st March 2022.

In delaying the suggested publication date it is our intention to provide additional time for NHS Boards and Health and Social Care Partnerships to emerge from the Covid-19 pandemic, reflect arrangements for remobilisation of services and reconstitute local workforce planning groups, including stakeholders from primary care and the third and independent sectors.

I also advised that a Short Life Working Group, with membership from Scottish Government, NHS Boards, Local Authorities, Health and Social Care Partnerships, Third and Independent Sectors, as well as other key stakeholder groups would be convened to develop a concise Interim Workforce Plan Template intended to cover the period prior to the publication of the first of the three-year Workforce Plans (i.e. 1st April 2021 to 31st March 2022).

This group has completed its work and I am writing to you to request that NHS and Integration Joint Boards use the attached Interim Workforce Plan Template to develop a plan covering the period from 1st April 2021 to 31st March 2022. All NHS Boards and Integration Joint Boards, regardless of whether an existing Workforce Plan is currently

¹ [DL\(2020\)27 - Update on revised workforce planning guidance - NHS version \(scot.nhs.uk\)](#)

² [DL\(2020\)28 - Update on revised workforce planning guidance - IJB version \(scot.nhs.uk\)](#)

³ [An Integrated Health and Social Care Workforce Plan for Scotland: Guidance \(www.gov.scot\)](#)

in place, should complete an Interim Workforce Plan to ensure that a national picture of workforce need, as influenced by the current pandemic, is established.

A key aim of the revised approach to workforce planning is to ensure that there is closer alignment between operational service developments and financial planning processes.

With this in mind the content of your Interim Workforce Plan should be developed to complement the latest iteration of local Remobilisation Plans (which are developed in partnership between NHS Boards and Integration Joint Boards) which will be submitted at the end of February.

The Interim Workforce Plan Template is intended to assist organisations in developing a short document summarising the key workforce consequences of remobilisation and signposting other medium term workforce risks. It is intended that these plans should be no more than 12 pages in length. This recognises the limited local capacity, short submission timescale and that fuller details on workforce change will be provided in the first three year workforce plans in March 2022.

NHS Board and Health and Social Care Partnerships workforce planning leads should continue to work with each other (engaging with Trade Unions, colleagues from the Primary Care and Third and Independent Sectors) to ensure that, collectively, the output from the interim workforce plan development process presents a cohesive picture of health and care workforce need across their constituent geographic areas.

Given market arrangements prevalent in social care, there are strong interconnections between strategic commissioning, service procurement and workforce planning. To support longer term workforce planning, third and independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required, in order that they can plan and develop their workforce appropriately.

Interim Workforce Plans should also be cognisant of any financial planning assumptions and the anticipated role of workforce in achieving financial balance.

While Remobilisation Plans will focus on a small number of key priority areas across the next 12 months it is clear that the pandemic, along with other labour demand and supply drivers (e.g. an ageing workforce) will influence the demand for, and deployment of, the health and care workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of these workforce drivers along with the longer term implications of Covid -19 become more fully understood.

In recognising this the Short Life Working Group has developed the template in such a way as to allow NHS Boards and Health and Social Care Partnerships to set out approaches to transformational changes in the workforce over the medium term.

Annex 1 provides some guidance as to potential content you may wish to include. This guidance is not intended to be prescriptive or exhaustive as NHS Boards and

Health and Social Care Partnerships will wish to reflect those labour market factors which will drive local workforce demand and supply.

Annex 2 provides details of Third and Independent Sector lead contacts across Integration Joint Board areas.

In concluding this request, I would like to acknowledge the enormous amount of work that Human Resource Directors, HR Teams and Workforce Planners have already undertaken in delivering a workforce to support the national response to the Covid-19 pandemic. I recognise that this has often been achieved under extremely challenging timescales and wish to thank all involved for their efforts.

Over the next two months, members of the Scottish Government Health and Social Care Workforce Planning Unit will be happy to discuss the content of their Interim Workforce Plans with Workforce Planning Leads from Health and Social Care Partnerships, national and territorial NHS Boards, regional planners and other key stakeholders.

Formal issue of this request to develop Interim Workforce Plans has been delayed in line with the commitment given to Chief Executives/Officers in John Connaghan's letter of 21st December confirming that The Scottish Government would limit any requests to Boards (and HSCPs) that were not considered essential allowing organisations to concentrate on the immediate service pressures.

While the current situation remains challenging it is now considered appropriate that Interim Workforce Plans providing additional detail on the workforce implications of Remobilisation Plans are developed. Informally, HR Directors and HSCP workforce planning leads have already had early sight of the template, which I hope has been helpful.

Completed drafts of the Interim Workforce Plans for 2021/22 should be submitted to the National Health and Social Care Workforce Planning Programme Office WFPPMO@gov.scot no later than **30th April 2021** following which the Scottish Government Health and Social Care Workforce Planning Unit will engage with local workforce planning leads and issue formal feedback letters. NHS Boards and Integration Joint Boards will then be able agree the content of their plans through the appropriate local governance mechanisms.

Yours Sincerely



Sean Neill
Director for Health Workforce, Leadership and Service Reform

Interim Joint Workforce Plan 2021/2022

Draft Submission 2.3: 17 April 2021

VERSION CONTROL

Draft V2.2	13/04/21	
Draft V2.3	17/04/21	

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Section 1 – Background

NHS Fife and Fife Health & Social Care Partnership (H&SCP) both have extant Workforce Strategies (2019-2022). It is recognised that these will require to be updated in line with the Scottish Government's Revised Workforce Planning Guidance issued in December 2019¹ and October 2020^{2&3} and specifically to take account of the matters which have arisen from the pandemic, for example, building and retaining our public health capacity, the immunisation and vaccination programme arrangements, increased digital adoption and associated rise in demand for digital support services with the health and wellbeing of the workforce being central.

There is recognition of the need to re-think our strategic workforce ambitions to reflect both the change in delivery requirements which will have longer term implications on the workforce, and to build on aspects of the positive working practice changes introduced during the COVID-19 global pandemic, which will continue to support modern, agile and digitally enabled organisational functions. The mechanism to support this has been established through the introduction of the Strategic Planning and Resource Allocation Process (SPRA), a system which will prioritise the core organisational aims and objectives, aligning these with financial and workforce resources.

Workforce Planning arrangements for NHS Fife and Fife H&SCP are reflected within Fife's SPRA documents and Remobilisation Plans. Oversight of the Workforce Strategies and their Action Plans is provided by the respective Workforce Planning groups. These are complemented by the Operational Workforce Planning Group, and the General Medical Services Contract Implementation Group, augmented by Command Structure arrangements during the period of Emergency Footing. In addition, there is representation at managerial, professional and staff side levels to the Regional Workforce Group, to the National Workforce Planning Network and to other relevant strategic fora.

Within the Region a number of initiatives have progressed, such as the Regional Recruitment and Payroll Transformation programmes, the implementation of the Regional Workforce Dashboard (Tableau) and the Physicians Associates programme. The Lead Employer Model for Doctors and Dentists in Training has been in place since August 2018, being a very clear example of effective regional working. Other joint national / regional initiatives are at earlier stages at present, such as the Laboratories consortium. Additional details are set out within the agreed East Region Workforce Plan for 2021/2022.

The overarching themes of the 2019-2022 Workforce Strategies remain relevant, with the content of this Interim Workforce Plan being a further opportunity to review the strategies and action plans, taking account of the impact of COVID-19, service redesign, technology enabled care, and digital ways of working. An integral part of this work is the review, and where appropriate, revision of the risks and mitigations, moving forward on an integrated basis in line with the revised national workforce planning guidance¹. While recognising the pausing of the implementation of the Health and Care (Staffing) (Scotland) Act, NHS Fife and Fife H&SCP will build on progress to date in rolling out the associated workforce modelling tools, to inform decisions made in managing the pandemic response and to gear up our infrastructure to develop our governance of the implementation of the legislation in the course of 2021/2022.

There remains a fundamental supply and demand challenge across the H&SC Sector, and this will require action, not only locally, but regionally and nationally. Workforce modelling continues to be updated taking account of the latest developments in the modelling activity itself, harnessing developments by NHS National Education for Scotland (NES) and Public Health Scotland (PHS) to support our service planning arrangements and delivery of workforce plans.

¹ An integrated Health and Social Care Workforce Plan for Scotland – Workforce Planning for Scotland Guidance published in December 2019 <https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/>

² DL (2020) 27 [http://www.sehd.scot.nhs.uk/dl/DL\(2020\)27.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2020)27.pdf)

³ DL (2020) 28 [http://www.sehd.scot.nhs.uk/dl/DL\(2020\)28.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2020)28.pdf)

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Managers, Clinicians, Staff Side and Human Resources practitioners continue to assess workforce implications, which will in turn facilitate the updates to the NHS Fife and the Fife H&SCP Workforce Strategy Action Plans, taking account of the experience of COVID-19 and the interdependency between this and the restart of services and workforce supply.

Notwithstanding the prioritisation of workforce planning to increase provision and enhance preparedness for future public health emergencies, other workforce challenges, for example, the impact of new or enhanced duties and responsibilities to support Adult Care Homes, recruitment of the supplementary workforce to meet any future pandemic response and the remobilisation of Elective Care and Waiting Lists paused during the period of emergency footing, the arrangements for students (Nurses / Midwives, Allied Health Professions (AHPs), Medical and Pharmacy) and for Doctors and Dentists in Training, and the Primary Care Improvement Plan require consideration.

At a regional and national level, and in conjunction with the newly established Health Workforce Directorate Workforce Planning Unit within the Scottish Government, work will continue on the expectations set out in the Integrated Health and Social Care Workforce Plan for Scotland.

Section 2 – Stakeholder Engagement

For the purposes of the completion of the Interim Workforce Plan and in recognition of the timescale for submission in April 2021, consultation has largely been on a virtual basis, with collaborative input from NHS Fife, Fife Council, Regional Workforce Planning teams and the Operational Workforce Planning Group. Oversight has been provided by the NHS Fife's Strategic Workforce Planning Group (and therefore the Area Clinical Forum) and the H&SCP Workforce and Organisational Development Board.

There has also been input from managerial and clinical colleagues across the Sectors, representatives of the Area and Local Partnership Fora, the Board's Employee Director, the GMS Contract Implementation Group, Primary Care Manager, and the nominated local representative/s of the Independent Sector.

The Interim Workforce Plan has been approved as a working document by NHS Fife's Executive Directors Group and the Senior Leadership Team of the Fife H&SCP. It will be reported to NHS Fife's Staff Governance Committee and Integrated Joint Board (IJB) meetings for information and reported to the respective meetings in April 2021. It will also be provided to the Regional Workforce Group for noting.

Section 3 – Supporting Staff Physical and Psychological Wellbeing

NHS Fife and Fife H&SCP, along with other authorities throughout the H&SC Sector, faced unprecedented challenges in the last year. As we continue to emerge from the third wave of the pandemic in early 2021, our on-going focus is to allow employees to rest and recover before planning the remobilisation of services. It is recognised that employee wellbeing will be crucial if NHS Fife and Fife H&SCP are to continue to deliver effectively as organisations.

As Gold Healthy Working Lives (HWL) Award holders, we will build on our support for employee wellbeing to achieve a culture of kindness, and shift organisation culture by:

- creating kinder, more mindful organisations
- adopting a "Personal Outcomes Approach", supporting what matters to the individual
- develop resilience, by implementing a model of resilient practice.

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This cultural shift is evidenced by initiatives such as the introduction of Staff Support Hubs, increased psychological support for employees, and investment in a Staff Pause Pod and Staff Listening Services in the previous 12 months. The initiatives were in addition to the roll-out of a successful and comprehensive Staff Testing service and Staff Vaccination programme. Arrangements for the testing service and vaccination programme will continue to evolve in line with the developing knowledge and evidence base which will be informed by national guidelines.

NHS Fife and Fife H&SCP continue to seek feedback on our approach to rest and recuperation as we ensure all guidance supporting employees to maintain personal resilience and wellbeing is adopted. An employee wellbeing survey was undertaken across Fife H&SCP in February 2021 seeking feedback on methods to support the physical, emotional and psychological wellbeing of employees, and we continue to value the partnership involvement from staff side colleagues as we work to ensure we are responsive to the views expressed by employees. As well as local and national surveys (iMatter) feedback informing our work, the Local and Area Partnership Fora will continue to review local information in order to prioritise and promote our employee wellbeing aims.

In addition to these local initiatives, we have promoted and signposted employees to the new NHS Scotland National Digital wellbeing hub (ProMIs) and to the new Workforce Specialist service, which are part of a 'network' of services and resources that aim to improve the wellbeing and mental health of health and social care employees across Scotland, and will supplement the range of employee support services available at local level. This service is free at the point of delivery, confidential primary care led mental health treatment service, which is available to regulated members of the health and social care workforce in Scotland. NHS Fife and Fife H&SCP also have representatives at the national Workforce Wellbeing Champions, shaping both local and national strategy and approach.

Reflecting the continued strive for improvement, reflected in the Going Beyond Gold plan, our commitment in the next year is to promote a range of additional wellbeing options for employees including:

- Building on work undertaken in areas such as Fife H&SCP Social Work Teams, approaches to bring mindfulness into the workplace will be enhanced. The successful introduction of mindfulness training last year evidenced increased ability amongst employees to manage their own stress levels and improve their personal sense of wellbeing.
- Development of our Personal Outcomes Approach, through which we will explore the extension of good conversations approach using an asset-based philosophy.
- Building resilience within the workplace and consideration of how to implement a model of resilient practice for improved psychological wellbeing.
- Use of external resources including, but not restricted to, SSSC Workforce Support; the National Wellbeing Hub; BASW / SASW COVID-19 Guidance; British Red Cross Mental Health and Coronavirus, and Cruse Scotland.

In addition to the specific work on the health and wellbeing initiatives outlined above, we recognise additional themes as important contributors or enablers to the work we will undertake to support employees this year, these are:

Workforce and Workplace

Beyond the initial focus on workplace environment adaptation to manage infection control, determining what the future nature of work will be and create a working environment to support and develop a workforce that is able to thrive will be a continuing theme. This will include:

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- The (re)design of services, roles and teams
- The reconfiguration of physical workspaces and workplaces
- Responding to the changing opportunities to facilitate digitally enabled agile (home / remote) working, reducing or eliminating travel to work, to improve health outcomes and enhance carbon credentials.

Culture and Values

We have seen our values and the spirit of “Team Fife” demonstrated repeatedly in the last year. A ‘road map’ of how we will ensure our values are embedded and every member of “Team Fife” owns and displays them is being co-created. To further embed Organisational Values, the first phase of work to develop a behavioural framework to inform our practice will be completed in 2021/2022. This will be an essential part of how our culture continues to be developed and will provide a platform to action the outputs / recommendations of the Ministerial short life working group on Culture.

Caring Responsibilities of Employees

With an ageing population, the proportion of our employees who undertake unpaid caring responsibilities for family members and neighbours, in addition to their employment, has increased. These dual commitments place an additional burden on our employees, placing a strain on their wellbeing as they are not afforded the same opportunity for rest and recuperation. A dedicated workplan is being developed to give additional support to managers to ensure they are aware of supports available for health and wellbeing of their staff and also to support effective absence management processes.

Delivering Workforce Services

The range of services delivered to prospective and current employees throughout the whole employee life cycle continues to evolve and be informed by our recent experiences. To provide a more person centric and self-managed services focused on employee experience we will develop or embed the technology enabled services developed in response to COVID-19. Digital innovation in service delivery will be enhanced, which will be complemented by the extended utilisation of national systems and continued transformation at both regional and national levels. This will include:

- Once for Scotland model for workforce policy and implementation
- Developing Functions / Services:
 - Agile recruitment processes
 - Flexible process and protocol to manage the supplementary workforce and its mobilisation
 - Job evaluation, enabled by technology
 - Employment administration
 - Development of advice and advisory services to support staff and managers in a COVID-19 world

A continued focus to support workplaces post recovery will require a flexible and agile workforce with capacity for rapid deployment to care services. To ensure there is flexibility further development of the relief / casual workforce that is compliant with regulatory requirements will continue to be developed. This approach will mitigate additional pressure on permanent employees if being required to cover extensively or move work base. This will build on the development work initiated in 2020, identifying key areas of learning and improving the accessibility of learning across the workforce, to support staff mobilisation.

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Section 4 – Short Term Workforce Drivers (Living with COVID)

As NHS Fife and Fife H&SCP continue to adapt to delivering services within a COVID-19 environment, a range of specific COVID-19 planning assumptions have been embedded within the Joint Remobilisation Plan (RMP3). These include:

1. Future planning will assume a level of COVID-19 vaccination across the population in 2021/2022.
2. Physical distancing will remain in place and redesign of services will account for this. Clinical capacity will be reduced as a result of physical distancing and clinical services will be prioritised.
3. Pathways for shielding patients will be included in any redesign work.
4. A contingency plan is in place if faced with future COVID-19 surges including Intensive Care Unit capacity.

These assumptions have a number of related workforce implications for NHS Fife and Fife H&SCP to deliver safe and sustainable patient centered services. These include:

Test & Protect Programme

NHS Fife's Test and Protect service puts into practice Scotland's test, trace, isolate, support strategy to prevent the spread of COVID-19 by tracing and isolating any people with COVID. As one of two pilot sites for asymptomatic community testing, the Test and Protect service engages in excess of 100 employees in delivering this strategy, with additional short term supplementary capacity available to meet fluctuations and peaks in activity through deploying competent personnel from the Nurse Bank or redeploying trained employees from their substantive duties.

Staff and Patient Testing Programme

An expanded testing programme has been implemented for all emergency and planned admissions to hospitals, with routine PCR testing being offered to asymptomatic, patient facing healthcare workers in vulnerable settings and all other employees, students and volunteers offered the opportunity of twice weekly Lateral Flow Device testing. Equivalent provisions have been implemented within Care at Home, where processes are in place to capture and identify quickly patients and healthcare workers with a positive result via ICNET and daily reporting systems. Collaborative working between the Infection Prevention and Control Team, Test and Protect and Occupational Health continue to be strengthened.

COVID-19 Vaccination Programme

Maximising the uptake of COVID-19 vaccination throughout the population will be essential in our efforts to remobilise services. NHS Fife's vaccination programme continues to be successfully delivered within NHS Fife to meet Scottish Government vaccination targets, with a multi-disciplinary team of 250 employed vaccinators and more than 100 Independent Contractors recruited to the agreed workforce model.

This model includes the use of the newly established Healthcare Support Workers trained in administering the vaccine, and is complemented by a further 400 trained vaccinators, engaged in alternative roles throughout NHS Fife and Fife H&SCP, who provide additional capacity. It is envisaged this programme will continue throughout 2021/2022, in order to successfully administer the vaccination to the population of Fife.

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NHS Fife has also engaged with the National Scheduling System and will ensure links are made in mid-2021 to facilitate scheduling alongside the forthcoming Seasonal Influenza campaign, taking account of the impact on the range of support functions and digital technologies introduced to support the initial programme.

Infection Prevention and Control Team Support

The Infection Prevention and Control Team (IPCT) are developing a work programme for 2021/22 focusing on the delivery of support and education to minimise the spread of infection, support the reduction of health care associated infection and meet revised national standards. NHS Fife has engaged with the review of the national IPC Workforce Strategy to establish how this specialist workforce can be maximised in the short term to support Inpatient, Care at Home and Care home settings, whilst planning for a more sustainable longer-term position is undertaken.

Occupational Health Team (OH) Support

The Board's Occupational Health (OH) Team has been at the fore front of employee support and staff testing during the pandemic. In recognition of the work associated with COVID-19 and the anticipated demand for OH in future, there has been investment in the OH Team, with an investment in additional Medical, Occupational Therapy, and Nursing resource, including an additional Mental Health Nursing post to provide support to employees who may be struggling with their mental health during and after the COVID-19 pandemic. The service is working collaboratively with Psychology colleagues to support employee wellbeing.

Future COVID-19 Surges

To enable early recognition of COVID-19 cases triaging of patients within all healthcare facilities is undertaken in NHS Fife and Fife H&SCP. Where appropriate, 3 defined pathways have been established to ensure segregation of patients determined by their risk of COVID-19:

- High-risk COVID-19 pathway in the UK IPC remobilisation guidance. It is more commonly known as the red pathway in many boards within Scotland.
- Low-risk COVID-19 pathway in the UK IPC remobilisation guidance. Commonly known as the green pathway.
- Medium-risk COVID-19 pathway in the UK IPC remobilisation guidance. Commonly known as the amber pathway.

Contingency plans are in place to mobilise inpatient areas and clinical services if faced with further COVID-19 surges. An escalation action plan has been established should COVID prevalence increase, triggering a review (and potential cessation) of elective services and an increase in high risk pathway capacity. Local and national monitoring of prevalence and incidence data is used to inform the plan, and to determine the need to employ the escalation action plan as required.

Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs) along with the COVID-19 Addendums guidance shall be applied as appropriate to all patients, by all healthcare professionals in all care settings to ensure the safety of those being cared for.

As well as SICPs and TBPs the hierarchy of controls (controlling exposure to occupational hazards) is fundamental to protecting healthcare workers and remobilising services safely. The current hierarchy of control, based on national guidance, focuses on:

- Elimination: including patients and employees not attending if they have symptoms of COVID-19.

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- Substitute: Use of digital solutions to facilitate remote appointments and remote working.
- Engineering Controls: including use of partitions, physical distancing and reducing the number of people on premises at any one time.
- Administrative Controls: including development of pathways and one-way systems, increased cleaning.
- Personal Protective Equipment: adoption of national guidance in use of PPE for employees, carers, patients and visitors.
- Physical Distancing: where practical, 2 metre physical distancing is followed by employees.

Mutual Aid for Care Homes

As part of the pandemic response, and in accordance with the Enhanced Professional Clinical Care Oversight of Care Homes introduced in May 2020, additional capacity in nursing and residential placed care homes was commissioned in 2020, with various initiatives implemented to support care home assurance as follows:

- Testing of Care Home residents and employees and visiting professionals.
- NHS Fife Nurse Bank service was extended to cover Care Homes, providing access to a supplementary registered and non-registered workforce to address shortages in staffing provision. Suitable candidates identified from the NES accelerated recruitment portal were also considered for Care Home duties.
- Community Nursing Teams and Allied Health Professionals offering anticipatory care planning and practical education and support to all 75 care homes within local clusters.
- Advanced Practitioners (APs) supporting Care Home visiting model were introduced, or enhanced, within Community Nursing and Allied Health Professions.
- Public Health Teams introduced to provide outbreak support and on-going advice and support to Care Homes.
- Infection Prevention and Control Team extended to providing specific expert advice to identified Care Homes.
- Mental Health Care Home Liaison team providing support to care homes to manage stress and distress within residents.
- Professional to professional support line for advice in relation to COVID-19 activity.
- Palliative care line to support end of life care in the Care Homes.

Supporting the Safe Provision of Adult Social Care

Social Care packages continue to be fully mobilised in Fife, and work has commenced to remobilise Respite and Day Care Service in line with public health guidance. These services, only available in an emergency situation over the period of the pandemic, were significantly reduced. Similar to other settings, remobilising these services will follow guidance on robust risk assessments, face coverings, physical distancing, the requirement to consider transport arrangements, and regular staff testing.

Specific provisions have also been embedded within the Health & Social Care Partnership which seeks to contain COVID-19 outbreaks during early stages of an outbreak within Adult Social Care. These provisions support the Health Protection Team who continue to manage and monitor care home outbreaks and advise on the need for extended outbreak investigation and testing.

They allow for a multi-partnership approach and enables escalation of concerns linked to infection prevention and control, personal protective equipment, workforce, and wider care needs of residents, thereby allowing effective prevention and support strategies to be developed.

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Fife H&SCP are also working with voluntary Sector partners to review the impact of public health guidance on their services, establishing how these may need to be reconfigured to operate in an environment where COVID-19 risks continue. Fife does not yet have a position on the recently published Independent Review of Adult Social Care by Scottish Government. This publication is still being considered.

Development of Mental Health Services

The development of Mental Health Services in Fife is an integral component of the extant Workforce Strategies. Despite this, it is recognised that the response to the COVID-19 pandemic in Scotland, which led to sustained periods of physical isolation and a reduction in planned health and social care planned activities in this area, has had a detrimental impact on the mental health and wellbeing needs of our population. The extant Workforce Strategies will be reviewed, and where necessary, refocused to enable us to meet the full range of needs in our population caused by the pandemic, and the workforce implications therein.

In the immediate term, funding has been secured to support increased workforce capacity in our Child and Adolescent Mental Health Service (CAMHS) and our Psychological Therapies Teams for 2021/22. Following a review of our Mental Health Unscheduled Care Pathway, an Advanced Nurse Practitioner led service will be introduced to work within A&E and provide triage for patients presenting out of hours with mental health needs.

Developing Mental Health Services continues to be an integral component of the Workforce Plans. Longer term strategic drivers will be outlined and published in the 2022-25 Workforce Strategy where we will review and strengthen our support to mental health capacity in Primary Care, building on the recommendations of the Scottish Government Short Life Working Group for Mental Health in Primary Care.

Establishing a Trauma-informed Workforce

The Scottish Government's ambition to create a trauma-informed workforce across Fife has been well supported through the multi-agency and multi-disciplinary Fife Trauma Steering Group and Fife Trauma Training Collaborative. These groups have worked in partnership to embed the principles laid out in the National Transforming Psychological Trauma Framework across the public and third Sectors in Fife. This has been achieved through training and integration of principles into practice models. The recent addition of Trauma Champions by the Fife H&SCP, NHS Fife and Fife Council will cement the good work done to date and further enable the partnership to recover from COVID-19 in a trauma-informed way, again consistent with the Scottish Government's pledge. Senior Leadership in this area will ensure that this agenda is progressed and that the principles are embedded at organisational level.

Equality, Diversity and Inclusion

The importance of this agenda, already embedded in employment practices, was heightened during the pandemic response. From enabling flexible responses to the impact on societal lockdown measures on the normal care arrangements employees had for both young and elderly dependents, to increased anxieties experienced by employees from the Minority Ethnic Community or those required to follow shielding advice. These factors will continue to be managed sensitively as services remobilise, and more employees return to the estate in line with IPCT and Physical Distancing advice.

In the longer term, practices embedded during the pandemic, for example the Fife Minority Ethnic Network, will be extended to other groups as NHS Fife and Fife H&SCP progress the outcomes within their respective Equality Outcomes and Mainstreaming Plans for 2021-2025.

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Public Health Workforce

The Public Health Department within Fife, consistent with the picture throughout Scotland, faced significant challenges and pressures during the pandemic as its responsibilities expanded. To meet these challenges, which are referenced throughout this document, there continues to be a need to increase capacity and resilience rapidly and to set out our approach to living and working with COVID-19.

This will form part of a strategic framework that Public Health will produce, including how we will respond to and manage COVID-19 clusters and outbreaks whilst also delivering on our public health priorities, our immunisation programmes and preparing for a period of multiple threats across the winter period.

Support to Remobilise Dental, Eye Care and other Primary Care Services

Primary Care Services continued throughout the pandemic, with social distancing and IPC requirements expediting new digital ways of working, such as 'near me', in some settings. These technologies, the use of telephone consultations, and profession to profession care pathways ensured patient care standards were maintained, helped prevent the need for admission and provided a seamless interface between primary care professions and the place of care.

Work continues, supported by the Clinical Director for Primary Care, to enable appropriate face to face assessments within General Practice and Optometry. Community Pharmacy has continued to provide a frontline clinical service to patients throughout the pandemic, delivering a Pharmacy First model as part of Urgent Care Remobilisation Plan. Remobilisation of Dentistry is more challenging; constraints remain in relation to IPC and how many patients can be seen due to fallow time after Aerosol Generating Procedures (AGPs) and physical distancing measures. Further work will be undertaken in the coming months, reflecting the important role of primary care in managing dental and oral-facial conditions in the community with appropriate referrals into the Public Dental Service and the Hospital Orthodontic Service. The restriction in the number of patients able to be seen has the potential to lead to access issues and pressures on our Dental Advice Line and Emergency Dental Service.

Safe Staffing

The pause in the implementation of the Health and Care (Staffing) (Scotland) Act 2019, as a consequence of the COVID-19 pandemic, has been recognised while preparations for implementation continue. This Act provides a statutory basis for the provision of appropriate staffing in health and care service settings. Its implementation within NHS Fife and Fife H&SCP will require enhancing the current application of single profession workforce modelling tools to encompass multi-disciplinary working. This work will be progressed in line with national advice and revised modelling tools, when available.

Section 5 – Medium Term Workforce Drivers

Medium term workforce planning is challenging in light of experiences in the previous year. As services continue to recover from the latest COVID-19 lockdown, and with the potential for further outbreaks later in 2021, or potentially annually akin to Influenza. The full impact of the pandemic remains unclear. Medium and long term planning will therefore be reflected in the Workforce Plan for 2022-25 when there is greater certainty over the full extent of the Financial, Service and Workforce pressures and challenges caused by the pandemic.

Drivers which will be reflected in the 2022-25 Workforce Plan will include:

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Scottish Government Health & Social Care Directorates Policy

The 2022-2025 Workforce Plans for NHS Fife and Fife H&SCP will outline how the national policy commitments impacting on our workforce will be implemented. In addition to a number of long term commitments referenced within the extant plans, this also includes the following programmes:

- Healthy Living & Wellbeing
- Integrated Unscheduled Care
- Preventative & Proactive Care
- Integrated Planned Care

Rehabilitation Services

The impact and prevalence of Long COVID Syndrome is yet to be understood, although it is apparent that its impact will be felt within Rehabilitation Services. Through the Post COVID Response Oversight Group, Community Rehabilitation has been reviewed to develop a more integrated service across day hospital, ICU, Community Ward and Community Occupational Therapy with a pilot being undertaken for patients suffering from symptoms associated with Long COVID Syndrome within Chest, Heart and Stroke specialities. The results of this pilot, and the recommendations made as to the appropriate workforce model, will be reviewed by the Oversight Group and factored into future iterations of the Workforce Plan.

Redesign of Urgent Care

The Redesign of Urgent Care (RUC) commenced in 2020, led by the Medical Director, and involves representatives across Acute Services, Health & Social Care Partnership and Fife Council. Whilst the work initially looks at safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, phase two of the programme will involve the review of all existing pathways to Unscheduled Care settings, identifying transformational changes that improve current patient pathways and capitalise on opportunities provided by digital healthcare. Tasked with identifying and implementing a revised workforce model as part of this redesign, the medium term plan for the Review of Urgent Care will be built the publication of phase 2 of the national programme.

Elective Care and Waiting Lists

The waiting list position in Fife has grown though the COVID-19 pandemic due to efforts to reduce the spread of coronavirus and prepare for potential increases in critical care demand. In addition to the postponement of non-critical elective care, there was a reduction in the demand for services from the general population. The full impact of this on services such as Elective Surgery, Cancer Care and Mental Health will only be known once services are mobilised and the population of Fife starts to engage with them.

Remobilisation plans during 2020 and 2021 have been prepared, and are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing, that infection control procedures remain the same, and that a proportion of our workforce remain unavailable for work due to COVID-19 related absence.

To meet the workforce implication a range of options are available to increase capacity including: additional theatre lists, in-source activity from external providers, 7 day working for some specialities, and mobilising supplementary staffing options to minimise impact of COVID-19 absences within the substantive workforce. In addition to these options, the new Fife Elective Orthopaedic Centre will support the management of elective orthopaedic activity in Fife by bringing together multidisciplinary musculoskeletal expertise within a purpose built facility.

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Primary and Community Care

Although the pandemic led to the Primary Care Improvement Programme (PCIP) being paused for nine months during 2020, NHS Fife and Fife H&SCP had taken significant steps in delivering its key deliverables.

Moving forward, implementation plans have been refreshed to reflect learning and revised methods of working introduced in response to the COVID-19 pandemic, and recruitment will commence on a number of pharmacotherapy and Mental Health Nurse Triage positions, enhancing the skill mix of teams working in General Practice and ensuring the most appropriate clinician is available to meet the patients' needs.

The PCIP will also support wider General Practice sustainability challenges. Work continues through the Clinical Director for Primary Care to work with GP practices facing recruitment concerns, and a strategy will be developed in 2021/2022 ensuring that an increasingly proactive approach is utilised to support General Practice, mitigate recruitment issues and ensure continued patient care.

Fair Work

Although progress in this area was disrupted by the pandemic, NHS Fife and Fife H&SCP were able to deliver on a number of the Fair Work First commitments, for example payment of the real Living Wage. Further commitments, aligned to the Fair Work Convention's recommendations to achieve a collective vision of a Fair Work Nation by 2025, will be embedded in the 2022-2025 Workforce Plans.

In the intervening period the Fair Work in Social Care Group, established in 2020, will progress a series of proposals developed following stakeholder engagement, and aligned to both the Fair Work Convention Report and the Reform of Adult Social Care Programme. Acknowledging system capacity is critical, it is recognised that many of these proposals require adequate funding and resources to deliver and are subject to Scottish Government and COSLA approval.

Age Demographics and Ageing Workforce

Within our 2019-2022 Workforce Strategies, NHS Fife and Fife H&SCP identified the current age demographics and the sustainability of services due to workforce supply and demand challenges. The fundamental issue of supply has been exacerbated by COVID-19, and although overall workforce numbers increased in the previous twelve months, our ability to sustain these levels will be challenged. The increase was driven, in part, by former registrants returning to the Health and Social Care Sector. Turnover within this group will be compounded by possible lower retention levels from employees who worked beyond their intended retirement due to the pandemic, with others making life choices and leaving the service earlier than previously indicated.

Conversely, changes in pension regulations which links the release of Scottish Public Sector Pension awards to the state pension age for members of the 2015 pension scheme, will mean employees are required to work longer than previously intended. These changes will provide different workforce challenges and highlights the importance of implementing those strategies identified within Section Three of this Interim Workforce Plan.

Workforce modelling of these supply and demand challenges will be required in a number of priority groups, such as Nursing, Healthcare Sciences and Pharmacy to ensure robust workforce plans are reflected in the RMP3 process. This work, which will require the support from NES, will be progressed regionally within the Regional Workforce Group.

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Regional Approach in Priority Areas

A number of programme work streams are being progressed by the Regional Workforce Group in areas where a regional approach is of benefit, such as the management of Diabetes and Cancer or in areas such as Health Protection. These commitments, detailed within the Regional Workforce Plan, will be further developed in the coming months, with a series of commitments embedded within the 2022-25 Workforce Plan(s).

Community Planning Implications

Additional workforce drivers, to be reflected in the Workforce Planning Strategy for 2022-2025, will build on a number of identified recovery and reform priorities. These include:

- Tackling Poverty and Crisis Prevention
- Leading Economic Recovery
- Community Wealth Building
- Climate Change and Green Recovery

Section 6 – Supporting the Workforce Through Transformational Change

The extant 2019-2022 Workforce Strategies for NHS Fife and Fife H&SCP details a series of actions that both organisations planned in support of their transformational change agenda(s). These included commitments to expand the use of Technology Enabled Care, enhanced Diagnostic Services to enable these to be carried out in the community, and the introduction of new roles based on competencies and skills.

As we reflect on the opportunities realised through our response to the COVID-19 pandemic, it is important to ensure appropriate practices are embedded as we learn to live with COVID surges and outbreaks in the months and years to follow. Some of these opportunities, reflected in the extant Workforce Strategies, include:

Leadership, Culture and Organisational Development

During 2020/2021, work has accelerated related to transformational change, leadership development and improved organisational culture. Facilitated learning inputs with the Senior Leadership Team and the Extended Leadership Team have supported the co-design of a revamped organisational structure, improved governance and assurance approaches and the articulation of renewed success statements and strategic objectives. Planning is underway to design a medium to long-term organisational development plan that builds on work done to date, recognising the integrated strategic and operational business priorities that deliver the outcomes required by the people of Fife.

Flexible & Mobile Workforce

Our workforce has embraced the requirement to work differently, either by implementing changes to their working practices, undertaking different responsibilities, or working in different roles and locations. Examples of this include employees working in different specialities due to a reduction in elective surgeries; employees completing additional training to support short term demand in the Test and Protect Programme and COVID-19 Vaccination Programme; and NHS workers choosing to work in Adult Care Home settings. This enabled an agile and flexible workforce response to evolving service priorities during the pandemic.

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The COVID-19 pandemic also necessitated greater cross sectorial working, particularly in our efforts to sustain the safe provision in areas such as Adult Social Care and Community Pharmacy, and built on innovative recruitment practices aimed at developing a more resilient and flexible workforce which can be deployed across a number of areas.

Greater Use of Digital Enabled Care and Telecom

Much of our success in responding to the pandemic centred on greater use of Digital Enabled Care and other Telecom services. For patient focused services, these technologies enabled healthcare provision to continue safely through technologies such as “Near Me” and other related platforms, adhering to Infection Prevention and Control guidance whilst minimising the number of patients requiring to attend healthcare settings, thereby increasing the option for social distancing, maximising patient accessibility and reducing travel burden on patients and healthcare workers.

The introduction of new technologies also extended to Corporate functions. These technologies enabled enhanced collaborative working at regional and national levels and supported an increase in agile (home / roam) working to comply with related Scottish Government regulations. Collectively, the pandemic led to earlier consideration of the plans associated with digital readiness to ensure employees could continue to adopt and maximise the use of digital solutions in both clinical and corporate functions.

Regional Approach to Shared Services

Significant progress is being made in applying regional solutions to a number of shared services. This progress incorporates the following:

- A single employer multiple base model has been agreed to provide a single Payroll and Expenses function, within the South East Region. Progress paused because of the significant increase in workload caused by the COVID-19 pandemic, but has now regained momentum. An initial and high level plan for the single employer model has been developed in conjunction with the Health Boards within the East Region and is being considered.
- A similar model has been agreed to provide a Recruitment function on behalf of the six Health Boards within the East Region, underpinned by a single national recruitment IT system, as part of the national Recruitment Service Transformation programme. Discussions continue on the workforce, technological and service standard aspects of this programme in order to realise the quantifiable benefit identified at the commencement of the programme.

Integrated Induction within Adult Social Care

Building on the successes of a collective approach to IPC support to external Residential Adult Care and Care at Home providers within Fife H&SCP, discussions continue to develop a joint programme covering the induction of Care staff. Working in conjunction with Scottish Care, this programme will see staff engaged in the Third and Independent sectors inducted to an agreed level of competency.

Co-ordinated Recruitment

Responding to the COVID-19 pandemic required a significant increase in staffing numbers and necessitated re-thinking the traditional service models and assumptions relating to recruitment to ensure the activity did not undermine the mobilisation of services and programmes. This involved co-ordinated efforts between and across directorates to ensure a ready supply of a competent workforce.

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Resourcing this increase in staffing numbers meant accessing candidates who would not typically be available. This included the overwhelming response generated by the population in Scotland to support the Health and Social Care Sector at the outset of the pandemic. These candidates were accessed via a number of mechanisms including Social Media, the National Recruitment Portal, and former professionals obtaining temporary registration status with the appropriate professional bodies.

Sustaining and Growing Key Professional Groups Through Training

Age demographics, often coupled with national recruitment commitments, within certain professional groups have meant that workforce numbers cannot be sustained through recruitment alone. In line with the workforce commitments, a 'grow your own' approach continues in professions such as Advanced Practitioners, Health Visitors, Pharmacy and those individuals who hold Mental Health Officer status within Fife H&SCP, encouraging employees to undertake further funded study to be supported into new roles.

New Professional Roles

NHS Fife will continue to design new roles that are based on competencies and skills which allow the workforce to provide future care pathways and emerging ways of working. These new roles include investment in Physician Associates, Clinical Fellows and Advanced Practitioners (Nurse, Pharmacist and Allied Health Professionals), with a review of the Graduate Apprenticeship scheme being undertaken as part of the wider Employability Agenda, and the development of roles within non-clinical functions.

Youth Employment Strategies

The uptake of Foundation Apprenticeships in Health and Social Care for Senior pupils has seen a significant increase in applications, despite limited access to practice placements. A clearer strategy to transform learners from Foundation to Modern Apprenticeships to build and improve employer opportunities will feature more prominently. In addition, a pilot one-year Pathway Apprenticeship for ages 18 to 24 in conjunction with Kickstart initiatives aims has included the Health and Social Care framework. Kickstart is the initiative of the Department of Work and Pensions to support career change and tackle a potential unemployment crisis.

Future Learning Styles

It is widely acknowledged that learning in a physical environment will continue to be limited for some time. As development opportunity shifts to continued use of digital access, care services will need to consider how employees can access training whilst on site that has no impact on operational services. Employees will require dedicated space to access online learning on site in a way that maximises privacy. It is appreciated that learning events are shorted in duration which mitigates the need to cover employees on training for full days. However, there is a cultural shift needed to recognise that if employees attend training, albeit on site, this is protected, uninterrupted time and they are not seen as being available for other duties.

Sustainable Development

Our desire is to be an anchor institution in sustainable healthcare with our workforce being empowered and supporting sustainable care. We will look to support the local area in recovery from COVID and promote good health and wellbeing. We will work with Fife Council and other external partners to put in place work practices, procurement systems and maintenance and planning to reduce impact on our environment, whilst improving our natural environment. NHS Fife and Fife H&SCP also desire to reduce and prepare for climate risks. Sustainability will be an Executive led, staff priority, working together to make change possible, using sustainable actions as a framework to support and build on our vital work.

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Meeting:	Staff Governance Committee
Meeting Date:	Thursday 29 April 2021
Title:	Winter Report 2020/2021
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1. Purpose

This is presented to Staff Governance Committee Members for:

- Discussion

This report relates to the:

- Winter Report 2020/2021 – Complete winter data to 4 April 2021

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The Fife Winter Report is to provide assurance that the Winter Plan is being delivered in accordance with the submission to Scottish Government in November 2020.

2.2 Background

The Winter Report is produced monthly and provides update on key performance metrics and actions agreed within the Winter Plan. Weekly meetings between Acute Services, H&SCP and Planning commenced in November 2020 using the Winter Planning Weekly Scorecard to discuss agreed performance metrics and escalate issues when required. The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves.
- Describe a shared responsibility to undertake joint effective planning of capacity.
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner, despite increases in demand, and in accordance with national standards. (e.g. 4-hour emergency access target).
- Support a discharge model that has performance measures, a risk matrix and an escalation process.

- Ensure staff and patients are well informed about arrangements for winter and COVID-19 through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

2.3 Assessment

A summary of performance of the following key winter metrics are as follows:

A&E

95% Standard has not been met since Week Ending 27 September 2020. However, has been above the Scotland average since mid-December and has maintained above. Attendances have climbed on an upward trend since early February, continually through March and into April with pre-COVID levels of attendance becoming more frequent.

Covid-19

Since the start of the 2nd wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17 January 2021. During this same period our peak of weekly Covid-19 Bed days in community hospital was 404 for both confirmed and suspected patients, with 395 of those being confirmed, this was reached week ending 7th February 2021.

Occupancy

VHK occupancy has reached above 90% for most of March, ending the month just below. This coincides with a rise in attendances during the same period. However, the Amber pathway has been under continual pressure winter, with stages during each month since December where this has breached 100%.

Occupancy within community hospitals has been consistently above 90% but closer to 95% all winter with 1 week in February and 2 during March where occupancy exceeded 100%. This may have been due to some wards having to close due to infection, but these have all re-opened now.

Delayed Discharges

The number of Delayed Discharges in VHK has been kept low below 25 bed days for the majority of winter with one exception week during February.

There has been an average of 300 bed days per week due to delayed discharges within community hospitals. Many of these delays are due to guardianship issues with the courts closed and have been out with our control.

Health & Social Care Placements

H&SCP achieved an average of over 100% of placements during this winter. With social care placements achieving an average of 94% overall, ICASS/H@H achieving an average of 95% overall, however, have been held back slightly as the demand for ICASS was less than the target. All other placements achieved over 100%.

Most of the Winter Plan actions are complete or on track. The following actions are ongoing, with slippage, but due to be completed prior to next winter:

- 4.1.2 Implement Home First Model - more timely discharges and realistic home-based assessments
- 4.1.4 Restructure of medical assessment and admissions

A Winter Review Event was held on 12 April 2021 through MS Teams, with over 70 participants. The event included 2 group work sessions:

1. What worked well and not so well last winter
2. What key learning and actions could be taken forward for 2021/2022

Table below summaries the responses.

What has worked well?	What has not worked as well?	Key Learning and Actions for 2021/2022
Communication	SG Communication	Clearly identify and communicate trigger points
Collaboration	Recruitment, Retention and Workforce Planning 365	Flexible staff that can be moved across the organisation
IT Systems	Distinction between Summer and Winter, 365 planning and being proactive	365 Planning – plan demands for 12-month period
Flexibility	Transport	New Technology, digital development
The speed of Change	Remobilisation of some services, waiting times	Improve Contingency and Incident Planning

Feedback will be used to plan and implement next winter's plan at the Winter Planning Event in August although it has been agreed that planning for capacity and flow of the whole health and social care system will continue over the summer months.

A feedback questionnaire was distributed to all attendees after the event with a 45% return rate. Majority of attendees felt the event was worthwhile, with the right attendees and good group sizes for groupwork. The event was rated 4 out of 5 with all bar one attendee feeling able to contribute to the breakout discussions. There was positive feedback on the workshop being delivered over teams and the pre-allocation and size of the breakout groups which facilitated good discussion and debate. This will be a format that will be considered going forward for this type of event.

2.3.1 Quality / Patient Care

The Winter Plan has been prepared prioritising patient care in the right place at the right time and by the right person.

2.3.2 Workforce

Workforce planning is key to Winter Planning

2.3.3 Financial

Financial planning is key to Winter Planning

2.3.4 Risk Assessment / Management

Options for Surge Capacity over winter have been risk assessed

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 Winter Report is produced by Planning and Performance Team, updates are provided for agreed actions in Winter Plan by relevant Services.

2.3.8 Route to the Meeting

Discussed at Silver and Bronze Winter Planning Groups and Executive Directors Group.

2.4 Recommendation

Staff Governance Committee members are requested to **note** the contents of the Final Winter Report.

3. List of Appendices

Appendix 1: Winter Planning Monthly Report March 2021

Report Contact

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Winter Planning

Monthly Report

Week Ending 1st March to 4th April 2021



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Introduction

The purpose of this report is to assure the Chief Executive and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

In 2020/21, the Winter Plan is closely aligned to the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Bronze Command for winter planning monitoring the dashboard weekly and escalating to Silver Command where appropriate. A monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2021. Weekly reporting has commenced in October 2020 as part of the Winter Plan 2020/21.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.

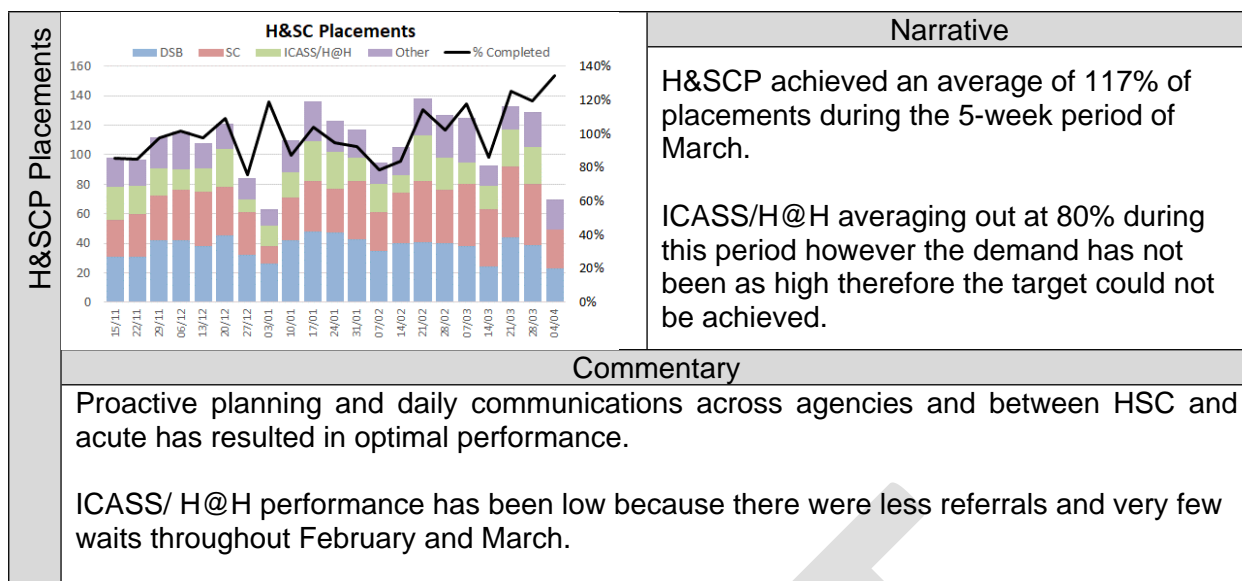
Outlined below in Section C are the actions that were submitted to the Scottish Government at the end of October 2020 and current status of these actions.

Section A: Executive Summary

This is the final monthly report summarising performance against key indicators and actions for Winter 2020/21. The key points to note this month are as listed below.

A&E	<p>A&E</p> <p>1400 1200 1000 800 600 400 200 0</p> <p>100% 95% 90% 85% 80%</p> <p>11/10 18/10 25/10 01/11 08/11 15/11 22/11 29/11 06/12 13/12 20/12 27/12 03/01 10/01 17/01 24/01 31/01 07/02 14/02 21/02 28/02 07/03 14/03 21/03 28/03 04/04</p> <p>Attendances Performance</p>	<p>Narrative</p> <p>The 95% Standard has not been met since Week Ending 27th September. The board average has risen above the Scotland average since week ending 13th December and has maintained above.</p> <p>Attendances have climbed through March, if this trend continues over 1200 per week, we will be back to pre-covid levels.</p>
	<p>Commentary</p> <p>A&E attendances have continued to increase through March, with pre-COVID levels of attendance becoming more frequent. This is presenting an increasing challenge and it is expected this trend will continue as COVID restrictions reduce. Bed waits accounted for 44% of all breaches in March as overall hospital capacity pressures continued to translate to further restriction at the front door.</p>	
	<p>Covid-19 Bed Days (Confirmed/Suspected)</p> <p>Acute</p> <p>Community</p> <p>Confirmed Suspected</p>	
Covid-19 Bed Days	<p>Narrative</p> <p>Since the start of the 2nd wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17th January.</p> <p>During this same period our peak of weekly Covid-19 Bed days in community hospital was 404 for both confirmed and suspected patients, with 395 of those being confirmed, this was reached week ending 7th February.</p>	
	<p>Commentary</p> <p><u>Acute</u> COVID bed days continued to decline for Acute with a noticeable reduction on the numbers of COVID patients on a daily basis. As well as the numbers of individual patients being lower, the average LoS of COVID patients also appears to have lowered.</p> <p><u>HSCP</u> Covid-19 bed days increased within the community hospitals due to ward outbreaks in January and February. At the peak over 100 beds were closed. Additional testing prior to all patient transfers or admission have now been implemented to prevent further hospital acquired spread. Inpatient vaccination programmes commenced 15th February. There has been a steady decline since the last week in February and as at 20th April there are no active covid cases in any of the HSCP community hospital wards.</p>	

Acute Occupancy & Delays	<div><div>VHK Occupancy & Delays</div><div><div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><d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Section B: Performance Summary to Week Ending 28th Feb 2021

Weekly Unscheduled Care Monitoring Report

Area	Indicator	Trend	08-Nov	15-Nov	22-Nov	29-Nov	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	21-Mar	28-Mar	04-Apr
Urgent Care	Contacts		1775	1810	1883	1743	1913	2209	2234	2262	2805	2481	2048	2019	1950	1921	1758	1883	1977	1958	1797	2058	1938	2802
	% ref to 2ndary Care		5.18%	4.36%	4.41%	6.20%	5.65%	3.80%	3.31%	4.64%	4.81%	4.19%	3.71%	3.62%	4.10%	3.80%	3.64%	4.46%	3.74%	4.03%	4.12%	5.05%	3.87%	6.17%
	Home Visits		133	144	151	137	129	170	145	194	234	184	134	129	110	113	123	124	120	119	112	107	97	158
	OoT Home Visits		26	13	21	27	21	41	39	43	25	45	16	14	10	9	20	9	18	15	26	12	10	27
	COVID Outcome		305	311	324	299	289	304	327	280	410	402	327	322	250	253	189	211	213	186	205	223	212	230
Emergency Department	RUC Outcome						227	435	435	360	409	434	377	365	383	372	398	373	410	412	358	446	428	488
	Attendances		1012	947	922	969	869	949	974	822	987	893	832	760	759	787	843	925	907	944	959	1130	1049	1160
VHK	Performance		91.3%	92.4%	91.8%	89.4%	82.6%	87.0%	85.0%	91.2%	86.6%	84.3%	88.6%	90.1%	90.9%	92.0%	89.3%	85.3%	91.4%	93.9%	87.6%	87.2%	89.0%	86.1%
	Admissions		669	668	669	697	637	685	649	563	629	638	597	603	595	632	568	727	594	658	725	742	694	756
Theatre Activity	Emergency		590	588	589	620	559	606	589	520	604	594	543	563	547	582	532	694	549	583	661	669	633	679
	Discharges		645	636	676	650	627	648	659	539	591	603	582	574	582	587	561	672	663	625	631	721	647	719
VHK Bed Utilisation	Scheduled		297	247	241	237	258	223	269	112	76	134	121	100	154	131	152	153	200	187	244	233	204	191
	Cancelled		15	18	10	13	16	11	13	7	7	8	3	0	12	1	25	10	5	5	8	11	7	4
HSC Placements	Hospital Cancelled		1	0	1	1	1	1	0	0	3	0	0	0	1	1	0	0	0	0	0	1	1	0
	Occupancy		87%	81%	87%	85%	89%	89%	90%	79%	86%	91%	86%	89%	82%	86%	91%	93%	90%	81%	90%	96%	91%	89%
Community Hospital	Amber Wards Occupancy		95.2%	90.2%	95.6%	95.1%	98.3%	103.7%	102.0%	89.3%	99.7%	105.0%	94.8%	101.7%	95.0%	96.6%	99.9%	103.2%	97.3%	91.3%	100.2%	102.9%	97.0%	93.9%
	COVID Bed Days		470	514	419	403	313	283	362	349	388	531	596	584	410	281	250	302	238	160	85	93	85	57
HSC Placements	DD Bed Days		17	1	6	36	21	19	17	18	7	1	2	13	13	8	17	47	11	4	12	23	22	25
	Target		117	115	114	115	114	111	111	111	53	126	131	130	127	121	125	121	124	106	108	106	108	52
Community Hospital	% Completed		102%	85%	85%	97%	102%	97%	109%	76%	119%	87%	104%	95%	92%	79%	84%	114%	102%	118%	86%	125%	119%	135%
	Completed		119	98	97	112	116	108	121	84	63	110	136	123	117	95	105	138	127	125	93	133	129	70
Community Hospital	DSB		40	31	31	42	42	38	45	32	26	42	48	47	43	35	40	41	40	38	24	44	39	23
	SC		28	25	29	30	34	37	33	29	12	29	34	30	39	26	34	41	36	42	39	48	41	26
Community Hospital	ICASS/H@H		27	22	19	19	14	16	26	9	14	17	27	25	16	19	12	31	22	15	16	25	25	0
	Other		24	20	18	21	26	17	17	14	11	22	27	21	19	15	19	25	29	30	14	16	24	21
Community Hospital	Admissions		46	38	38	47	48	45	46	33	32	43	35	40	35	31	41	63	47	47	27	50	45	44
	Discharges		37	44	46	41	38	52	46	37	30	26	42	46	36	24	43	46	43	40	30	63	47	46
Community Hospital	Occupancy		93%	95%	94%	93%	97%	95%	95%	94%	94%	98%	98%	98%	97%	97%	100%	98%	99%	103%	103%	106%	97%	95%
	COVID Bed Days		102	91	89	60	26	78	65	45	51	37	177	315	383	404	336	203	110	94	67	49	37	30
Community Hospital	DD Bed Days		242	269	312	324	414	362	307	269	256	310	365	276	258	257	264	245	293	333	333	321	285	281
	DD Standard		135	143	174	179	254	225	184	132	130	181	214	114	137	133	102	122	157	197	200	177	153	141
Community Hospital	DD Code 9		107	126	138	145	160	137	123	137	126	129	151	162	121	124	162	123	136	136	133	144	132	140

Section C: Winter Plan Monitoring of Actions

Key:	Blue	Complete
	Green	On Track as expected
	Amber	Work ongoing, but slippage (with no concerns about impact on Winter Planning)
	Red	Work ongoing, but concerns about impact on Winter Planning

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.1.1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	Nov-20	DOA DOHSC		DCOO GM EC	DGM West				Integrated flow and navigation hub soft launched on 1st December. Continuous monitoring of impact and pathway effectiveness underway, but there are significant medical staffing demands associated with the model.	Flow and navigation is now fully implemented in Fife. All calls from 111 are being directed to the hub. At present there is a test of change to consider whether all 4-hour ED pathway presentations should directly be managed within ED. This is due to be evaluated by the end of April. Fife is committed to working system wide to ensure that the right model for Fife is realised and will ensure that people are seen timely by the right person in the right place. Data is demonstrating the number of scheduled attendances at ED is increasing steadily and redirections to MIU's are also increasing. This is in line with the aim of scheduling unscheduled care.
4.1.2	Implement Home First Model - more timely discharges & realistic home-based assessments	Sept-21	DOHSC			DGM West				Short like working group established and critical appraisal be undertaken to look at pinch points in the system to inform a home first model by winter 2021. Delayed due to having to utilise all discharge options to cope with demand and enhance flow as a result of covid. Timescale changed to June 2021 and then further changed to September 2021	Home first strategy group reinstated. Home to assess model being worked through.
4.1.3	Scale up direct entry to STAR units from community MDT's	Nov-20	DOHSC			DGM West				Link social workers from STAR support locality MDT's. Early discussions ongoing regards the pathway.	Access to STAR from community settings now being progressed due to the success of the model.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.1.4	Restructure of medical assessment and admissions	Apr-21	DOA		GM EC					The COVID 19 red pathway for admission will limit any changes that can be made to patient pathway and flow in the short term. Completion date changed to April 2021	covid red pathway remains in place within Acute Division from admission to discharge to ensure safe patient care and optimise flow.
4.1.5	Process re the use of Near Me for Unscheduled Care	May-21	DOA		DCOO					Use of digital technologies, including Near Me, in place for virtual assessment	Under Redesign of Urgent Care (RUC) virtual appointments, including using Near Me, are a vital component of the revised pathway. Initial triage is through NHS 24, before appropriate referral to ED virtual assessment.
4.1.6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	Mar-21	DON	Comms						Soft launched locally 1 December using national campaign assets. NHS Fife website updated, main banner promotion and regular social media posts. Media release and interview with Medical Director for local radio, prior to Christmas. Main national campaign will commence in January 2021 Staff Link Hub to support UC redesign created and working on the creation of a Ref Help section by end of December. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns	The impact of the national campaign has been minimal, this was due in part to the soft launch of the initiative and the communications channels chosen to promote this service change to the general public. The benefit of the soft launch did help to refine campaign messages and ensured that the new service locally and at NHS24 was not overwhelmed with calls over Christmas & New Year and Easter. The SG are now looking to extend the Right Care, Right Place campaign to national TV, Radio and Billboard advertising and are in discussion with CEO around the timing of the next phase of this campaign. NHS Fife will continue to use the national campaign assets and personalise them for our local need, we will also continue to adhere to the national campaign scheduling and channels to ensure that we compliment and not confuse national and local messaging with the general public.
4.1.7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	Mar-21	DON	Comms						Show you care prepare national campaign started on 4 December and NHS Fife communications supporting national messages and campaign, winter section updated on website and local comms via Social media, Staff Link and local media. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns	NHS Fife adopted national campaign material and assets to remote winter preparedness via our own local and established communications channel. I think the refreshed campaign was well received and captured the mood of the nation on the back of the clap for carers weekly event. However, this will undoubtedly mean that the national campaign messages and proposition will need to be re-worked for this coming winter and nationally they may take the decision to revisit the popular "Mr Owl" animation. NHS24 who run

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
											the campaign will be sharing the campaign evaluation with NHS Strategic Comms leads in late April.
4.1.8	New model of care for Respiratory Pathway	Nov-20	DOA DOHSC		GM EC	DGM West				A new nurse led advice line for respiratory patients that screens all referrals on the same day (GP and high health gains). This prevents deterioration and unnecessary admission. New pathway directly into hospital at home for direct step up. Another pathway has been developed for palliative care patients.	Nurse advice line in situ. This advice line is open to both patients, their carers and professionals. This has proved beneficial to both. Patients can be visited or advised to prevent admission or crisis and professionals can discuss patients and likewise prevent admission and improve patient and professional support. There has also been communications set up with Ninewells colleagues to allow a referral pathway from our Tayside colleagues ensuring that all respiratory patients in Fife have an equitable service. There are potential improvements to be made from developing a communication between AU1 and the community respiratory team and widening awareness in GP Practices. The recent data suggests that telephone calls to this advice line are on average 150 calls per week. The Hospital @ Home pathway is currently under review and on track given the current staffing situation. Plan to have this completed and implemented by the end of April 2021. Pathway for palliative care patients is in use and extremely beneficial. Patients have been able to be cared for at home who otherwise would have been admitted. This joint working approach has been to both the benefit of patients, carers and the health care professionals involved. Improvements to this would benefit from capturing the data and embedding this in everyday practice. Plan to develop questionnaire to capture patient experiences.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome												
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4.1.9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	Oct-20	DOHSC			DGM West				community hospital capacity monitored daily. Surge areas have been identified and utilised as per winter plan.	Community Hospitals continue to be monitored daily. Winter plan will cease on 31st March.												
4.1.10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	Oct-20	DOHSC			DGM West				Capacity reviewed daily and additional recruitment underway to increase further ICAS & H@H capacity to support increased in demand.	<p>ICT have taken a number of Discharges from 16th November 2020 until 28th February 2021. Total Discharges 248 of which 135 were for VHK and facilitated 56 discharges from within Community Hospitals in Fife.</p> <table><tr><th>ICT INFORMATION (COMPARATIVE INFORMATION)</th><th>CUMULATIVE TOTAL OF VHK DISCHARGES</th><th>CUMULATIVE TOTAL OF ALL COMMUNITY HOSPITALS IN FIFE</th><th>CUMULATIVE TOTAL OF ALL DISCHARGES INCLUDING HOSPITALS OUTWITH FIFE</th></tr><tr><td>Week Commencing 19/11/2019 to week ending 28/2/2020</td><td>150</td><td>45</td><td>208</td></tr><tr><td>Week commencing 16/11/2020 until 28/2/2021</td><td>135</td><td>56</td><td>248</td></tr></table> <p>Hospital at Home - Total for Fife - 23rd November 2020 to 28th February 2021 GP Admissions total of 265 104 Step-downs accepted totalling 369.</p>	ICT INFORMATION (COMPARATIVE INFORMATION)	CUMULATIVE TOTAL OF VHK DISCHARGES	CUMULATIVE TOTAL OF ALL COMMUNITY HOSPITALS IN FIFE	CUMULATIVE TOTAL OF ALL DISCHARGES INCLUDING HOSPITALS OUTWITH FIFE	Week Commencing 19/11/2019 to week ending 28/2/2020	150	45	208	Week commencing 16/11/2020 until 28/2/2021	135	56	248
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Week Commencing 19/11/2019 to week ending 28/2/2020	150	45	208																				
Week commencing 16/11/2020 until 28/2/2021	135	56	248																				
4.1.11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	Oct-20	DOHSC			DGM West				Eight locality huddles in operation. Prevention of admission continues at 35% and data indicates a net reduction in admissions for VHK. Data to be interrogated further. Frailty model embedded and frailty practitioner now in post.	8 locality MDTs are established within the respective localities. Direct referrals from GP's demonstrating integration of health & social care working. Improved outcomes for patients/clients. Increased referrals to Complex Care team for frailty 69%. Increased capacity due to Frailty Practitioner in post. Division of Complex Care team to allow focus on Frailty. Long Term funding has been secured. (Frailty) Seeking patients views and measuring HHG intervention (Frailty). Advice line numbers averaging 92.6 per week (Frailty)												
4.1.12	Continue to Test change to reconfigure STAR bed pathway	Nov-20	DOHSC			DGM West				Stroke pathway has been developed. Small TOC completed. Scaled up.	Prior to Covid the STAR bed was being used successfully by Letham Ward at Cameron Hospital for patients who needed further therapist input prior to discharge home. Since Covid began the bed has not been in use.												

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.1.13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	Oct-20	DOA DOHSC	AD P&P	DCOO GMs	DGM West				Daily senior meeting in place to review daily metrics and corrective action taken in real time.	Useful information which allows for planning and action in real time.
4.2.1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	Dec-20	DOA		GM WCCS		1.6 Band 6 PT 1.0 Band 5 OT 1.8 Band 4 HCSW 1 Band 4 HCSW	£72.5k		1.0 Band 5 PT and 0.5 OT in place to support Monday - Saturday Service. Sunday currently staffed by volunteers. No plans for further recruitment this winter but early planning for winter 2021/22	Positive impact on patient flow but reliant on staff good will. A stable, sustainable and fully resourced service will need to be in place for winter 21/22
4.2.2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	Oct-20	DOA		GM WCCS		13.3 band 5 3 band 3			Funding for 8WTE agreed. 8 additional staff to be recruited. Remainder to be subject of a business case in Q3 if still required	Additional staff not yet in place but recruitment is progressing. Staff good will has ensured patient safety
4.2.3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	Nov-20	DON		DCOO	DGM West				The workforce hub has been re-instated the partnership	<p>The HSCP Workforce Mobilisation Hub (WMH) was re-established in October 2020. A Care Home Hub was established alongside the WMH and a Head of Nursing post was appointed to in December, to provide clinical leadership and management to both of these Hubs and to ensure safe staffing across the HSCP and Care Homes within Fife.</p> <p>The WMH collates and coordinate staffing information from across all Community Health Services and the Care Homes to ensure services have sufficient workforce and to provide assurance to the board Nurse Director, all areas are able to deliver safe, effective and patient centred care in line with the organisational priorities.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.2.4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients	Nov-20	DON	Comms						Flu section on NHS Fife website and Staff Link Hub, lead from the Front Staff Flu Vaccination Campaign instigated. Winter hub live on NHS Fife website Regular updates on Staff Link and weekly CE update throughout December, January and February	Good staff engagement and interaction with flu vaccination on website, staff link and regular CE weekly updates. The lead from the front campaign proposition had a good response from staff and allowed them to take ownership of the campaign. The dedicated Web page received over 11,000 visits from go live on 1st October to date.
4.2.5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	Nov-20	DOW	Workforce						Complete	While Recruitment has been completed, new staff will not take up post until later this year, it is anticipated that the additional resources will support ongoing COVID-19 activity and help to sustain OH services for the future and in anticipation of long term support requirements for staff.
4.2.6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	Nov-20	DOW / DON	Workforce/ Nursing						Expanded listening service in place until 31/03/2021.	The Department of Spiritual Care has provided essential support to staff throughout COVID-19. Over the past 12 months, the Department have supported over 3,000 contacts with health and social care staff. The intention of the Listening Service is to provide an easily accessible and confidential space for staff to talk about their experiences in a safe way and has provided 237 1:1 session's. The current staff support provision has been met from current staffing levels – however as wider services a remobilised, the Department will not have capacity to meet current levels of service from current resources.
4.2.7	Mental Health Occupational Health nursing input in place for staff support from August 2020	Aug-20	DOW	Workforce						Completed	This post is now funded on a substantive basis, with initial feedback being that the additional MH OH support for staff has been well received. Outcomes are being monitored and feedback provided via OH Head of Service at regular intervals. Any impact on MH related reasons for absence will also be checked.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.2.8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	Oct-20	DOHSC			DGM West				Recruitment commenced for key posts. Contingency plans in place. Hub has been sufficiently staffed since go live date. Weekly recording commenced. Key posts all recruited to or in the process of being recruited to.	Current interim model is staffed applying MDT approach within hub including A&C staff, nursing and paramedics with medical and nursing staff available virtually within ED/MIU aspect of flow. Modelling work still being progressed and tested.
4.2.9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	Oct-20	DOHSC		DCOO GMs	DGM West				Workforce hub reinstated which will be open over Christmas and new year. Social work staff involvement. Senior rota in place to cover out of hours.	Flow over Christmas and new year was optimal.
4.3.1	Whole System Pathway Modelling – development & implementation of capacity tool	Nov-20	DOA		GM EC	DGM West				Capacity tool complete. Daily meetings to proactively determine red flags and take corrective actions to maximise flow.	Daily meetings well established with proactive planning in place.
4.3.2	Daily Dynamic discharge and EDD to be embedded in all wards	Nov-20	DOA		GM EC	DGM West				EDD embedded.	Work ongoing around EDD's to ensure they reflect patient discharge planning and wards are keeping them up to date using real time data
4.3.3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	Oct-20	DOA DOHSC		DCOO	DGM West	See App2	Acute HSC		Surge plan complete across Acute and HSCP. Command structures in place for escalation. Daily surge meetings to assess capacity utilising real time intelligence.	Surge beds used as per escalation plan throughout winter.
4.4.1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	Oct-20	DOA		GM WCCS					Complete in Radiology	Positive impact on patient flow but has been under-utilised. This will be improved for winter 21/22
4.4.2	OPAT expansion to release bed capacity	Oct-20	DOA		GM EC					Unit working at full capacity for the staffing model and successfully delivering on bed day savings.	OPAT continues to evolve. SLWG set up to make further improvements and connect with community teams to deliver further on in patient bed days.
4.4.3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	Sep-20	DOA		GM PC					SSSU open Mon-Fri to Support Trauma/Emergency Surgery	SSSU remains open. This has a huge benefit as it not only allows us to accommodate the elective program but also allows ward 52 to maintain a Green/Amber split as we need to maintain a high number of amber beds and ward 52 staff have the skill mix to look after complex surgical patients.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.4.4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	Sep-20	DOA		GM PC					Ward 52 now includes 4 SHDU beds	Green SHDU beds have moved back into critical care and are no longer located within ward 52. This is de-escalation as planned as there are currently no positive covid patients within critical care now.
4.4.5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	Sep-20	DOA		GM PC					Weekly meetings take place every Monday chaired by the PCD Clinical Directors	The weekly clinical prioritisation meetings continue and are allowing us to ensure that patients with the highest level of urgency are prioritised through the elective program. Hope this helps
4.5.1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG	Plan in place
4.5.2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG	Plan in place
4.5.3	Business Continuity templates to be updated, re-issued to all departments and returned	Oct-20	DPH	Business Continuity	DCOO	DGM West				All business continuity plans updated using new template across all of the HSCP and Acute Services Division.	winter and business continuity ensured that every service was safe to start over winter months.
4.5.4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	Oct-20	DON	Comms						Adverse weather communications plan reviewed and shared with LRP and Fife Council Comms	Well received by all parties, clear actions and opportunities for continued collaboration across all parties to ensure timely and consistent weather updates, advice and if appropriate actions to be taken.
4.5.5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	Nov-20	DPH	Public Health						First workshop held on the 18th November further workshop being planned Complete	Workshop took place and provided other Fife Agencies with an insight into issues and problems other agencies were likely to experience

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.6.1	Point of Care Testing (POCT) in A&E and Admissions Unit	Dec-20	DOA		DCOO			Funded separately		POCT commenced mid-December 2020 - successfully implemented and monitored by Laboratory managers	POCT for COVID-19 is now embedded Business as Usual (BAU) for all red admissions to ED/AU1 and all Amber GP referrals (both medical and surgical) into AU2. This has significantly reduced any IPCT disturbance from incorrectly placed patients by identifying any asymptomatic COVID +ve patients much earlier and allowing for early intervention from front door teams. It has also ensured known COVID status for the majority of patients prior to movement to downstream wards within Acute.
4.6.2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	Dec-20	DOA		GM WCCS					Complete	Positive impact on patient flow. Clear escalation plans have enabled good decision-making.
4.6.3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	Oct-20		IPCT						Complete	<p>Due to COVID-19 restrictions on unnecessary travel and with best practice to consider new ways of working and technologies such as virtual meetings to ensure a COVID-19 safe working environment. The IPCT have been promoting a blended learning approach for winter preparedness education and training.</p> <p>IPCNs have collaborated on several new training presentations on topics relevant to staff that are normally covered in education sessions, including outbreaks and terminal cleans. The presentations have been recorded with a voice over, available on Blink and can be accessed by all NHS Fife staff</p> <p>IPCT have also advertised training sessions that have been hosted via Microsoft Teams and open to all staff across NHS Fife to access. These sessions have been advertised weekly via Staff 'Blink' app and have links for each session allowing staff a choice of dates and times to book. These</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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											<p>sessions include a presentation delivered by an IPCN, who is available for questions and answers session following the presentation providing the attendees the opportunity to clarify any points raised or ask about best practice in their area of practice.</p> <p>From October to date, there have been 27 sessions held with a further 3 planned.</p> <p>The IPCT continue to offer telephone support and ward based support, including real time feedback to HCWs in their clinical environment promoting best practice and improving patient, staff and visitor safety.</p> <p>Bespoke training available on request and facilitated in line with COVID secure guidance.</p> <p>The IPCT have also promoted the national training resources as per NHS Education for Scotland (NES) and Health protection Scotland (HPS) such as guidance posters, training videos and presentations as well as eLearning via TURAS Learn.</p> <p>With this blended learning approach to winter preparedness training and education the IPCT aimed to provide a variety of different learning formats for all NHS Fife staff to support best practice.</p>
4.7.1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	Dec-20	DOHSC			DGM West				Flu staff vaccination programme complete. Target achieved.	<p>There many valuable learnings from the planning and execution of the 2020/21 flu vaccination programme, which were documented into actions. The lessons learned and actions were used for the COVID Vaccination Programme and will be carried forward for future flu programmes.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.7.2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	Dec-20	DOHSC			DGM West				As above	As above
4.7.3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	Oct-20	DOHSC			DGM West				Monitoring and uptake rates collected.	We learned that data collection methods were not real-time, manual and time consuming. The outcome of which has been a real-time Vaccination Management Tool offering real-time monitoring or progress and uptake along with vaccination recording for the patient record.
4.7.4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	Feb-21	DOHSC	Comms						Lead from the Front Staff Campaign and assets shared with HSCP and Fife Council campaign to end mid-December in line with roll-out of C19 vaccine	See 4.2.4 outcome
4.8.1	Produce plan for possible second Covid-19 wave in Acute and H&SC	Oct-20	DOA DOHSC		DCOO	DGM West				Escalation plan produced across Acute and HSCP Acute Second wave plan is completed, Critical care escalation commenced. Acute Second wave plan is completed, Critical care escalation commenced.	No outcome
4.8.2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	Oct-20	DOA DOHSC		DCOO	DGM West				Business continuity plans and impact analysis in place for all HSCP services and Acute Services	No outcome
4.8.3	Engage in regular review of care homes in collaboration with the HSCP	Oct-20	DPH	Public Health						Care Home Oversight Group established that meets regularly Complete	The Care Home Oversight Group meeting regularly identified potential issues early and helped enhance the relationship with the Care Homes and their staff and improved our understanding of the issues Care Homes were having day to day

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.8.4	Support weekly asymptomatic staff Covid-19 testing in care homes	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	Nov-20	DPH	Public Health				Funded Separately		Complete	Additional staff in place and the capacity and skills of the Health Protection Team enhanced in dealing with outbreaks in Care Homes
4.8.8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme.	Nov-20	DPH	Public Health						Complete	Additional staff recruited and still ongoing allowing the Test and Protect Programme to be fully implemented and it is still working very successfully
4.8.9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	Oct-20	DPH	Public Health						Complete	Surge Capacity successfully maintained with additional staffing and amazing input by all of the Public Health Dept
4.8.10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	Feb-21	DPH	Public Health						On Track as expected, but to enable better identification of areas in which the virus is suspected to be high a number of asymptomatic community testing stations are being set up in a number of areas in Fife so to better identify these sites to try and minimise the number of outbreaks in the community. The first of these sites is expected to start operating wc 01/02/21 with a soft launch.	Community Testing Sites (both symptomatic and asymptomatic) are up and running with action plans in place to minimise the outbreak risks in these settings

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
										Completion date changed to February 2021	
4.8.11	Promote local and national messages associated with COVID-19 and Test and Protect	Mar-21	DPH	Comms						a range of local campaigns have been activated via LRP Public Comms Group , these are also in line with National Campaign material and messages and have included a range of strands and themes identified by PH or community feedback, such as Car Sharing , 2 meters is, when to get tested, Self-Isolating and support. Will be ongoing throughout 2021 in line with SG guidance and national public communications campaigns	On-going work at national and local level to respond to the changes in response to the global pandemic beyond the specific winter messages and challenges.
4.8.12	Review of outbreak management guidance in line with latest national guidance	Oct-20	DON	IPCT						Complete	<p>Health Protection Scotland (HPS) confirmed for winter illnesses such as Norovirus and influenza there was no change in guidance for winter 2020/21 from previous guidance, thus NHS Fife outbreak guidance for these conditions and outbreaks remains extant.</p> <p>For COVID-19, guidance has evolved and developed through the pandemic and on growing evidence base. NHS Fife IPCT follow the mandated NIPCM chapter 3 – Healthcare Infection Incidents, Outbreaks and data Exceedance. To support the early recognition of potential infection incidents and to guide the incident management process within healthcare settings. An early and effective response to an actual or potential healthcare incident, outbreak or data exceedance has been crucial to reduce the risk of onward transmission.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
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4.8.13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	Apr-21	DOP	Pharmacy		DGM West				<p>1)>32k people vaccinated as at 1 February. Care home staff and residents first doses complete. HSC staff first doses close to completion. Over 80s first doses should be complete by 4th Feb.</p> <p>2) 13 Community clinics opening between 1st and 8th February with goal of vaccination cohorts 4, 5 and 6 by mid-March. Recruitment is ongoing</p> <p>3) Plan for vaccination of eligible long stay in patients begins w/c 1st February. Housebound population also being vaccinated from this date</p> <p>4) NHS Fife has engaged with national scheduling approach</p>	<p>The COVID vaccination programme in Fife continues to be successfully delivered. The Board has met Scottish Government direction and targets and continues to develop the workforce and structures towards a sustainable and substantive model.</p> <p>Ultimately the programme has been successful in vaccinating the population and driving down COVID infections.</p> <p>A full lessons learned review will be undertaken in due course</p>
4.8.14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	Apr-21	DOP	Pharmacy		DGM West				<p>PMO is established. Supporting governance in place and agreed</p> <p>1) Risk register in place and monitoring ongoing. Currently 38 recorded risks - the profile is these is reducing in severity as delivery commences</p> <p>2) EQIA has been approved and published</p> <p>3) Command structure, including Silver command, 3x bronze commands and PMO shown to be effective</p> <p>4) Close working relationships in place with comms and patient relations teams. Weekly comms bulletins are circulated to all staff</p> <p>Date revised to April 2021</p>	<p>The PMO has supported the governance of the programme and will continue to provide this function for the immediate future, while engaging with relevant areas of the organisation to operationalise ongoing requirements. Key governance items, including EQIA, risk management and reporting have been successfully delivered ensuring the Board meets its obligations</p> <p>A full lessons learned review will be undertaken in due course</p>

Meeting:	Staff Governance Committee
Meeting date:	Thursday 29 April 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 workforce risks; Risk ID 90: National Shortage of Radiologists, Risk ID 1324: Medical Staff Recruitment and Retention and Risk ID 1652: Lack of Medical Capacity in Community Paediatric Service; as at 11 April 2021.

Since the BAF was presented to the Staff Governance Committee in January 2021, there have been no new risks, however, the BAF has been updated to reflect progress on relevant items / actions.

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 January 2021. 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,

Director of Workforce

Email: linda.douglas@nhs.scot

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																											
1	6	8	1	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	4	2	H	4	4	1	S	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.	L	Staff Governance	<i>Ongoing actions designed to mitigate the risk including:</i> 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 and strengthening links with the Psychology 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. • Development of the Learning and Development Framework strand of the Workforce Strategy. 14. • Leadership and Management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels. 15. • Improvement to be achieved in Core Skills compliance to ensure NHS Fife meets its statutory obligations. 16. • 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. 17. • Continue to address the risk of non compliance relating to TURAS Appraisal. 18. • 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. 19. • 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 United Kingdom Visas and Immigration Sponsor Licence and successful application for 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. (7-8) Strengthen workforce planning infrastructure ensuring a co-ordinated and cohesive approach is taken to advance key workforce strategies including those generated by the current COVID-19 pandemic. This now includes employment of independent contractors, student workforce (medical, N&M etc) to support the COVID-19 Test and Protect and Vaccination Programmes. The Director of Workforce has now convened a Strategic Workforce Planning Group which has been complemented by the establishment of an Operational Workforce Planning Group. A COVID-19 Silver Workforce Group was also stood up and down to support workforce demand and supply. These groups will take account of recent and anticipated Scottish Government guidance on Integrated Workforce Planning and are reflected in the recent Interim Workforce Template for NHS Fife and HSCP, based on an integrated approach. (9-10) 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. (11) 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	1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Forums and 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	2	4	L	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.

Board Assurance Framework (BAF) - Workforce Sustainability

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	<p>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 retirements. Permanence and Child Protection specialist posts are delivered by 1.7 wte.</p> <p>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.</p> <p>Complaints are significant in number and many have been received from MSP's and local councillors.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	<p>Conversations regarding ADHD Service taking place with Divisional Manager Fife wide HSCP regarding governance and improvement actions required across HSCP and Community Paediatrics</p> <p>Interviews were held on 7/9/2020 for Consultant and Specialty Doctor - both posts appointed to and likely to start in the new year.</p> <p>Caseload review continues across the different areas.</p>	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	Dobson, Claire	Couser, Gemma	21.12.2020	30.06.2021

90	1324
Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register	COMMUNITY SERVICES EAST - RISK REGISTER
23.08.2002	02.12.2016
National Shortage of Radiologists	Medical staff recruitment and retention
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.	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.
5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur
4 - Major High Risk	4 - Major High Risk
20	16
<p>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.</p>	<p>08/01/21- Speciality doctor post has gone out to 2nd advert with no responses as yet. Have 3 medics to cover Cameron and Glenrothes.</p> <p>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</p> <p>05/05/20 Locum and ANP provision is adequate for the current period of time.</p> <p>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 .</p> <p>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.</p> <p>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</p>
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
4 - Major High Risk	4 - Major High Risk
16	16
2 - Unlikely - Not expected to happen - potential exists	2 - Unlikely - Not expected to happen - potential exists
4 - Major Moderate Risk	1 - Negligible Very Low Risk
8	2
Dobson, Claire	Kennedy, John
Couser, Gemma	Nolan, Karen
26.08.2020	26.08.2020
05.03.2021	01.06.2021

Meeting:	Staff Governance Committee
Meeting date:	29 April 2021
Title:	Committee Self-Assessment Report 2020-2021
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Staff Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken in 2019 of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members' feedback on the length and clarity of the

previous iteration of the questionnaire. Board Committee Chairs each approved a revised set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2021. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness. Given the events of the past year, an additional question was added to capture any comments related to the Committee's operation during the pandemic period.

2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Staff Governance Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference, though the current vacancy caused by the resignation from the Board of the Whistleblowing Champion Non-Executive Member was noted (this is being presently addressed through the national recruitment process).

Self-Assessment questionnaire (completed by members and attendees)

In total, 3 members (excluding the Chair) and 5 regular attendees completed the questionnaire. 4 members did not complete the questionnaire, likely due to ongoing Covid pressures on staff time, and thus it should be flagged that staff-side input into the following responses is unfortunately limited.

In general, the Committee's current mode of operation received a mostly positive assessment from its members and attendees who participated. Satisfaction with how the Committee has operated through the pandemic period, the standard of minuting and action point follow-up, and the levels of open contribution at meetings were noted. Some areas for improvement were nevertheless highlighted. Initial comments identified for further discussion include:

- the potential need to review the number of attendees at meetings, or clarify their role and expected contribution;

- enhancing agenda management, to ensure that discussions remain focused on governance / strategic items, rather than operational matters, and that adequate time is spent on discussing the key issues; and
- a review of information and papers provided, to ensure reports are succinct, data meaningful and with clear indication of what the Committee is expected to do in response.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	4 (50%)	4 (50%)	-	-	-	<p>The Committee has sufficient membership, authority and resources. It would be good to see the Committee use these more effectively, however.</p> <p>If anything, too many people attend the meeting and particularly with remote meetings this can cause difficulties.</p>
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	3 (37.5%)	5 (62.5%)	-	-	-	<p>I agreed that appropriate representatives are in attendance....but there are a lot of members who don't have a part at SGC....and I do wonder if it is A) best use of their time and B) if they should be contributing more than they are?</p> <p>Perhaps too many. The management structure of NHS Fife feels too complex with too many layers.</p> <p>Key stakeholders are present at the committee but are not always used to best effect. There is a lack of depth in discussion.</p>
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	1 (12.5%)	4 (50%)	3 (37.5%)	-	-	<p>It would be good to get contributions from Directors of Acute Services and HSCP on a more regular basis.</p> <p>The Committee is at risk of mission creep, with requests that matters that are already being considered in other committees also come to Staff Governance. This runs the risk of duplication and differing opinions around actions.</p> <p>I think we are clear but I don't think that we focus on the things that really matter, such as difficulties to recruit and what we are doing about that.</p>
A4.	Committee members are able to express their opinions openly and constructively.	4 (50%)	2 (25%)	2 (25%)	-	-	<p>Key stakeholders are not always given the opportunity to comment or are asked to contribute.</p> <p>Yes, there is open contribution.</p>

A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	4 (50%)	3 (37.5%)	1 (12.5%)	-	-	<p>This varies, there are examples of over scrutiny.</p> <p>So far as the agenda allows. Perhaps there should be an opportunity for Board members to ask questions about topics that are not on the agenda.</p> <p>On occasion there can be an operational focus, when this is a governance committee.</p>
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	-	5 (62.5%)	3 (37.5%)	-	-	<p>Yes, there was good induction and the chair is a very good at that.</p> <p>I cannot comment on this as I am not sure what has taken place.</p>
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	1 (12.5%)	6 (75%)	1 (12.5%)	-	-	<p>Again, this varies. Members seem to lack clarity at times on what has been considered by the Committee before, the agenda can be very large and the meetings long which may contribute to this.</p> <p>To an extent. Recent topics such as centralisation of staff are difficult to understand re the medium and long term consequences and there is a feeling that it will happen regardless of the Committee's opinion.</p>

B. Committee meetings, support and information

B1.	The Committee receives timely information on performance concerns as appropriate.	1 (12.5%)	7 (87.5%)	-	-	-	<p>This is clearly evidenced in the papers and at the meetings.</p> <p>In line with other committees there is information overload. All papers should be more succinct.</p>
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (25%)	5 (62.5%)	1 (12.5%)	-	-	No issues identified here - works well.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	-	6 (75%)	2 (25%)	-	-	<p>Please see comment above about operational focus versus governance and oversight.</p> <p>Thus far this has been timely and appropriate.</p> <p>There are central government strategies, such as centralisation, that I don't know about but which impact on the decision of committees.</p>
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	1 (12.5%)	4 (50%)	1 (12.5%)	2 (25%)	-	<p>Agendas and papers are long. The meeting can feel as though stakeholders are talked at.</p> <p>It would be useful, as part of the ongoing approach to the Committee's work, to review how papers are provided to similar Committees within other Boards.</p> <p>Papers are too excessive. Partly this is caused by following the BAF style.</p>

B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (25%)	5 (62.5%)	-	1 (12.5%)	-	No issues. There are just too many papers to take everything in prior to a meeting. Often the agendas are long too.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	1 (12.5%)	4 (40%)	3 (37.5%)	-	-	Meetings are very long with agendas that are very full. The Chair provides suitable opportunity for this, managing time. With long agendas, lots of people wanting to contribute and often complex matters to discuss, the timing of the meeting and individual agenda items is pressured. Perhaps we need more frequent meetings?
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	4 (50%)	4 (50%)	-	-	-	Meetings are minuted well and administered well.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	4 (50%)	4 (50%)	-	-	-	This is very much in order and well organised. The chair is very good at summing up and ensuring that future actions are noted well.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (37.5%)	4 (40%)	1 (12.5%)	-	-	COVID-19 has meant that the workplan has not been followed exactly over the past year.
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	2 (25%)	6 (75%)	-	-	-	
C. The Role and Work of the Committee							
C1.	The Committee reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.	3 (37.5%)	4 (40%)	1 (12.5%)	-	-	Well evidenced and a standard part of Board meetings.

C2.	In discharging its governance role, the focus of the Committee is at the correct level.	1 (12.5%)	5 (62.5%)	2 (25%)	-	-	Can be too detailed and attempt to manage rather than scrutinise.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	1 (12.5%)	5 (62.5%)	2 (25%)	-	-	Agendas are too long. COVID-19 has meant that the workplan has not been followed exactly over the past year.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	2 (25%)	4 (50%)	2 (25%)	-	-	Decisions can be publicly evidenced but can take some time to reach in the actual meetings. But not without efforts from the Chair!
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	Sharper agenda setting and a more interactive approach. It would be useful, as part of the ongoing approach to the Committee's work, to review how papers are provided to SGCs within other Boards.					
C6.	Particularly in reference to the challenges faced during the ongoing Covid pandemic, are you content with the Committee's input and oversight of areas of NHS Fife's response relevant to the Committee's particular remit? Please provide comments.	Yes. Despite what has been an extraordinary year the work of the Staff Governance Committee has continued undiminished. Yes, I am content. The committee is very supportive of staff, their safety and well-being, and has openly recognised the continuation that staff have made over the pandemic. Yes, this has been clear to date. Yes. Inevitably many things have been superseded by Covid. It will be important to bring the newfound staff togetherness feeling along with a return to the new normality.					
D. Staff Governance Committee specific questions							
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e. those related to either Clinical, Finance and Performance, Remuneration, or Staff) are being managed to a tolerable level.	1 (12.5%)	7 (87.5%)	-	-	-	

D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	2 (25%)	5 (62.5%)	1 (12.5%)	-	-	There are not many performance matrices for this Committee. I would like to see more trend analysis to identify future performance rather than historic and it would also help to see performance comparisons with other Health Boards
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	2 (25%)	4 (40%)	2 (25%)	-	-	Negative variations tend to have been like that for a while and whilst there are number of initiatives to address this there is almost an acceptance that the performance will always be like that - staff absence for example.

Meeting:	Staff Governance Committee
Meeting date:	29 April 2021
Title:	Draft Staff Governance Committee Annual Statement of Assurance 2020-2021
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Staff Governance Committee is invited to review the draft of this year's report and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. Given the extended timeframe for approval of the accounts this year, amendments can be discussed and recommended and a final version brought back to the next Committee meeting, if so required.

2.3 Assessment

In addition to recoding practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2020-21, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2020/21

1. Purpose

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.
- 1.2 To assure the Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.

2. Membership

- 2.1 During the financial year to 31 March 2021, membership of the Staff Governance Committee comprised: -

Margaret Wells	Chair / Non-Executive Member
Wilma Brown	Employee Director
Helen Buchanan	Director of Nursing (to February 2021)
Eugene Clarke	Non-Executive Director
Christina Cooper	Non-Executive Director
Simon Fevre	Co-Chair, H&SCP Local Partnership Forum
Alistair Morris	Non-Executive Director
Janette Owens	Director of Nursing (from March 2021)
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Health & Social Care, Deputy Director of Workforce, Heads of Service Workforce Directorate, and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2021, on the undernoted dates:
 - 18 June 2020
 - 3 July 2020
 - 4 September 2020
 - 29 October 2020
 - 13 January 2021

- 4 March 2021
- 9 March 2021 (meeting reconvened from 4 March 2021 due to items of business from that meeting being outstanding)

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The business of the Committee during the year has been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. In recognition of the rapid mobilisation of services to tackle rising rates of Covid-19 infection, approval to revise governance arrangements across NHS Boards was given by the Scottish Government in a letter to Board Chairs in late March 2020 (the NHS in Scotland has remained on an Emergency Footing since that date). At their April 2020 meeting, the Board approved a 'governance-lite' approach aimed at allowing NHS Fife to effectively respond to Covid-19 pressures, maximise the time available for management and operational staff to deal with the significant challenges of addressing increasing demand within clinical services, and, at the same time, allow the Board to appropriately discharge its governance responsibilities.
- 4.2 Whilst the scheduled dates in May 2020 for the Board's governance committees were stood down due to the ongoing impact of the pandemic, a series of Covid-19 related briefing sessions were held for each Board Committee in June, tailored to each Committee's specific remit. Committee meetings largely resumed on their regular schedule from July 2020 onwards. Agendas for Committee meetings since that time have reflected the priorities of the Board's ongoing response to Covid-19, in addition to the consideration of business otherwise requiring approval or scrutiny for assurance purposes. The Chair, Vice-Chair and Committee Chairs have liaised closely with the Executive Team to identify what business must be considered by the Board and its committees and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred. Each Committee's workplan has however been reviewed to ensure that new items related to Covid-19 are covered appropriately and that the required assurances can still be provided to the Board as part of the year-end process. Each Committee has also actively considered a governance checklist, prepared initially by Internal Audit, to help enhance agenda planning and ensure that no areas of risk have been overlooked.
- 4.3 The Staff Governance Committee's first meeting of the 2020-21 reporting year was in June 2020, where a briefing was given on the changes made to the Board's usual governance arrangements and structures. The report included detail on the Gold / Silver / Bronze Command operational groups set up to manage the day-to-day response to the pandemic, including the staff-related aspects of that. Assurance was taken from comments made at the meeting by staff-side representatives, who highlighted that the right people were involved in the various groups that had been established, and there were no barriers encountered if staff had any issues or concerns to raise in relation to the ongoing management of Covid-19 in the workplace.
- 4.4 Also discussed in June 2020 was a detailed report and presentation on the mobilisation and deployment of the current workforce to address the operational pressures caused by Covid-19 activity and, as this reduced, the remobilisation of services thereafter. The Committee considered the update provided, noting that protecting staff well-being and enhancing support had been a constant priority, and that the introduction of dedicated staff 'hubs' across a number of sites had been central to this work. The update also outlined the recruitment efforts to bolster the workforce as the pandemic hit, and the efforts of students and those who had returned to clinical practice from retirement etc. were greatly commended.

- 4.5 At its July 2020 meeting, the Committee's agenda was prioritised to review further updates on the workforce response and mobilisation against Covid-19 and governance-related items linked to the year-end process. An update was given on the large volume of national directives, policy changes and circulars issued during the pandemic, and the need to work closely with partnership colleagues to ensure swift, local implementation and cascade of this information throughout the organisation. Ensuring that ongoing engagement continued with candidates who came forward during the initial Covid-related recruitment campaigns was recognised, given the recruitment challenges in general facing the NHS and the ongoing difficulties in recruiting to a number of particular specialities.
- 4.6 Regular updates on Covid-19 related topics have been given to the Committee during the year, reflecting the priorities of the Board and it being under Scottish Government direction for the period covered by this report. In addition to detailed reports on recruitment and staff well-being during the pandemic, the Committee has also scrutinised the programme of staff testing and vaccination against Covid-19, noting the rapid roll-out and success of these.
- 4.7 In July 2020, the Committee also received an update on the Workforce Strategy and how significant changes to service delivery experienced during Covid-19 would require to be reflected therein. The work of the NHS Fife Strategic Workforce Planning Group, which had resumed its usual schedule of meetings at that stage, was noted as being the vehicle to take this forward. Further updates have been given throughout the year.
- 4.8 Enhancing the support for staff by creating permanent homes for the dedicated staff hubs has been a vital aspect of the overall NHS Fife response. The Committee received updates on staff well-being activities at its July, September 2020 and January and March 2021 meetings, noting that the significant usage of the hubs was indicative of how useful they had been to staff. Further detail was also given on the well-being activities available to the many staff who were now working off-site (either working from home in a non-patient facing role or by shielding requirements), including mindfulness sessions being delivered online for those located at a distance from a physical hub. The potential for long-term effects of the pandemic on staff well-being were noted by the Committee, as was the importance of face-to-face support as services remobilised. At its January 2021 meeting, the Committee received a report from the Director of Estates, Facilities & Capital Services, summarising the outcome of a recent Health & Safety Executive (HSE) visit to review Covid-19 compliance measures aimed at protecting staff from the risks of infection. Assurance was provided that the recommendations made by the HSE following their visit were all being actively addressed as a matter of priority.
- 4.9 In September and October 2020, the Committee received updates on the specific workforce requirements of the Test & Protect and the Staff Seasonal Flu Immunisation programmes, reflecting on the potential risks of staff redeployment on the sustainability of other services and on the use of short-term contracts. Further updates were given to the Committee in October 2020 on the workforce plan for the Scheduling of Unscheduled Care programme and that in place for the Board's Winter Plan activities. Minutes of the Strategic Workforce Planning Group were tabled for information to the Committee from October 2020 onwards.
- 4.10 The delayed launch of the National Whistleblowing Standards to 1 April 2021 has been detailed to the Committee, via a number of reports outlining how the new Standards will be rolled out within Fife. It is anticipated that the Board's new Whistleblowing Champion will contribute to the local implementation of this work, when she takes up her position as a Committee member from April 2021. The Committee at its meeting on 29 October 2020 received a report on the current arrangements for Whistleblowing and were satisfied that these arrangements were appropriate during 2020/21.
- 4.11 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the Everyone Matters Pulse Survey in the reporting year, with a

presentation delivered to members in March 2021 detailing its findings. A summary of appraisal and personal development planning performance was considered by the Committee in September 2020 and January 2021, noting the negative impact of the pandemic on completion figures. The Committee has also reviewed Core Skills training compliance, which remains just short of target. Measures are in place to improve staff engagement going forward and the Committee will continue to scrutinise performance in this area.

- 4.12 The Committee receives regular updates on recruitment, including data on consultant recruitment (including those specialities with particular challenges) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. The annual report on Medical Appraisal and Revalidation was considered by the Committee in January 2021, giving assurance that doctors within NHS Fife are practising to the appropriate professional standards.
- 4.13 The success of a number of dedicated recruitment campaigns aimed at increasing the workforce during the height of the Covid pandemic has been noted by the Committee. A Youth Employment Update was considered in October 2020, and an update on workforce-related matters linked to EU Exit was given at the same meeting. A discussion on vacancy levels took place in January 2021, with further work to be undertaken to identify any particular trends in specific specialities, to improve targeted recruitment activities.
- 4.14 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, with an update in October 2020 noting that a new digital platform for easy access to this information could be further enhanced to ensure all changes are adequately notified to line managers and staff. The improved consistency of information made across Boards was welcomed by Committee members.
- 4.15 At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework on Workforce Sustainability, and also receive regular updates on Absence Management performance, and Well at Work activities. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. Regular updates were given to the Committee over the course of the year, particularly in relation to how Covid-19 had affected the target trajectory for this indicator. The Committee has been supportive of additional measures relating to Staff Governance being added to the IPQR, particularly those that provide a more rounded representation of workforce performance than absence statistics alone provide.
- 4.16 A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule. The Committee received individual papers to demonstrate that staff are: well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff.
- 4.17 The Committee has reviewed its remit during the year and a number of clarifying changes to wording within the Terms of Reference have been agreed. As part of this review, a new form of wording has been agreed to ensure that staff-side representatives have the means to nominate a deputy to attend each meeting, in the event that the substantive member is not able to attend. This ensures the Committee always has the required staff-side input into its discussions.
- 4.18 During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) South East Payroll Services Consortia Business Case; (ii) East Region Recruitment Transformation; (iii) the implementation and staffing requirements of the new General Medical Services contract; (iv) the new Strategic Planning & Resource Allocation process; and (v) the results of the Everyone Matters Pulse Survey

Report. The Committee thanks those who took time to attend meetings to present, noting the usefulness of these sessions.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2020/21.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF). Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to rating of the workforce sustainability risks reported to the Committee within the BAF, these have been updated to include Covid-19 related workforce challenges and to reflect developments. A new linked workforce high operational risk was added in January 2021 (Lack of Medical Capacity in Community Paediatrics) and the extant linked operational high risks are reviewed with the presentation of the BAF to the Committee. The key workforce risks are reviewed and used to inform the development of the Committee's workplan for the following year. The Committee approves its workplan annually.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2020/21 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its May 2021 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2020/21, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, and to the contribution of our staff side colleagues, particularly in this most challenging of years, set against the backdrop of the Coronavirus pandemic.

Signed: Date:

Margaret Wells, Chair

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2020 – 31 MARCH 2021**

	18.06.20	03.07.20	04.09.20	29.10.20	13.01.21	04.03.21	09.03.21
Mrs M Wells	✓	✓	✓	✓	✓	✓	✓
Mrs W Brown	✓	✓	✓	✓	✓	✓ (part)	✓
Ms H Buchanan	✓	✓	✓	✓	✓		
Mrs C Cooper	✓	✓	✓	✓	✓	✓	✓
Mr S Fevre	✓	✓	✓	✓	✓	x	x
Ms K Miller (to 30 November 2020)	✓	✓	x	x			
Mr A Morris	✓	✓	✓	✓	✓	✓	✓
Ms J Owens						✓	✓
Ms C Potter	✓	✓	✓	✓	✓	✓	✓
Mr A Verrecchia	✓	✓	✓	✓	✓	x	✓

In attendance

L Parsons, Depute for Co-Chair, H&SCP LPF						✓	
L Douglas, Director of Workforce	✓	✓	✓	✓	✓	✓	✓
N Connor, Director of H&SC	✓		✓	✓	✓	x	x
C Dobson, Director of Acute Services					✓	✓	✓
K Reith, Deputy Director of Workforce				Observer	✓	✓	✓
B Anderson, Head of Staff Governance	✓	✓	✓	✓			
K Berchtenbreiter, Head of Workforce Development	✓	✓	✓	✓	✓	x	x
R Waugh, Head of Human Resources	✓	✓	✓	✓	✓	✓	✓
A Mackay, Deputy Chief Operating Officer	✓	✓					
G MacIntosh, Board Secretary	✓	✓	✓	x	✓	✓	✓
L Barker, Associate Director of Nursing, H&SCP						✓	
J Crichton, Interim Project Management Director		✓					
A Fairgrieve, Director of Estates, Facilities & Capital Planning					✓		
M McGurk, Director of Finance					✓		✓
S Fraser, Associate Director of Planning & Performance		✓					

APPENDIX 1

Dr H Hellewell, Associate Medical Director, H&SCP					✓		
Ms S Raynor, Senior HR Manager					✓	✓	✓

Best Value Framework

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistleblowing Policy Code of Corporate Governance	BOARD STAFF GOVERNANCE COMMITTEE	Annual	Whistleblowing Champion appointed as a Board member and a member of this Committee Review of new National Whistleblowing Standards and preparation for their introduction from April 2021 Model Code of Conduct included in annually reviewed Code of Corporate Governance

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Operational / Remobilisation Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available.	BOARD COMMITTEES	Ongoing	Board section on NHS website, containing papers and instructions for those wishing to join meetings as public observers
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.	Annual feedback Individual feedback	CLINICAL GOVERNANCE COMMITTEE	Annual Ongoing Quarterly Bi-monthly	Annual Review with Ministers Care Opinion Regular meetings with MPs/MSPs Integrated Performance & Quality Report

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	AfC appraisal process and Executive and Senior Manager Performance reporting. Medical performance appraisal (also reported to Clinical Governance Committee).	STAFF GOVERNANCE COMMITTEE REMUNERATION COMMITTEE	Annual and as required Bi-monthly	eKSF & iMatter reports Integrated Performance & Quality Report
NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.	Core Training compliance reported Medical revalidation report and monitoring Nursing revalidation.	STAFF GOVERNANCE COMMITTEE	Ongoing	Minutes of Staff Governance Committee

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	<p>Service Improvement and Quality are core dimensions of AfC appraisal process.</p> <p>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	Ongoing	Minutes of Staff Governance Committee & Remuneration Committee

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance.</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive.	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

OVERVIEW

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	STAFF GOVERNANCE COMMITTEE BOARD	Ongoing	Healthy Working Lives Gold Award Equality Outcomes reporting Public Health Annual Report

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Equality Reporting	BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		CLINICAL GOVERNANCE COMMITTEE	Ongoing	Minutes

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife ensures that all members of staff are aware of its equality objectives.	<p>Induction</p> <p>Equality and Diversity is core dimension in KSF (Knowledge and Skills Framework) that underpins the appraisal process for AfC staff</p> <p>Equality and Diversity Learn Pro Module</p>	STAFF GOVERNANCE	Ongoing	<p>iMatter reports</p> <p>eKSF reports</p> <p>Minutes</p>
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	<p>Clinical Strategy (under review)</p> <p>EQIA section on reports</p>
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA section on reports

Meeting: Staff Governance Committee

Meeting Date: Thursday 29 April 2021

Title: Staff Governance Committee Annual Workplan 2021 / 2022

Responsible Executive: Linda Douglas, Director of Workforce

Report Author: Rhona Waugh, Head of HR

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- On-going issue

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Staff Governance Committee requires to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. The last Workplan agreed in March 2020 and updated in September 2020 did not reflect the priorities for the remainder of the year, as a consequence of the pandemic and the emergency footing of the NHS in Scotland.

2.2 Background

The Staff Governance Committee sets out the planned work for the financial year in the Workplan at the earliest opportunity, this being the first Committee meeting of the new financial year and given that the March 2021 meeting reflected the COVID-19 situation.

2.3 Assessment

The proposed Annual Workplan for 2021 / 2022 is attached at **Appendix 1** for consideration and moves the work of the Committee back onto a business as usual footing.

In addition, the content of the proposed workplan has been refocused to take account of feedback following the Staff Governance Committee Self-Assessment report for 2020 /

2021, whilst still ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

Staff Governance Committee members are asked to **approve** the Staff Governance Committee Workplan for 2021 to 2022.

Report Contact: Rhona Waugh, Head of Human Resources
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STAFF GOVERNANCE COMMITTEE

PROPOSED ANNUAL WORKPLAN 2021 / 2022

Governance							
	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22*	3/3/22
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Board Assurance Framework (BAF)	Director of Workforce	✓	✓	✓	✓	✓	✓
Annual Assurance Statement	Board Secretary	✓					
Annual Committee Workplan	Director of Workforce	✓					
Committee Self Assessment Report	Board Secretary	✓					
Whistleblowing – Implementation of Standards	Director of Workforce		✓				
Corporate Calendar – Proposed Committee Dates	Board Secretary			✓			
HR Policies – Monitoring Update	Senior HR Manager			✓			✓
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	Director of Nursing			✓*			
Update on Equality, Diversity and Human Rights	Director of Nursing / Director of Workforce					✓*	
Annual Review of Committee's Terms of Reference	Board Secretary						✓
Whistleblowing – Reporting of Incidents / Data	Director of Workforce						✓

Quality, Planning & Performance							
	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22*	3/3/22
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
NHS Fife Workforce Information Overview – Recruitment, Sickness Absence, PDPR, Core Training etc	Deputy Director of Workforce supported by Head of HR / Senior HR Manager / Head of Workforce Development	✓	✓	✓	✓	✓	✓
Staff Health & Wellbeing Update	Head of HR	✓		✓		✓	
Interim Joint Workforce Plan 2021/2022	Deputy Director of Workforce	✓					
Workforce Strategy 2019 to 2022 Update (and 2022 to 2025 Workforce Strategy Development)	Director of Workforce		✓				
Annual Workforce Projections for 2021/2022	Deputy Director of Workforce		✓				
Strategic Planning & Resource Allocation Update	Director of Finance		✓				
Joint Remobilisation Plan Update / Annual Operating Plan	Director of Finance		✓				
Medical & Appraisal Revalidation Update	Medical Director				✓		

Staff Governance & Staff Governance Standards							
	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22*	3/3/22
Staff Governance Annual Monitoring Return	Senior HR Manager	✓	✓			✓	
Staff Governance Standards Presentation <ul style="list-style-type: none"> - Appropriately Trained - Improved and Safe Working Environment - Well Informed – Communication & Feedback - Treated Fairly and Consistently - Involved in Decisions 	Workforce Leadership Team			✓			✓
iMatter Feedback Report	Head of Workforce Development					✓	
Draft Staff Governance Action Plan	Senior HR Manager						✓

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 29 April 2021
Title:	Staff Governance Annual Monitoring Return 2020/2021
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Senior HR Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Awareness

This report relates to a:

- Government Policy / Directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

NHS Fife submits annually a Staff Governance Annual Monitoring Return (the “Return”) to the Scottish Government. As NHS Scotland was placed under emergency footing to respond to the Covid-19 pandemic, reporting for 2019-2020 was paused. The most recent Staff Governance Annual Monitoring Return was for 2018-2019.

We have had confirmation from Scottish Government that a Return for 2020-2021 will be required for submission by 31 August 2021. The format for the Return this year has been amended in recognition of the circumstances that prevailed throughout 2020-2021 due to the global pandemic. The intention is to draw data and insights from information already submitted by the Board to Scottish Government and only seek additional information where necessary (see 2.3).

2.2 Background

NHS Fife must operate within the Governance Framework (Clinical Governance, Financial Governance and Staff Governance). Staff Governance is the strand that looks at how staff are managed and how they feel they are being managed.

The NHS Reform (Scotland) Act 2004 saw this commitment to Staff Governance being reinforced by legislation and supported by the introduction of the Staff Governance Standard, the aims of which are to improve how NHS Scotland's diverse workforce is treated.

To achieve the set standard and to maintain NHS Fife's status as an exemplary employer, evidence has to be made available to show that systems are in place to identify areas of concern, that action plans are in place that show how improvements are being made and how they will continue to be made.

2.3 Assessment

The process and template will differ in approach and content this year. From 1 March 2021, the Scottish Government have been reviewing a wide range of information already submitted by Boards.

This year's Return template will be tailored to account for known information and will only look to seek further information or assurance where there are gaps / concerns. The template is expected on 1 May 2021, informed by a Scottish Government first phase analysis of information already held. The date for submission of the Return to Scottish Government is 31 August 2021.

The Return will be produced with the involvement of key stakeholders. To achieve this, and the required governance sign off within NHS Fife, a timeline for completion and submission to Scottish Government is provided Table 1 below. Outwith the formal governance meetings, we will engage with staff side colleagues and other key stakeholders. Engagement will complement the timeline below and will be informed by the Return template issued by Scottish Government on 1 May 2021. The meeting of the Staff Governance Committee in July provides the opportunity for this Committee to scrutinise and comment on the draft Return.

The Return is signed off by the Chair of the Staff Governance Committee and Employee Director.

Table 1: Timeline for Completion and Submission to Scottish Government

	April	May	June	July	August
Executive Directors Group	8/4/21				19/8/21
Staff Governance Committee	29/4/21			1/7/21	
Area Partnership Forum		19/5/21		21/7/21	
Area Partnership Forum Staff Side			23/6/21 (Proposed)		

Once the Return has been submitted, Scottish Government colleagues have indicated how they will follow up on the submission, see below:

1–30 September 2021: Review of Board Returns and consolidation of this with the themes identified in the first stage analysis.

October – November 2021:	Board Feedback conversations which will replace the existing paper exercise for providing feedback and receiving further information.
December 2021:	Overview presented to Scottish Workforce & Staff Governance (SWAG) group in the form of theming paper for discussion.

2.3.1 Quality / Patient Care

Applying the principles within the Staff Governance Standards is likely to promote more engaged, motivated and caring staff delivering a higher standard of quality patient care.

2.3.2 Workforce

The Staff Governance Standards and Staff Governance arrangements embedded in the Board together with the National Staff Survey provides staff with the opportunity to enhance their experience of working for the Board.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Local Partnership Forums and the Area Partnership Forum have continued to meet to engage fully in the key strategic programmes of Clinical Strategies, Workforce Strategies and service changes throughout the Divisions and Directorates in the Board, which continues to be fundamental. This has ensured continued oversight of our obligations under the Staff Governance standard.

2.3.5 Equality and Diversity, including health inequalities

The Staff Governance Standard applies to all staff and helps ensure staff are treated fairly and consistently.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Development of the Annual Staff Governance Monitoring Return 2020-2021 will be through the Local Partnership Forums and presented to the Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

2.3.8 Route to the Meeting

This paper has been previously considered by the Executive Directors Group, Director of Workforce and Employee Director and is the first of multiple papers as the Return is completed for NHS Fife for 2020-2021.

2.4 Recommendation

Staff Governance Committee members are asked to **note** the development of the Staff Governance Annual Monitoring Return for 2020-2021 on receipt of the national template on 1 May 2021.

3. List of Appendices

N/A

Report Contact:

Sandra Raynor
Senior HR Manager
Email: Sandra.raynor@nhs.scot

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 24TH MARCH 2021 AT 13:30 PM VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Sharon Adamson, Royal College of Nursing
Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Esther Curnock, Deputy Director of Public Health / Consultant in Public Health Medicine - for Dona Milne
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Kevin Egan, UNITE
Simon Fevre, British Dietetic Association
Scott Garden, Director of Pharmacy & Medicines
Maryann Gillan, Royal College of Midwives

Joy Johnstone, Federation of Clinical Scientists
Wendy McConville, UNISON
Neil McCormick, Director of Property & Asset Management
Margo McGurk, Director of Finance & Strategy
Alison Nicoll, Royal College of Nursing
Louise Noble, UNISON
Janette Owens, Director of Nursing
Lynne Parsons, College of Podiatrists
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Jillian Torrens, Senior Manager - Mental Health & Learning Disability Services
Rhona Waugh, Head of Human Resources

In Attendance:

Janet Melville, Personal Assistant (Minutes)

		Actions
	WELCOME AND APOLOGIES	
	W Brown welcomed everyone to the meeting, noting N McCormick was attending his first Area Partnership Forum (APF), who then introduced himself to colleagues. Apologies had been received from: F Alexander, I Banerjee, A Kopyto, R Macewan, K MacGregor, C McKenna, D Milne, C Potter, J Rotheram and A Verrecchia.	
15/21	MINUTES OF PREVIOUS MEETING AND ACTION LIST	
	The minutes of the meeting held on 20 th January 2021 were accepted as a true and accurate record. There were no outstanding actions to review.	
16/21	MATTERS ARISING	
	There were no matters arising that were not on the agenda.	
17/21	COVID-19	
	a. Vaccination Programme Update S Garden was pleased to report that the current position is extremely positive, with approximately 50% of the eligible population having	

	<p>received their first dose of the vaccine and with some individuals having received their second dose. Vaccine supply has been variable as a result of manufacturing disruption and delivery challenges; however NHS Fife is on track to complete cohorts 1-9 (all those over 50 and in the clinically vulnerable categories) by the middle of April 2021. Individuals will receive the same make of vaccine for both doses; robust strategies are in place to ensure there is a sufficient and timely supply for second doses. S Garden noted in response to concerns around the Oxford/ Astra Zeneca vaccine causing blood clots that the UK Medicines and Healthcare products Regulatory Agency (MHRA) has no safety concerns. FAQs have been incorporated into staff updates and vaccinators briefed to reassure those receiving the vaccine. Uptake of the vaccine across all cohorts has been very good. S Garden advised that vaccination of cohorts 10-12 (adults under 50) would continue as for cohorts 1-9, i.e. in age bands, rather than the logistically more challenging 'occupational prioritisation'. S Garden acknowledged there were some early difficulties with the national vaccination appointment scheduling system but lessons have been learned and it is now running more smoothly. There has been a lot of work on the EQIA, recognising person-centred solutions required across the population of Fife in order to ensure inclusivity and to reach all citizens of Fife. The vaccination programme continues apace; the workforce is being consolidated in four larger vaccination centres (although retaining some of the existing sites so that individuals will receive both their doses at the same venue). There are >900 staff supporting Fife's vaccination programme; a mix of fixed term, bank and substantive staff together with the new Healthcare Support Worker vaccinator role. The vaccination programme continues to be proactively promoted - with the assistance of Comms - on the public facing website, social media, radio and TV.</p> <p>In response to W Brown's query on the workforce, J Owens advised that as the number of staff required for vaccinations fluctuates, some have taken annual leave, or completed learning and development activities. Staff have not yet been redeployed to other roles although conversations are taking place in relation to those who are keen to gain experience in clinical areas. W Brown indicated that positive and complimentary feedback on the whole vaccination process had been received.</p>	
	<p>b. General COVID-19 Update</p> <p>E Curnock provided an overview of the current indicators relating to COVID-19 including the R number, an indicator of whether the case rate is increasing or decreasing the positivity rate. E Curnock confirmed that restrictions will only be lifted subject to the data and monitoring of case rates across Scotland: currently 'stay at home' moving to 'stay local' on 2 April and then travel within mainland Scotland allowed from 26 April 2021.</p>	
	APF noted the updates.	
18/21	FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT	
	M McGurk indicated that the report details the financial revenue position as at 31 December 2020 and the forecast to the year end, 31 March 2021. It is anticipated there will be no requirement for any risk share agreement	

	<p>between NHS Fife and Fife Council in terms of supporting the Health & Social Care Partnership (H&SCP) this financial year. M McGurk advised that NHS Fife had received a final COVID-19 resource allocation from the Scottish Government. M McGurk confirmed it is a solid financial position, but challenges continue. The financial plan being submitted to the Scottish Government outlines what potential support could be attracted towards covering budgetary pressures.</p> <p>M McGurk advised that the capital budget will be fully spent.</p> <p>M McGurk concluded that both revenue and capital budgets are expected to reach a balance position at the financial year end.</p>	
	APF noted the report.	
19/21	ACUTE SERVICES UPDATE	
	<p>C Dobson advised that Acute Services continues to be extremely busy and is running segregated care pathways across sites. Recent increased unscheduled care activity has seen higher attendances at the Emergency Department and a greater number of admissions, creating additional challenges from a capacity and flow perspective. The COVID-19 position is much improved in hospital; as of today, back into the critical care foot print and no longer in a double ICU capacity situation. Surgical High Dependency Unit has returned to pre-COVID position.</p> <p>With regard to remobilisation of services, a measured approach to the surgical and orthopaedic programmes is being taken, with capacity being monitored. On a steady start with outpatient work, addressing the significant backlogs</p> <p>In relation to workforce, Belinda Morgan has now commenced post as General Manager to support Front Door and Critical Care and is initiating changes to AU1. Gemma Couser is working in the Clinical Governance team. leading on the Cancer work for Acute.</p> <p>W Brown introduced a conversation regarding safe staffing levels and queried whether the situation has improved now that there is less of a focus on COVID-19. C Dobson confirmed that staffing levels remain challenging and are being closely monitored on a daily basis. Work is progressing on the Nursing Workforce Strategy and in relation to vacancies within Acute. J Owens indicated that the closing date for Newly Qualified Practitioners (NQPs) was 21 March 2021; around 200 NQPs will be fast tracked into placements where their substantive post will be.</p> <p>W Brown expressed concern that over the coming months as staff reflect and re-evaluate their priorities we may see a greater number of leavers.</p>	
	APF noted the update.	
20/21	HEALTH & SOCIAL CARE UPDATE	
	<p>N Connor was delighted to advise that the three Heads of Service for the H&SCP have been appointed and commence in post on 7 June 2021.</p> <p>There is an Integrated Joint Board (IJB) budget setting meeting on 26 March 2021; budget proposals were discussed at the H&SCP Local Partnership Forum (LPF) this morning.</p> <p>With regard to COVID-19, the situation has improved within care homes since the last update in January 2021, although there have been isolated</p>	

	<p>incidents in some Community Hospital wards; and meeting on a daily basis to work jointly across the system. N Connor brought to the Forum's attention that there will be an Adult Protection Inspection in the near future: currently awaiting formal notification.</p> <p>S Fevre queried what the longer term commitment to care homes will be from a clinical perspective while retaining a 'homely' environment as the fight against COVID-19 continues. J Owens advised that additional national funding has been released to provide appropriate nursing and infection control support in care homes, which will be required for the foreseeable future. N Connor praised the exemplary joint working of nursing and social work teams in balancing 'home' and 'clinical' needs in care homes.</p>	
	APF noted the update.	
21/21	REMOBILISATION PLAN 3 AND UPDATE ON THE STRATEGIC PLANNING AND RESOURCE ALLOCATION (SPRA) PROCESS	
	<p>Remobilisation Plan 3</p> <p>M McGurk confirmed that Remobilisation Plan version 3 (RMP3) was submitted to the Scottish Government at the end of February 2021 and, having been considered at the appropriate governance committees, will be presented to the Board next week. The plan essentially describes how NHS Fife intends to remobilise clinical services safely in 2021/22, in the context of the ongoing COVID-19 response. The plan reflects on the first and second waves of the virus: 'what went well' and 'lessons learned' for tackling future waves, and more broadly recognising the need for a focus on longer-term staff health and wellbeing needs and resilience support going forward. M McGurk also highlighted the section on workforce planning and a sustainable workforce as being of particular interest for this Forum.</p> <p>RMP3 is, in effect, the Annual Operating Plan for 2021/22.</p>	
	<p>Strategic Planning and Resource Allocation (SPRA) process</p> <p>M McGurk explained that the SPRA process is running in parallel with the Remobilisation Plan and is taking a staged approach to implementation. It details the planning stages of how the organisation is preparing to remobilise services and in addition, to look beyond these initial stages.</p> <p>The three distinct phases are: finalising the Remobilisation Plan 3, obtaining approval from the Board next week; secondly (until end June 2021) engaging with appropriate stakeholders e.g. NHS Fife, H&SCP and Fife Council to begin planning and to scope out the new Health & Wellbeing Strategy for Fife; and thirdly (July 2021 - March 2022) developing the Health & Wellbeing Strategy working closely with APF colleagues.</p> <p>This led to a discussion during which it was agreed to add Remobilisation Plan and SPRA to future APFs as a substantive item. In addition, it was agreed to hold a future workshop in late Summer 2021 potentially, to which APF and other appropriate individuals would be invited with content of the day to be worked up. It was agreed that new and innovative ways of working had been developed during the pandemic and this would be an ideal opportunity to capture the good work.</p>	APF Workshop
	APF noted the updates.	
22/21	INTERIM WORKFORCE PLAN 2021/22	

	R Waugh talked to the previously circulated documentation and advised that she and Brian McKenna, HR Manager, Workforce Planning - together with input from members of the NHS Fife Strategic and Operational Workforce Groups, H&SCP and Fife Council colleagues, and regional information from Jacqui Balkan, Regional Workforce Planning Manager - are pulling together information to populate the template to produce the Interim Workforce Plan 2021/22. A draft of the plan will be shared with APF and LPFs members for their input. R Waugh drew attention to the tight timescale: the draft will be considered at the Executive Directors Group (EDG) on 22 April prior to submission to the Scottish Government by 30 April 2021. The template builds on the contents of existing documents and will inform the new Workforce Strategy 2022/25.	RW
	APF noted the interim plan.	
23/21	EAST REGION PROGRAMME BOARD	
	a. Health Protection E Curnock explained that a group has been brought together across four health Boards (NHS Borders, Fife, Forth Valley and Lothian) to consider the health protection function and undertake an options appraisals process to explore how best to work more collaboratively; particularly relevant given the pressures and impact of COVID-19 and the general shift in emphasis it brings to public health across the region. This has been discussed at the Clinical Reference Group and Programme Board; the options appraisal is at the final review stage and a summary document will be shared following further scrutiny of the options. W Brown advised she had attended the meetings and confirmed it has been a fair and robust process, with good involvement, communication and discussion, ensuring all staff are aware of what's going on. W Brown clarified this was not a change to the public health service, but to the way it is organised.	
	APF noted the update.	
24/21	ATTENDANCE MANAGEMENT	
	a. Staff Health and Wellbeing Update R Waugh highlighted the COVID-19 wellbeing activities from the report: <ul style="list-style-type: none"> • The ongoing successful Mindfulness programme championed by Wendy Simpson, Health Psychologist, currently offering 'drop in' sessions on MS Teams and videos on StaffLink. • Support sessions for staff who are shielding/ home working have been well received. • Health and wellbeing materials – hard copies have been distributed throughout NHS Fife by Mark Evans and his Chaplaincy team, and appropriate support provided. • The Health & Wellbeing section of the Access Therapies website, developed with Sharon Doherty, Consultant Psychologist, is now 'live', signposting individuals to local and national support. • Inspiring Kindness Conference – the virtual event will be held on 19 May 2021 with key note speaker Dr David Hamilton. There will be a 	

	<p>range of workshops and presentations showcasing the 'kindness' and health and wellbeing work during the pandemic. Colleagues are welcome to help/ participate.</p> <p>W Brown observed that this date clashes with APF Staff Side and Full meetings and APF members would therefore be unable to attend. R Waugh agreed to liaise with W Simpson with regard to proposing an amendment to the date of the event. <i>Post meeting note:</i> the conference has been changed to Wednesday 26 May 2021.</p>	
	<p>Sickness Absence</p> <p>R Waugh advised the report includes the data for 11 months of this financial year; with the absence rate being >5% for the last 4 months, which is to be expected given seasonal variations. R Waugh wished to highlight that the overall absence rate is 0.47% lower compared to previous years – although not yet meeting the desired trajectory – however NHS Fife is in an improved position in the NHS Scotland league table. Further details can be found in the report.</p> <p>S Adamson asked if there is support in place for staff experiencing long COVID. L Douglas acknowledged there is currently nothing specifically for individuals with long COVID, given the emergent nature of this issue; however, individuals would be offered support as for other long-term illnesses and conditions. It was recognised that the Once for Scotland policies and national guidance offer a consistent, compassionate and supportive approach; K Reith confirmed national dialogue on long COVID will continue to develop as more is learned about the effects of the condition. R Waugh indicated that an Occupational Therapist has been appointed within Occupational Health to support the rehabilitation of staff finding it difficult to resume work following COVID-19 or other long-term illnesses. S Raynor advised that if staff remain on long term sick, the approach is person centred and each case would be managed on an individual basis, taking into account current national guidance on the impact of paused services on long term sick cases. S Garden advised that a local post-COVID Recovery Group, chaired by Dr Frances Baty has been established to consider the physical and psychological impact of COVID-19; with multi disciplinary teams providing the means for individuals (staff and public) to get back to daily living.</p> <p>S Fevre raised a concern that there had been delays with OH referrals for initial appointments. <i>Post meeting note:</i> The first OH appointment available is 26 March 2021; if there is an urgent referral managers are advised to contact Mandy Mackintosh, Head of Service to make arrangements,.</p> <p>S Fevre noted the importance of retaining the benefits (as a result of home working) we have achieved in relation to attendance, as remobilisation continues,</p> <p>S Fevre also drew attention to the wealth of health and wellbeing support on offer – and to ensure it is signposted appropriately so that it's not 'lost' in the myriad of 'help'. It was agreed to liaise with Comms (Ruth Lonie) to ensure the information is visible, accessible and engaging.</p>	RW
	APF noted the update.	
25/21	COMMUNICATIONS	
	K MacGregor was unable to attend the meeting; there was no report/update.	

26/21	HR POLICIES	
	<p>S Raynor advised that HR5 - NHS Fife Use of Fixed Term Contracts Policy and HR34 - NHS Fife Relocation Expenses Policy had been reviewed by the HR Policy Group, with general housekeeping, job title updates and amendments to certain references to reflect the current positions.</p> <p>S Raynor reminded the APF of the Whistleblowing Standards 'go live' date is 1 April 2021. Staff guidance and FAQs are available and the standards will continue to be embedded in the coming months. The appointment process for the new Non Executive Whistleblowing Champion for NHS Fife is nearing completion and a formal announcement expected in early May.</p>	
	APF approved the policies and noted the go live date of Whistleblowing Standards.	
27/21	ITEMS FOR NOTING/ INFORMATION	
	The following items were noted for information by APF:	
	a. H&SCP LPF – Confirmed Minutes of 10 th February 2021	
	b. ASD LPF – Unconfirmed Minutes of 4 th February 2021	
	c. NHS Fife Staff Health & Wellbeing Bronze Group – Confirmed Minutes of 1 st February 2021	
	d. Briefing Note - 'Once for Scotland' Workforce Policies - March 2021 V1.0	
28/21	AOB	
	<p>a. Staff Governance Annual Monitoring (SGAM) 2020/21</p> <p>S Raynor confirmed that SGAM return was paused for the 2019/20 period. However SGAM has been recommenced and a return for the 2020/21 is to be completed. The revised template is being issued by the Scottish Government on 1 May and is due for return by 31 August 2021 (having completed the governance route). The template will be populated and shared with APF members at future meetings before final sign off by the Chair of Staff Governance Committee and the Employee Director.</p>	
	<p>b. NHS Fife Staff Retirements</p> <p>S Fevre observed that a significant number of long-serving members of staff have retired from NHS Fife during the COVID-19 pandemic without a traditional 'send off' or have their contribution recognised. He acknowledged that this had been discussed at the APF in January 2021, on his behalf; however suggested exploring what NHS Fife could do. L Douglas reassured colleagues that the contribution of retirees has not been 'forgotten'; however, COVID-19 restrictions have provided challenges. It was agreed that current retiral arrangements could be creatively modernised to ensure they are fit for purpose and staff leave the organisation with appropriate recognition.</p> <p>S Raynor advised she had already liaised with other Board,s who conducted retirals by using MS teams and virtual presentations; used technology for electronic newsletters and leaving cards; and one Board issued a commemorative coin. W Brown suggested the matter be picked up at the Partnership Meeting for their agenda.</p>	

	c.	NHS Fife Black and Minority Ethnic (BAME) Group R Waugh reported that the BAME network Group had its first meeting on 5 February 2021 which had been well-attended, with good, thought-provoking discussion. There had been a couple of volunteers to Chair the group going forward. The next meeting is on 15 April 2021 at which S Fevre will represent Staff Side. Some members of the more established NHS Lothian BAME Group will be joining the next meeting to share their experiences to date.	
		DATE OF NEXT MEETING	
		The next Area Partnership Forum meeting will be held on Wednesday 19 th May 2021 at 13:30 hrs via MS Teams.	

**UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE GROUP MEETING
HELD ON WEDNESDAY 31 MARCH 2021 AT 14:00 HRS VIA MS TEAMS**

Chair: Linda Douglas, Director of Workforce

Present:

Jacqui Balkan, Regional Workforce Planning Manager
Lynn Barker, Associate Director of Nursing, Health & Social Care Partnership (H&SCP)
Wilma Brown, Employee Director
James Crichton, Interim Divisional General Manager, H&SCP
Susan Fraser, Associate Director of Planning and Performance
Scott Garden, Director of Pharmacy & Medicines
Margo McGurk, Director of Finance & Strategy
Brian McKenna, HR Manager – Workforce Planning
Kevin Reith, Deputy Director of Workforce

In Attendance:

Janet Melville, Personal Assistant (Minutes)

		Actions
	Welcome and Apologies	
	L Douglas welcomed everyone to the meeting and apologies were noted from C Dobson, Dr H Hellewell, D McIntosh, J Owens, R Waugh and A Wong.	
01.	Minutes and Matters Arising	
	The minutes of the previous meeting held on 20 th November 2020 were accepted as a true and accurate record. There were no matters arising.	
02.	Workforce Implications of Joint Fife Remobilisation Plan 2021/22	
	<p>K Reith advised that the Remobilisation Plan (RMP3) reflected our aspirations over the next 12 months and set the direction of travel which in workforce terms would be further detailed in the interim Workforce Plan 2021/22 and would set the foundation for our Workforce Strategy 2022/25. Delivery of the RMP3 was connected to the Strategic Planning and Resource (SPRA) process, through which strategy, finance and workforce aims were interlinked.</p> <p>In terms of key workforce themes within the RMP3 protecting the workforce was a guiding principle throughout the plan, as we consider how to remobilise and evolve our services to reflect the impact of COVID-19. Core to the plan is meeting our workforce demand and supply challenges, with the need to reflect on post-COVID-19 implications. The plan recognises our need to anticipate higher retirement levels and consider whether our workforce supply pipelines can respond quickly enough to ensure a sufficient supply of appropriately trained workforce. Other workforce considerations are the continuing support of the wellbeing of the workforce; and to capture and sustain positive changes to work</p>	

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Author: JM	Page: 1 of 4	Review Date: N/A

	practices and new agile approaches. In terms of workforce services, the need to develop the way we serve our workforce, make it person-centric and encourage self-management, with digital solutions at the fore. In addition, a number of workforce strategic drivers will be reviewed and developed going forward, engaging with and mobilising staff effectively. Planning for sustainability using workforce tools and modelling capability; both in a local and regional context in relation to workforce resourcing; and looking at a shared services model for recruitment and bank management consolidation. Workforce development is very much e-enabled; valuable lessons have been learned from the fast track induction; there may be a need to upskill the workforce to be ready for the digital transformation agenda.	
03.	Strategic Planning and Resource Allocation 2021/22 – Workforce Implications	
	<p>K Reith explained that the SPRA process sets out the right direction of travel for NHS Fife, adapting and developing previous strategic thinking. There is a lot of content and ambition; the next phase is prioritisation of the core aims of the organisation and alignment with resources. It outlines, in a pragmatic way, how services will be remobilised and delivered; longer term strategic goals are work in progress. There are a range of initiatives and workforce aspirations of which the top three aspects will be focussed upon. S Fraser indicated that NHS Fife is at the start of a long process, with organisational and directorate objectives still to be finalised. Sustainable practices put in place now will be built on to feed into the longer-term strategy.</p> <p>M McGurk acknowledged there is a lot of new work going on, with medium to long term strategic ambitions being discussed at an Executive Directors Group (EDG) session tomorrow to inform and develop the overarching Health & Wellbeing Strategy for the population of Fife. The corporate, directorate and team objectives for 2021/22 require to be formally agreed. A pack is being prepared for Directors and Team Leads which contains key content on the SPRA, mapped to the existing strategy and giving the opportunity to review and standardise the content. SMART objectives will be agreed to ensure everyone is clear on their responsibilities. A Team session will formally assign responsibilities; each workstream will have a 'Lead' Director for each objective, a 'Key Contributor' Director and others who 'Support' and others who are 'Aware'.</p>	
04.	Health & Care Safe (Staffing) Act Update	
	<p>There was no representative at the meeting to provide an update.</p> <p>W Brown was disappointed that there wasn't an update on Safe Staffing and stressed that this is an extremely important topic, as services resume, to ensure there are safe levels of staffing throughout NHS Scotland to deliver the best possible care to patients. W Brown acknowledged all of the good work going on locally and nationally in relation to staff health and wellbeing, and that this needs to be reinforced with adequate numbers of staff in the workplace.</p> <p>L Douglas indicated that Safe Staffing has been discussed at EDG and the workforce tools have been run to determine safe staffing levels; work is ongoing. S Garden stated that the legislation has moved beyond Nursing & Midwifery (N&M) and although N&M are proceeding with tool development, a multi disciplinary approach is being explored and working collaboratively going</p>	

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	forward. L Barker advised that within the Health & Social Care Partnership (H&SCP) relevant personnel are well aware of the legislation and are taking matters forward. This led to a discussion during which it was agreed to discuss safe staffing levels, workforce tools and reporting systems at a future meeting.	
05.	Completion of Interim Workforce Planning Template 2021/22	
	<p>B McKenna explained the timeline for returning the completed Workforce Plan 2021/22 template to the Scottish Government is 30 April 2021. It is recommended to restrict the content to high level strategic, short term priorities for the next 12 months (longer term strategic priorities will be captured in the Workforce Strategy 2022/25). The draft document was circulated to the Group and other key stakeholders; contributions are still being received and incorporated into the plan (the deadline for comments/ contributions is 9 April 2021).</p> <p>S Fraser suggested also referring to the SPRA process to ensure interconnectivity of strategic arrangements. M McGurk recommended that Section 6 Supporting the Workforce through Transformational Change would benefit from input from Neil McCormick, Director of Property & Asset Management with regard to a safe working environment, as restrictions ease and staff return physically to the workplace; and from Alistair Graham, Associate Director, Digital & Information on the use of digital solutions.</p> <p>K Reith proposed the meeting time on 7 April be used for finalising the template as much as practicable. It will then go to EDG on 22 April for approval prior to submission to the Scottish Government (SG).</p>	BMcK
06.	Review of 2019/22 NHS Fife Workforce Strategy	
	K Reith brought to the Group's attention the early intent of the development of the Workforce Strategy for 2022/25; already starting to plan and think ahead: what are the future priorities, who are the key contributors, and to build on the one year Interim Workforce Plan 2021/22. This will be a complementary piece working alongside the Health & Wellbeing Strategy aligning the three elements of strategy, finance and workforce. Timescales may adjust, but it is anticipated an engagement period from May through to Autumn 2021 to develop thinking behind the strategy, with it being a standing item on this agenda; drafting of the strategy by the end of 2021 and finalising the document in time to go through the appropriate governance route in early 2022; prior to submission to the Scottish Government.	
07.	Updates from Associated Groups	
7.1	Operational Workforce Planning Group	
	B McKenna reported that the Group had last met in January 2021 when the requirements for completing the Workforce Strategy 2022/25 were discussed. The Action Plans for services, reflecting RMP3 and SPRA, were to be considered and relevant parties were populating for their area of responsibility. At the time of the meeting, the Interim Workforce Plan template was discussed, although the letter requesting completion of the template had not been received.	

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	7.2 Health & Social Care Partnership Workforce and Organisational Development Board L Barker advised that the group is meeting tomorrow, at which the Terms of Reference will be reviewed and refreshed prior to remobilisation.	
	7.3 Nursing Workforce Planning Group There was no representative at the meeting to provide an update.	
08.	EU Exit – Workforce Impact	
	B McKenna confirmed that a communication/ reminder will be issued alerting affected individuals of the 3 month transition period in relation to Settlement Status which expires end June 2021.	
09.	Emerging Workforce Risks/ Risk Register	
	L Douglas reassured colleagues that through the Workforce Strategy and Plan, a review of workforce risks will ensure they are accurately captured and allocated to the appropriate personnel, with the necessary mitigations and risk ratings in place.	
10.	Regional Workforce Update	
11.	National Workforce Planning Update	
	As time was short, J Balkan combined the regional and national updates. The main agenda item at the last meetings was the Interim Workforce Plan template return, to ensure regional workforce planning considerations are included. J Balkan confirmed that Safe Staffing is on the regional workforce agenda. Physiology is also included on the national agenda with more discussions next week. The Physicians Associates programme is pressing ahead apace.	
12.	AOB	
	There was no other business to discuss.	
	Date of Next Meeting: Wednesday 7 April 2021 at 10:00 hrs via MS Teams.	

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UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 12th March 2021 at 12:30 within Microsoft Teams

Present:

Neil McCormick, (NM) Director of Property & Asset Management
Conn Gillespie (CG), Staff Side Representative
Linda Douglas, Director of Workforce

In attendance

Mr Craig Webster (CW), Health & Safety Manager

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

NM welcomed all to the meeting, he stated that he was delighted to join and chair the meeting.

2. APOLOGIES FOR ABSENCE

Dr Chris McKenna (CM) Medical Director
Mr David Young (minute taker)

3. MINUTES OF PREVIOUS MEETING

Action

3.1. Approval of previous minutes

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

3.2. Actions List Update

NM is aware that CW had responded to the HSE by the 29th January 2021 and the HSE had subsequently replied. Their response will be discussed later in the agenda.

3.2.1 Theatre Locker Rooms

NM is conscious that the Theatre Locker Rooms has become a point of discussion with the HSE and NM noted that CG had been asked to carry out an assessment of the room. CG asked the group if they knew of any evidence relating to the transmission of the virus through clothing. The group discussed the lack of evidence, the guidance and advice that is currently available and how the Organisation should manage the risks involved. LD suggested that any future discussion with the HSE should be driven by evidence and advice presented to the Organisation. LD also suggested that it is important that the organisation should ensure that information should be communicated to staff in order to alleviate any concerns they may have.

NM noted that the Chief Nursing Officer had issued a letter on best practice relating to COVID. The letter mentions changing and changing areas, highlighting the need to manage the number of staff using the area. NM suggested that, if NHS Fife is following national guidance and have assessed the risk, then the organisation should challenge HSE if necessary. NM asked if this should be raised with Clinical Governance to see if they would agree with this approach. LD agreed, stating that Clinical Governance would be able to advise on the best route for the organisation to take.

NM

CW said that the organisation continues to look for further solutions, but it is difficult due to the physical footprint of the changing areas. The group discussed the current controls implemented in the Theatre Locker Rooms.

3.2.2 Clinical Areas - welfare areas and communal rooms

CW has an action to investigate Covid Management Training for Staff returning to work. CW stated that this is still outstanding

CW

3.2.3 Laundry

CW advised that the installation of screens has been completed.

3.2.4 Face Fit Testing

NM asked if CW for an update regarding Face Fit Testing. CW stated that there are still some issues highlighted by the HSE regarding the management of local fit testers which needed to be addressed.

An external provider has worked with the H&S team and verified their competency for quantitative fit testing.

A second session to cover issues relating to Qualitative Testing competency was organised but had to be postponed due to adverse weather. A rescheduled session has yet to be organised.

CW

CW said that he had investigated the action relating to Fit 2 Fit accreditation had decided that it wouldn't have a benefit to the organisation. CW had hoped that members of the H&S Team could be trained as Fit 2 Fit accredited Assessors who would then in turn, be able to accredit local testers. However, this is not the case and the organisation would still need to pay a fee. CW stated that this is not a legal requirement and has no particular benefit to the organisation so this has been closed.

NM asked CW about powered respirators, CW informed the group that an order has been placed and will possibly be located in the Cameron Hospital Kitchens. The respirators will be used for staff that can't get masks to fit..

NM noted that CW had also managed to secure an additional Fit Testing Machine which will help with the number of staff being properly fitted with masks.

3.3. Matters arising not on agenda

Nil

4. COVID 19

4.1. Discussion around H&S issues relating to COVID-19 response and ongoing management.

NM has heard of a few instances where staff who have received either their first or both vaccinations may no longer be adhering to physical distancing and wearing appropriate PPE. There is a concern that these staff may be unaware that there is a potential risk that they may still carry the virus even though they have received vaccinations.

NM asked if it was advisable to remind staff that the need to continue adhering to guidelines. LD stated that the Workforce Silver Group, which includes the Staff Wellbeing & Health Bronze Group, is going to reconvene for one or two meetings.

LD is aware that The Staff Wellbeing & Health Bronze Group have been carrying out some work regarding reinforcing these matters to the workforce. Also, Kirsty McGregor's Team has been asked to give prominence to this message. LD is also aware that the Scottish Government have commissioned a campaign to try and manage the staff transmission issue which will begin soon.

NM stressed that most staff are doing a fantastic job and not everyone is becoming complacent. However, NM has heard anecdotally that there are groups of staff not

be maintaining distancing rules and the best way forward is to remind people.

Action: CW to raise issue at the Staff Wellbeing & Health Bronze Group

CG remarked that he thought that staff may be suffering from "COVID fatigue". He also suggested that staff who work shoulder to shoulder in a clinical setting may continue to do so when they are in a non-clinical environment.

CW

NM asked CW if there was anything else that was being picked up by the HSE other than changing facilities that the organisation should be considering. CW stated that there wasn't anything else that had picked up that we weren't already dealing with but there were issues, such as lack of physical distancing which the organisation could be better at enforcing.

5. GOVERNANCE ARRANGEMENTS

NM said that the diagram was both interesting and complicated. He asked if anyone had thoughts about the terms of reference for the committee?

Clearly the right forum but do we link into all the right places and are there other things we can do to raise awareness of H&S in the workplace.

LD said that the ToR were good but added that some tidying up is required as names have changed. In terms of the governance arrangements structure, she liked the document and found it helpful.

LD noted that there were two points CW might consider;

- Links relating to resilience and resilience forums. LD knows they exist but wondered if they could be more strongly reflected in the diagram and ToR.
- In the future, considering the pandemic, is there anything in the ToR that the committee would want to reflect differently or add because of any lessons learned?

CW

NM thanked LD for her comments. He remarked that matters such as the powered respirators had been taken to the Executive Directors, so there is an escalation process that isn't documented but could be identified in the review

NM asked CW if the ToR needs to be approved and, if so, when do they need to be approved by?

CW stated that the ToR should be approved by the first meeting of the financial year.

CG asked the group what they thought about the committee? If they thought it contained the right members, was it the right size? Are more members required?

After some discussion, the group agreed that representation was appropriate. The group also felt that it may be worthwhile speaking to Dr McKenna to see if a deputy should be nominated to represent Clinical Governance if he is unable to attend.

NM Summarised;

- TOR requires some tidying up (Names & Job Titles)
- Governance Review in terms of the way things are going to work post pandemic
- Contact CM to discuss deputy

CW

The group agreed and was happy for revised ToR to be presented to June meeting

CW

LD stated that other Governance committees tend to review ToR in the last month of the financial year so a draft can be presented and approved prior to the new year. LD asked the group if the review date of the committee's ToR should be changed the bring it in line with other committees. The group agreed.

CW asked if the group were happy with the timings and frequency of the committee meetings or if they needed to be changed. After some discussion, the group decided that the timings/frequency should remain as is.

NM raised the topic of the work plan and asked the group for their thoughts. CW

asked if the group were happy with the current format, if they are, CW will review, update and bring it back as a proposal for the next meeting for 2021 - 2023.

CW said that he was conscious that the work plan was reactive and there may be a need to develop a H&S Strategy a bring that into the workplan. **CW**

Action: CW to review the Work Plan.

CW

Work at Height Procedure. Review required by Jan 2021.CW still to complete.

The group discussed the Draft Annual Report. CW informed the group that the Annual Report was originally drafted in Feb 2021. CW will amend the report to include today's meeting and make a change to Section 2. 1 (membership) noting that AF was chair until our last meeting, NM has taken over as chair as from today's meeting. CW will also add any business discussed today to the appendices.

CW also informed the group that the Clinical governance Committee has asked that all reports submitted to them should be formatted in the same way so the report has been changed to reflect this.

CW

Action: CW to make relevant changes, circulate by email to the group for approval and submit to the Clinical Governance committee.

6. NHS FIFE ENFORCEMENT ACTIVITY

NM stated that some of this has already been covered and asked if CW had anything to add. CW said that the only thing to note is that after his last correspondence, He hasn't sent or received letters from the HSE but he is aware that they will be looking for further information regarding the lockers. CW will draft a response based on our last comms this week and circulate around the group, Claire Dobson and Andy MacKay.

CW

7. POLICIES & PROCEDURE

NM stated that there are a couple of updates relating to polices and procedures.

Working at Height policy has been covered.

Respiratory Protection Procedure. CW informed the group that the policy has been completely revised based on experience and learning from the pandemic.

Consultation for the policy closed at the end of last week. CW hasn't received many comments but is waiting on a response from Procurement after which the policy will be ready to go to the Clinical Policies Group then EDG.

8. OTHER BUSINESS

CG informed the group that he had noticed that there was a lack of screen protection for the Security Staff at the main entrance. He has reported this to Paul Bishop and screens have subsequently been ordered.

CW noted that the last agenda mentioned an audit carried out by Internal Audit Service looking at the management of sharps and how the organisation was implementing the sharps policy and procedures. There is an accompanying action plan CW noted that there was slippage due to the pandemic. CW has had a conversation with Internal Audit this week and a revision to the timescale has been agreed. CW will flag any issues to the group.

CW

9. FOR INFORMATION/ NOTING

Committee Minutes

CW reported that there were no other committee minutes to review at present.

10. Next Meeting

Date, time and venue for June 2021 meeting to be advised.

CW/NM

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	30 April 2021
Title:	NMAHP Professional Assurance Framework Survey November 2020
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Janette Owens, Director of Nursing

1 Purpose

This is presented to the Clinical Governance Committee for:

- Awareness

This report relates to a:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to the Clinical Governance Committee for awareness and noting.

Accountability for the quality of nursing, midwifery and AHP care is devolved to the Board Director of Nursing to ensure there is clarity of professional responsibility and robust accountability structures for professional nurses, midwives and AHPs.

A Professional Assurance Framework (PAF) was developed in 2018, which sets out how the Director of Nursing provides assurance to NHS Fife Board on the quality and professionalism of nursing, midwifery and AHP care. The framework provides evidence that structures and processes are in place to provide the right level of scrutiny and assurance across all nursing, midwifery and AHP services.

2.2 Background

The Framework applies to all nurse, midwife and allied health professional registrants, irrespective of their grade or seniority. It is closely aligned with the statutory regulatory frameworks and professional guidance that underpin nursing, midwifery and allied health professional practice. Crucially, it enables nurses, midwives and AHPs to carry out their clinical responsibilities confident in their knowledge of accountability both for their actions and those actions which they have delegated to others.

2.3 Assessment

The PAF can be used in the following ways:

- Confirm there is a system of assurance in place for which the Chief Executive is ultimately accountable
- Review and strengthen what is already in place in relation to nursing, midwifery and allied health professional roles and practice, leadership, governance and reporting arrangements and highlight where improvements are required
- Clarify what is expected of nurses, midwives and AHP professional leaders and operational managers
- Provide guidance on what should be in place in organisational structures
- Reinforce the importance of professional conduct and competence during appraisal, personal development and review processes
- Assist managers and practitioners in ensuring that appropriate professional attitudes and behaviours are identified and in taking supportive and remedial action where required.

The PAF itself is under review by the Associate Director of Nursing (Corporate) and the Associate Director of AHPs to ensure that all references, changing models, are current.

An electronic survey, supported by NHS Fife Communications Team, was carried out between August and October 2020. Senior NMAHPs were asked to complete the survey on behalf of their teams, with a 77% response rate.

The survey (Appendix 1) was undertaken across the Nursing, Midwifery and AHP professions to ascertain any gaps, challenges and identify areas of good practice.

The survey was based on the **4 Primary Drivers** contained within the PAF and indicators were identified to assess services' compliance.

PRIMARY DRIVER NO 1:

‘Practitioners are equipped, supervised and supported according to regulatory requirements’

The indicators within this driver were, in the main, ‘always’ or ‘frequently’ completed. Specific attention will be focussed, going forward, on:

- ensuring that a senior NMAHP is involved in performance appraisal
- monitoring inter-agency and cross professional formal education and development

PRIMARY DRIVER NO 2:

‘Dispersed professional leadership focuses on outcomes and promotes a culture of parity and respect’

The indicators within this driver were, in the main, ‘always’ or ‘frequently’ completed. Specific attention will be focussed, going forward, on:

- ensuring that a senior nurse/midwife / AHP agrees staffing levels with operational managers informed by the Health and Care (Staffing) (Scotland) Act

PRIMARY DRIVER NO 3:

‘There is clear accountability for standards and professionalism at each level to the NHS Fife Board and Scottish Government’

The indicators within this driver were, in the main, ‘always’ or ‘frequently’ completed. Specific attention will be focussed, going forward, on:

- ensuring measures are in place to demonstrate / improve professional, person-centred behaviours

PRIMARY DRIVER NO 4:

‘NHS Fife Board has a clear understanding about the quality of the nursing, midwifery and AHP services’

The indicators within this driver were, in the main, ‘always’ or ‘frequently’ or ‘sometimes’ completed. Specific attention will be focussed, going forward, on:

- ensuring that a quality report is made to the NHS Fife Board via relevant governance structures which triangulates indicators of workforce and professionalism with relevant aspects of scrutiny and review reports and demonstrates evidence of the learning and continuous improvement

2.3.1 Quality / Patient Care

The Framework applies to all nurse, midwife and allied health professional registrants. It enables nurses, midwives and AHPs to carry out their clinical responsibilities confident in their knowledge of accountability, supporting excellence in person-centred care.

2.3.2 Workforce

The Framework encompasses Health and Care (Staffing) (Scotland) Act, leadership development, performance appraisal and delegation of duties.

2.3.3 Financial

Robust management of workforce planning and review will support financial governance

2.3.4 Risk Assessment/Management

The Framework confirms that there is a system of assurance in place.

2.3.5 Equality and Diversity, including health inequalities

The Framework ensures that processes are in place to provide assurance across all services, promoting equality and diversity agenda.

2.3.6 Other impact

The Framework assists managers and practitioners in ensuring that appropriate professional attitudes and behaviours are identified and in taking supportive and remedial action where required, to ensure that the people of Fife can expect the highest standard of person-centred care

2.3.7 Communication, involvement, engagement and consultation

The Survey was completed by senior NMAHPs across NHS Fife and Fife Health and Social Care Partnership. It is being shared with the respondents to discuss with their teams.

2.3.8 Route to the Meeting

- Associate Director of NMAHPs meeting

2.4 Recommendation

- **Awareness:** note the contents of the paper.

Report Contact

Janette Owens, Director of Nursing

janette.owens@nhs.scot



NURSING, MIDWIFERY ALLIED HEALTH PROFESSIONS



PROFESSIONAL ASSURANCE FRAMEWORK STOCKTAKE SURVEY NOVEMBER 2020

NMAHP Professional Assurance Framework (PAF) Stock-take Survey

	answered	55
	skipped	0

PRIMARY DRIVER 1

Q1.1 Each registered practitioner meets professional regulatory (NMC/HCPC) requirements				
			Response Percent	Response Total
1	Always	<div></div>	94.44%	51
2	Frequently	<div></div>	5.56%	3
3	Sometimes		0.00%	0
4	Occasionally		0.00%	0
5	Never		0.00%	0
			answered	54
			skipped	1
Comments: (13)				
1	24/07/2020 15:38 PM ID: 145588781	SOP in place to support		
2	30/07/2020 16:27 PM ID: 145865838	Any one found to have lapsed would be acted upon in line with NHS policy		
3	31/07/2020 12:17 PM ID: 145895102	All registered staff are members of HCPC.		
4	04/08/2020 12:07 PM ID: 146040593	system in place to check registrations		
5	10/08/2020 11:49 AM ID: 146304618	Rare occasion of failing to do so is managed according to Board HR policy.		
6	18/08/2020 16:26 PM ID: 146697700	HCPC register checked annually annual TURAS regular supervision induction for new staff		
7	25/08/2020 17:03 PM ID: 147073989	All registered podiatrists are bound by HCPC regulations.		
8	31/08/2020 15:34 PM ID: 147339456	Regular at least monthly 1:1's as well as seeing each other at appropriate opportunities		
9	01/09/2020 06:14 AM ID: 147355408	Robust system in place, SOP and monthly checks		
10	01/09/2020 14:27 PM ID: 147378165	pre employment check Each OT head of service maintains records and has access to HCPC live system. Registration cycle is 2 yearly and occurs as a whole profession		
11	17/09/2020 13:53 PM ID: 145686664	Staff are reminded to familiarise themselves regularly with HCPC requirements.		

Q1.1 Each registered practitioner meets professional regulatory (NMC/HCPC) requirements				Response Percent	Response Total
	12	17/09/2020 16:55 PM ID: 148410959	Small team and checked regularly at 1:1s etc		
	13	18/09/2020 13:59 PM ID: 148454257	All Dietitians must be registered by HCPC to work in the NHS		

Q1.2 Practitioners work to NMC Code / HCPC Standards of conduct, performance and ethics					Response Percent	Response Total
	1	Always	<div></div>		88.89%	48
	2	Frequently	<div></div>		11.11%	6
	3	Sometimes			0.00%	0
	4	Occasionally			0.00%	0
	5	Never			0.00%	0
					answered	54
					skipped	1
Comments: (14)						
	1	24/07/2020 15:38 PM ID: 145588781	continually reviewing and updating SOP's and procedures to support practice			
	2	29/07/2020 14:17 PM ID: 145799176	however individuals do at times do practice out with			
	3	30/07/2020 16:27 PM ID: 145865838	Anyone who didn't would be dealt with appropriately in line with NHS policies			
	4	31/07/2020 12:17 PM ID: 145895102	All members of staff are reminded to familiarise themselves with HCPC Standards and a number of staff attended the PAF event held in October 2019. They were charged with disseminating information across their team. Any issues are dealt with promptly.			
	5	04/08/2020 12:07 PM ID: 146040593	A few individuals do not and have been addressed through conduct/performance processes.			
	6	10/08/2020 11:49 AM ID: 146304618	Any deviance to working to the NMC code is managed according to policy			
	7	18/08/2020 16:26 PM ID: 146697700	regular audit of standards TURAS appraisal clinical & professional supervision annual notes audit			
	8	25/08/2020 17:03 PM ID: 147073989	The governance of all registered podiatrists lies within the service.			
	9	31/08/2020 18:12 PM ID: 147345255	currently no staff under investigation/ capability			
	10	01/09/2020 06:14 AM ID: 147355408	Standards of the code are conduct are actively promoted t all times. Any registrant not adhering to the code would be managed under the conduct policy.			
	11	01/09/2020 14:27 PM ID: 147378165	Performance monitored continually through structured supervision system and TURAS appraisal			
	12	17/09/2020 13:53 PM ID: 145686664	This is the expectation and where they don't, this is dealt with appropriately.			
	13	17/09/2020 16:55 PM ID: 148410959	Againb small team so easy to monitor			
	14	27/09/2020 13:36 PM ID: 148960719	any practitioner found not to be working to NMC Code will be subject to investigation through relevant HR polices			

Q1.3 An up-to-date record is held of each practitioner's registration details					Response Percent	Response Total
	1	Always	<div></div>		100.00%	54
	2	Frequently			0.00%	0
	3	Sometimes			0.00%	0
	4	Occasionally			0.00%	0
	5	Never			0.00%	0
					answered	54
					skipped	1

Q1.3 An up-to-date record is held of each practitioner's registration details				
			Response Percent	Response Total
Comments: (16)				
1	24/07/2020 15:38 PM ID: 145588781	central database for ICASS		
2	28/07/2020 21:47 PM ID: 145767043	Spreadsheet available and checked		
3	29/07/2020 14:17 PM ID: 145799176	we have a SOP to ensure and assure		
4	30/07/2020 16:27 PM ID: 145865838	Yes there is a system in place where the registration is checked at the end of every month. In addition an email is forwarded to the staff member a month in advance advising them their renewal is due however it is the sole responsibility of the staff member to ensure it does not lapse		
5	31/07/2020 12:17 PM ID: 145895102	Held and monitored as part of our governance activity.		
6	04/08/2020 12:07 PM ID: 146040593	SOP with system in place to check registrations monthly.		
7	10/08/2020 11:49 AM ID: 146304618	There is an up to date SOP guiding how this information is held and how it is reviewed and updated.		
8	18/08/2020 13:51 PM ID: 146688717	Annual online check		
9	18/08/2020 16:26 PM ID: 146697700	annual HCPC registration check recorded for all staff		
10	25/08/2020 17:03 PM ID: 147073989	Details are easily sourced on the HCPC site and details are also held electronically in the department's shared drive.		
11	31/08/2020 15:34 PM ID: 147339456	Yes updated monthly		
12	01/09/2020 06:14 AM ID: 147355408	SOP and monthly checks completed by SCN/Team leads, checked by Lead Nurse and sent to HoN. Each Team Leader/SCN holds a record at ward/service level.		
13	01/09/2020 09:19 AM ID: 147359523	within Directorate office		
14	01/09/2020 14:27 PM ID: 147378165	Available live through HCPC website & registration cycle is 2 yearly and occurs as a whole profession. (31st October)		
15	17/09/2020 13:53 PM ID: 145686664	Required for governance of the service.		
16	27/09/2020 13:36 PM ID: 148960719	Checked monthly by the Directorate office .		






Q1.4 Professional values and attitudes are explicitly assessed as part of the interview process (values based interviews)				
			Response Percent	Response Total
1	Always	<div></div>	74.07%	40
2	Frequently	<div></div>	20.37%	11
3	Sometimes	<div></div>	5.56%	3
4	Occasionally	<div></div>	0.00%	0
5	Never	<div></div>	0.00%	0
			answered	54
			skipped	1
Comments: (14)				
1	28/07/2020 21:47 PM ID: 145767043	Value based interviews have been routine practice for three years		
2	29/07/2020 14:17 PM ID: 145799176	at all times we strive to proceed with VB interviews		
3	31/07/2020 12:17 PM ID: 145895102	We changed to values based interviews in summer 2019 and have updated our person specifications to include this.		
4	04/08/2020 12:07 PM ID: 146040593	Values integral to job descriptions and assessed at interview.		
5	10/08/2020 11:49 AM ID: 146304618	This is a core part of the interview and application process.		
6	18/08/2020 16:26 PM ID: 146697700	Professional values and attitudes are part of every interview (interview questions available) but not specifically using the value based interview model value based interviewing is included as part of NHS Fife recruitment training		
7	25/08/2020 17:03 PM ID: 147073989	All interviews are conducted in a values based format.		
8	31/08/2020 15:34 PM ID: 147339456	Assessed through questioning and good conversations that take place during interview process		

Q1.4 Professional values and attitudes are explicitly assessed as part of the interview process (values based interviews)				Response Percent	Response Total
9	01/09/2020 06:14 AM ID: 147355408	Historically this was not the case, but more recently and in the last few years all interviews have been values based.			
10	01/09/2020 09:19 AM ID: 147359523	"values based" approach to interviews not universally used but professional values are explored			
11	01/09/2020 14:27 PM ID: 147378165	Interviews follow organisational standards. person specifications make clear reference to values and attitudes.			
12	17/09/2020 13:53 PM ID: 145686664	We have moved to values based interviews over the past year.			
13	17/09/2020 16:55 PM ID: 148410959	Yes and as part of routine 1:1 and appraisal processes			
14	18/09/2020 13:59 PM ID: 148454257	This depends on the grade of post and work area required. Situational clinical area questions are usually part of the questions asked			

Q1.5 A senior nurse /midwife/AHP is involved in the recruitment of all nurses, midwives or AHPs				Response Percent	Response Total
1	Always	<div></div>		85.19%	46
2	Frequently	<div></div>		14.81%	8
3	Sometimes			0.00%	0
4	Occasionally			0.00%	0
5	Never			0.00%	0
				answered	54
				skipped	1
Comments: (11)					
1	28/07/2020 21:47 PM ID: 145767043	All interviews involve a line manager and a senior podiatrist			
2	29/07/2020 14:17 PM ID: 145799176	this is not 100% and some times managers go ahead without a senior nurse			
3	30/07/2020 16:27 PM ID: 145865838	At least one member of staff is at a higher grade than the vacancy being recruited too			
4	31/07/2020 12:17 PM ID: 145895102	All interviews are held with senior AHPs however the recruitment sign off process does not have a senior AHP oversight and decisions are being made by senior managers. Increasing questions regarding service redesign and necessity of posts.			
5	10/08/2020 11:49 AM ID: 146304618	this is the case to the best of my knowledge.			
6	18/08/2020 16:26 PM ID: 146697700	Appropriate grade of senior depending on grade of post being recruited to frequent use of other relevant professions			
7	19/08/2020 18:18 PM ID: 146802940	Recruitment panel for interviews to appoint Acute TVN team overseen by Band 7 TVN with input from HON			
8	25/08/2020 17:03 PM ID: 147073989	The professional head of service or service manager always leads the recruitment process through to appointment.			
9	01/09/2020 14:27 PM ID: 147378165	CPD and recruitment materials demonstrate profession specific involvement of Occupational Therapists in recruitment of OT's. Until re-establishment of Professional Lead post in Feb 2020 there was potential for senior OT posts to be recruited too in the absence of a OT of appropriate seniority			
10	18/09/2020 13:59 PM ID: 148454257	This depends on the grade of staff being interviewed for and the availability of Dietitians available for the interview. The appointing officer is always grades higher than the post			
11	27/09/2020 13:36 PM ID: 148960719	seniority of the nurse will depend on the band being interviewed for			

Q1.6 Each practitioner holds their own training record and understands their responsibility along with their manager for meeting mandatory training requirements				Response Percent	Response Total
1	Always	<div></div>		75.93%	41
2	Frequently	<div></div>		18.52%	10
3	Sometimes	<div></div>		5.56%	3
4	Occasionally			0.00%	0
5	Never			0.00%	0
				answered	54
				skipped	1
Comments: (13)					

Q1.6 Each practitioner holds their own training record and understands their responsibility along with their manager for meeting mandatory training requirements			Response Percent	Response Total
1	28/07/2020 21:47 PM ID: 145767043	This is the expectation but the department also keeps an up to date record of all mandatory training which is reviewed and updated regularly		
2	29/07/2020 14:17 PM ID: 145799176	I would not suggest that all registrants do hold their own training records - not until revalidation so some panic to collate information.		
3	30/07/2020 16:27 PM ID: 145865838	There is a spreadsheet. I encourage all TL to check this monthly and highlight to relevant staff monthly any gaps in training		
4	31/07/2020 12:17 PM ID: 145895102	It is increasingly difficult for clinical staff to manage the volume of mandatory training requirements balanced with clinical availability.		
5	04/08/2020 12:07 PM ID: 146040593	Meeting training requirements can be challenging however staff/managers aware of their responsibilities.		
6	10/08/2020 11:49 AM ID: 146304618	There are locally based training records held. I could not confirm that each individual practitioner holds this personally.		
7	18/08/2020 16:26 PM ID: 146697700	TURAS completed annually record of mandatory training updated on a monthly basis by all staff		
8	25/08/2020 17:03 PM ID: 147073989	Each staff member has an appraisal using TURAS and a designated appraiser.		
9	01/09/2020 06:14 AM ID: 147355408	This is encouraged, staff are given certificates and also encouraged to log all training for NMC purposes as well as on Turas. I am not aware if all staff are fully compliant, keeping their own records as this is their responsibility.		
10	01/09/2020 14:27 PM ID: 147378165	held by individuals and reviewed as part of TURAS appraisal		
11	17/09/2020 13:50 PM ID: 145588443	This is audited per team monthly		
12	17/09/2020 13:53 PM ID: 145686664	Mandatory training remains difficult to balance with clinical time. There are increasing requirements for mandatory training, and typically any new training eg ASP, trauma informed etc, all become mandatory to ensure all staff have a basic understanding. Whilst this is understandable, it also has a negative impact on clinical time and is often what staff complain about in supervision.		
13	21/09/2020 11:39 AM ID: 148559038	Each practitioner will have there PDP on TURAS, and mandatory training will be reflected within this.		

Q1.7 Performance appraisal is undertaken by operational line managers. A senior NMAHP must be involved in the appraisal meeting if the line manager is not employed as a Registered NMAHP.			Response Percent	Response Total
1	Always		61.11%	33
2	Frequently		14.81%	8
3	Sometimes		16.67%	9
4	Occasionally		1.85%	1
5	Never		5.56%	3
			answered	54
			skipped	1
Comments: (17)				
1	24/07/2020 18:17 PM ID: 145600417	Previously some of the senior midwives/nurses were performance reviewed by managers who were not registrants, this has now been rectified		
2	27/07/2020 08:48 AM ID: 145662663	My eKSF and TURAS has always been completed a Service Manager and not a Senior Nurse. My 3 yearly revalidation however is completed by the Head of Nursing.		
3	28/07/2020 21:47 PM ID: 145767043	This is not undertaken as yet as until lately there were only two managers for over 70 staff which made this impossible. We have now recruited one further manager but this is still a challenge. Managers are aware of good and poor performance and reacts appropriately		
4	29/07/2020 14:17 PM ID: 145799176	performance appraisal is strong advocated however timescales do slip for completion, and again a senior nurse is not always involved if the manager is employed as a clinical service manager and has an NMC registration they still go ahead with out a senior nurse		
5	31/07/2020 12:17 PM ID: 145895102	Responsibility for performance appraisal is disseminated to senior AHPs throughout the service with oversight by the operational line managers. Operational line managers carry out performance appraisal for the senior AHPs.		
6	04/08/2020 12:07 PM ID: 146040593	Most staff are line managed by nurses but some gaps at senior level.		
7	10/08/2020 11:49 AM ID: 146304618	In my experience of my last appraisal this was carried out by my line manager who is not a nurse. I am unsure if there was nursing involvement in the discussion.		
8	12/08/2020 10:02 AM ID: 146407857	Appraisals/PDP's are not expected as part of the Nurse Bank nationally however I do offer this.		
9	18/08/2020 16:26 PM ID: 146697700	Band 8A has performance appraisal with professional lead rather than service line manager Where line manager is of a different profession, professional supervisor provides comments		
10	25/08/2020 17:03 PM ID: 147073989	All staff are line managed within their profession. Appraisal is undertaken by senior colleagues but not operational line managers as there is a lack of capacity for this.		
11	01/09/2020 06:14 AM ID: 147355408	I complete Turas and performance appraisals in my area of responsibility and also the SCN/Team leads in my areas however I have not always received a performance appraisal and I know of many others also who have not.		
12	01/09/2020 09:19 AM	separate approach used within different teams. Band 7 completes appraisal for Band 6s. Band 6s then complete for Band 5/4/3/2/1		

Q1.7 Performance appraisal is undertaken by operational line managers. A senior NMAHP must be involved in the appraisal meeting if the line manager is not employed as a Registered NMAHP.

			Response Percent	Response Total
	ID: 147359523			
13	01/09/2020 14:27 PM ID: 147378165	Absence of Senior OT input into Head OT appraisals. OT management dispersed across a range of operational managers		
14	17/09/2020 13:51 PM ID: 145590069	Line management structure too flat with only 2 line managers and over 70 staff so this was not practical. Restructuring of management system in progress		
15	17/09/2020 13:53 PM ID: 145686664	Performance appraisals are distributed within the service. Senior clinicians are appraised by the operational managers. The senior clinicians then appraise other members of staff. All appraisers are senior NMAHPs.		
16	17/09/2020 16:55 PM ID: 148410959	I support managers in most relevant appraisals		
17	18/09/2020 13:59 PM ID: 148454257	The clinical leads supervise this process for their teams. The department does not have any managers, all Dietitians have a clinical work load.		

Q1.8 Practitioners have access to a professional supervisor (mandatory in professionally isolated multi-agency settings)

			Response Percent	Response Total
1	Always		68.52%	37
2	Frequently		12.96%	7
3	Sometimes		12.96%	7
4	Occasionally		5.56%	3
5	Never		0.00%	0
			answered	54
			skipped	1

Comments: (12)

1	28/07/2020 21:47 PM ID: 145767043	Pre covid this had just been implemented but has now been put on hold as service structure does not support it meantime. . Previously there was peer support and this has been superceded by team meetings where clinical leads support staff. Individual support is available to all.
2	31/07/2020 12:17 PM ID: 145895102	Supervision has been embedded in our practice for over 20 years.
3	04/08/2020 12:07 PM ID: 146040593	All staff have access to supervision. Uptake is variable.
4	18/08/2020 16:26 PM ID: 146697700	This has changed 2019/2020 to ensure all physiotherapy staff whose line manager is not a physiotherapist have a professional supervisor
5	25/08/2020 17:03 PM ID: 147073989	All staff have access to senior or lead podiatry colleagues.
6	31/08/2020 15:37 PM ID: 147339931	Still in the process of developing supervision in Radiology , with support from PEL. We are the pilot site for Scotland for supervision within the radiographer AHP group
7	01/09/2020 06:14 AM ID: 147355408	All staff are encouraged to engage in supervision, again not mandatory so uptake is sometimes poor. There is a lack of available professional supervisors due to the lack of supervision training.
8	01/09/2020 09:19 AM ID: 147359523	Not universally available but professional supervision is available in relation to child protection via Child protection Nurse Advisers team
9	01/09/2020 13:09 PM ID: 147377095	Unsure what questions means.
10	01/09/2020 14:27 PM ID: 147378165	Well established and structured supervision system with previous professional body compliance. Supervision group oversees supervision training, resource updates and compliance with guidance.
11	17/09/2020 13:53 PM ID: 145686664	Supervision has been embedded within the service for over 20 years.
12	20/09/2020 21:36 PM ID: 148538622	All new team members are assigned a named mentor

Q1.9 Inter-agency / cross-professional formal education and development is monitored through governance arrangements

			Response Percent	Response Total
1	Always		46.30%	25
2	Frequently		37.04%	20
3	Sometimes		12.96%	7
4	Occasionally		3.70%	2
5	Never		0.00%	0
			answered	54
			skipped	1

Comments: (6)






Q1.9 Inter-agency / cross-professional formal education and development is monitored through governance arrangements				
			Response Percent	Response Total
1	28/07/2020 21:47 PM ID: 145767043	This is dependent in the training organiser.		
2	04/08/2020 12:07 PM ID: 146040593	variety of cross professional education but not clear that it is monitored in any formal way?		
3	18/08/2020 16:26 PM ID: 146697700	formal links with HEIs PEF NES		
4	25/08/2020 17:03 PM ID: 147073989	Cross professional formal education is not common but is monitored within the organisation where appropriate.		
5	01/09/2020 09:19 AM ID: 147359523	Inter-agency education in relation to child protection practice		
6	18/09/2020 13:59 PM ID: 148454257	Most education is provided out of Fife due to the size of the department and the numbers in Scotland. Training in specialised areas is usually national		

Q1.10 Implementation of NES and NMC quality standards (e.g. QSPP and Standards for Learning and Assessment in Practice)				
			Response Percent	Response Total
1	Always	<div></div>	64.81%	35
2	Frequently	<div></div>	25.93%	14
3	Sometimes	<div></div>	5.56%	3
4	Occasionally	<div></div>	0.00%	0
5	Never	<div></div>	3.70%	2
			answered	54
			skipped	1
Comments: (9)				
1	24/07/2020 15:38 PM ID: 145588781	students limited recently for AHP staff groups due to staffing levels and covid 19		
2	28/07/2020 21:47 PM ID: 145767043	Not sure what this means but the department adheres to NES quality standards for practice placement		
3	31/07/2020 12:17 PM ID: 145895102	Links with university and PELs.		
4	04/08/2020 12:07 PM ID: 146040593	implemented and reviewed,		
5	18/08/2020 16:26 PM ID: 146697700	Clear distribution lines throughout organisation for reporting		
6	25/08/2020 17:03 PM ID: 147073989	NES quality standards are implemented to support learning as appropriate.		
7	01/09/2020 14:27 PM ID: 147378165	AHP PEF input		
8	17/09/2020 16:55 PM ID: 148410959	I see an active lead on this but on occasion some work is needed but this is rare		
9	18/09/2020 13:59 PM ID: 148454257	HCPC provide the generic and specific AHP standards		

PRIMARY DRIVER 2

Q2.1 Senior practitioners have access to leadership development				
			Response Percent	Response Total
1	Always	<div></div>	47.06%	24
2	Frequently	<div></div>	37.25%	19
3	Sometimes	<div></div>	15.69%	8
4	Occasionally	<div></div>	0.00%	0
5	Never	<div></div>	0.00%	0
			answered	51
			skipped	4
Comments: (15)				
1	24/07/2020 15:38 PM ID: 145588781	information shared via email and discussions at 1:1 meetings		

Q2.1 Senior practitioners have access to leadership development				Response Percent	Response Total
2	28/07/2020 21:47 PM ID: 145767043	Although available as part of NHS Fife leadership programme not all staff take the opportunity. Places however are limited on this and other leadership development courses due to demand and/or cost. Due to COVID the service has moved to a locality model with a lead podiatrist in each. These staff are currently supported to succeed in this role			
3	29/07/2020 14:17 PM ID: 145799176	this is a key aspect of any nursing role and is strongly supported in the HSCP			
4	30/07/2020 16:27 PM ID: 145865838	There are frequent opportunities through out the year			
5	31/07/2020 12:17 PM ID: 145895102	All senior AHPs have access to leadership development as part of their appraisal plan. We use a range of formal and informal methods to support staff.			
6	04/08/2020 12:07 PM ID: 146040593	A variety of leadership development opportunities for staff. Uptake is variable.			
7	10/08/2020 11:49 AM ID: 146304618	I have always had access to leadership development and have been actively encouraged to take part. I encourage all staff to do the same.			
8	12/08/2020 10:02 AM ID: 146407857	If bank staff request this it may be supported however this is challenging on a bank only contract			
9	18/08/2020 16:26 PM ID: 146697700	internal and external training opportunities always available and supported peer mentorship			
10	25/08/2020 17:03 PM ID: 147073989	Many senior practitioners have accessed leadership develop opportunities.			
11	31/08/2020 15:34 PM ID: 147339456	There may be a bit of a wait to access training but it is encouraged.			
12	01/09/2020 06:14 AM ID: 147355408	Training and courses available mainly on line.			
13	01/09/2020 14:27 PM ID: 147378165	Number of staff have participated in multi professional training. Leadership development opportunities across health and social care is part of OT managers agenda			
14	18/09/2020 06:55 AM ID: 148426912	Difficult at the moment due to the current situation, but I understand online resources are being developed.			
15	27/09/2020 13:36 PM ID: 148960719	leadership development is limited and places on courses is competitive.			

Q2.2 Protocols are in place to support and advise practitioners on delegation of clinical and non-clinical activities within the NHS and in multi-agency settings				Response Percent	Response Total
1	Always			66.67%	34
2	Frequently			19.61%	10
3	Sometimes			9.80%	5
4	Occasionally			1.96%	1
5	Never			1.96%	1
				answered	51
				skipped	4
Comments: (8)					
1	28/07/2020 21:47 PM ID: 145767043	This was always the case until this month as we updated all our protocols. There is a need to update HCSW duties in line with new ways of working post covid			
2	31/07/2020 12:17 PM ID: 145895102	As part of individual staff appraisal plans and with reference to the 4 pillars of practice plans are agreed for clinical and non-clinical activities. We are actively considering introducing work plans. All staff attend a staff induction and have to revise this on a 3 yearly basis. This is also raised as part of their local induction and mentoring plan.			
3	12/08/2020 10:02 AM ID: 146407857	Support sought from PPD			
4	25/08/2020 17:03 PM ID: 147073989	There is a clear understanding of delegation and support from lead podiatrists to ensure safe practice.			
5	01/09/2020 06:14 AM ID: 147355408	There are various groups looking at the policies/protocols to streamline these and ensure fit for purpose and regular review.			
6	01/09/2020 14:27 PM ID: 147378165	RCOT Code of ethics guides delegation. RCOT briefing; 2020 - Delegation			
7	17/09/2020 13:51 PM ID: 145590069	Not sure what is meant by this question			
8	18/09/2020 13:59 PM ID: 148454257	Work is allocated by the clinical leads taking account of each team members experience and development needs			

Q2.3 A senior nurse/midwife agrees staffing levels with operational managers informed by Safe Staffing Legislation (Common Staffing Method).A senior AHP agrees staffing levels with operational managers.

			Response Percent	Response Total
1	Always	<div><div></div></div>	58.82%	30
2	Frequently	<div><div></div></div>	21.57%	11
3	Sometimes	<div><div></div></div>	11.76%	6
4	Occasionally	<div><div></div></div>	1.96%	1
5	Never	<div><div></div></div>	5.88%	3
			answered	51
			skipped	4
Comments: (18)				
1	24/07/2020 18:17 PM ID: 145600417	There are often challenges to staffing requests from senior management team		
2	28/07/2020 21:47 PM ID: 145767043	Line managers are involved in staffing negotiations with their line manager but that does not always lead to agreed staffing levels. Current AHP management structure which is reliant on temporary contracts is not ideal and not what services would wish		
3	29/07/2020 14:17 PM ID: 145799176	there are regular examples of senior managers adjusting staffing levels with our Senior Nursing oversight. the senior nurses always lead on the WFP annual programme however out with that there are instances of it not being the case		
4	30/07/2020 16:27 PM ID: 145865838	Wokrforce tools is undertaken twice yearly to aid this		
5	31/07/2020 12:17 PM ID: 145895102	There is no safe staffing tool - waiting for guidance on AHP safe staffing levels. Managers have attended an awareness raising session in readiness for the legislation being enacted. Will implement safe staffing once guidance is agreed. Senior managers make final decisions on recruitment approval. We are unsure if Associate Director of AHPs has oversight but no discussion has taken place at service level.		
6	04/08/2020 12:07 PM ID: 146040593	Managers need reminding at times where redesign processes are happening.		
7	12/08/2020 10:02 AM ID: 146407857	This takes place at staffing huddles within directorates		
8	18/08/2020 16:26 PM ID: 146697700	.		
9	19/08/2020 18:18 PM ID: 146802940	As TV Team is not managed by an operational team the process described above would differ slightly as there is no operational manager. However staffing levels will continue to be monitored by TV Lead Nurse and HON and Common Staffing Method applied where required. Advise would be sought from Nurse for Workforce if there was a change to the service affecting staffing levels.		
10	25/08/2020 17:03 PM ID: 147073989	All staff are involved in planning service resource to meet the needs of the population. A planning and assurance group has been set up for this purpose.		
11	31/08/2020 15:34 PM ID: 147339456	Currently under review, SCN involvement		
12	31/08/2020 18:12 PM ID: 147345255	community nursing has identified a deficit in staffing levels and awaiting response from executive level from 2018 workforce tool. Continuously discussed and risk on register. No 22.5% back fill in service either.		
13	01/09/2020 06:14 AM ID: 147355408	Levels are agreed in line with clinical demand, this is not in line with the current establishments, work force planning and safe staffing legislation.		
14	01/09/2020 09:19 AM ID: 147359523	work is ongoing in relation to exploring nursing establishment with senior directorate management		
15	01/09/2020 14:27 PM ID: 147378165	Absence of formal tools that meet needs of the profession across a variety of settings. Some tools currently being tested and evaluated.		
16	17/09/2020 13:51 PM ID: 145590069	Not sure if this is done on a formal basis		
17	17/09/2020 16:55 PM ID: 148410959	Clear process in division albeit sometimes has to be refreshed with folks		
18	18/09/2020 13:59 PM ID: 148454257	This does not happen. There are many areas where Dietetic staffing is limited or not in place Not the model of delivery of service		

Q2.4 An explicit decision-making process underpins which professional is most appropriate to provide specific aspects of care based on assessed need and person-centred outcomes.

			Response Percent	Response Total
1	Always	<div><div></div></div>	58.82%	30
2	Frequently	<div><div></div></div>	27.45%	14
3	Sometimes	<div><div></div></div>	9.80%	5
4	Occasionally	<div><div></div></div>	1.96%	1
5	Never	<div><div></div></div>	1.96%	1
			answered	51
			skipped	4
Comments: (13)				
1	24/07/2020 15:38 PM ID: 145588781	all staff trained in Personal outcomes approach and majority of trained staff attended good conversations training including nursing. further work required in H@H		
2	28/07/2020 21:47 PM ID: 145767043	Since COVID and the establishment of locality teams this had become possible. If staff return to single chair working where one practitioner is responsible for a geographic area this becomes more of a challenge and relies on staff to know when to escalate to a more senior staff member.		
3	31/07/2020 12:17 PM	Open clear decision making and person-centred outcomes is embedded in supporting. Staff always endeavour to support their most vulnerable to		

Q2.4 An explicit decision-making process underpins which professional is most appropriate to provide specific aspects of care based on assessed need and person-centred outcomes.				Response Percent	Response Total
		ID: 145895102	the patient without becoming proximal themselves.		
4	04/08/2020 12:07 PM ID: 146040593	Clinical teams assess patient need and allocate care accordingly.			
5	10/08/2020 11:49 AM ID: 146304618	This process does take place but I cannot be sure that the decision making process is always explicit.			
6	18/08/2020 16:26 PM ID: 146697700	multidisciplinary assessment/ goal setting / formal & informal team communication - all recorded in multidisciplinary patient records			
7	25/08/2020 17:03 PM ID: 147073989	Care aims methodology is embedded in the service to support clinical decision making and self management.			
8	31/08/2020 15:34 PM ID: 147339456	MDT involment is key to decision making			
9	31/08/2020 18:12 PM ID: 147345255	referral pathways in use			
10	01/09/2020 06:14 AM ID: 147355408	Individual care plans and person centred care. Evidence of assessment to where decisions have been reached.			
11	01/09/2020 14:27 PM ID: 147378165	Job descriptions inform appropriateness of staff for some aspects of clinical and care delivery. systems in place to ensure that the needs are correctly understood and best identifies personal outcomes and those who require to be involved.most appropriate person.			
12	18/09/2020 13:59 PM ID: 148454257	Desirable not in place.			
13	20/09/2020 21:36 PM ID: 148538622	N/A			

Q2. 5 An independent and objective senior nurse /midwife / AHP sits on disciplinary panels where professional conduct / competence / capability is an issue				Response Percent	Response Total
1	Always	<div></div>		78.43%	40
2	Frequently	<div></div>		13.73%	7
3	Sometimes	<div></div>		3.92%	2
4	Occasionally			0.00%	0
5	Never	<div></div>		3.92%	2
				answered	51
				skipped	4
Comments: (9)					
1	24/07/2020 15:38 PM ID: 145588781	not been required			
2	28/07/2020 21:47 PM ID: 145767043	I am confident this would be the case			
3	30/07/2020 16:27 PM ID: 145865838	As the lead nurse my role would be to investigate and present at a panel providing I was independent and objective of the issue			
4	18/08/2020 16:26 PM ID: 146697700	.			
5	19/08/2020 18:18 PM ID: 146802940	TV service have not had experience of this but HON aware of the process.			
6	25/08/2020 17:03 PM ID: 147073989	This is required infrequently.			
7	31/08/2020 18:12 PM ID: 147345255	I have not had once since starting post			
8	01/09/2020 14:27 PM ID: 147378165	Professional Lead Role			
9	20/09/2020 21:36 PM ID: 148538622	A disciplinary panel has not been held, however an independent and objective senior nurse would sit on the panel			




Q2. 6 A system is in place to enable all staff to raise a concern if they are asked to undertake a task for which they do not feel competent?				Response Percent	Response Total
1	Always	<div></div>		90.20%	46
2	Frequently	<div></div>		5.88%	3
3	Sometimes	<div></div>		3.92%	2
4	Occasionally			0.00%	0






Q2. 6 A system is in place to enable all staff to raise a concern if they are asked to undertake a task for which they do not feel competent?				
			Response Percent	Response Total
5	Never		0.00%	0
			answered	51
			skipped	4
Comments: (9)				
1	24/07/2020 15:38 PM ID: 145588781	supervision structure and escalation process in place		
2	28/07/2020 21:47 PM ID: 145767043	Staff have been made aware that if there are such concerns they raise it with locality leads and if not satisfied to contact line manager		
3	30/07/2020 16:27 PM ID: 145865838	Staff know to always practice within their scope		
4	31/07/2020 12:17 PM ID: 145895102	Supervision is embedded; staff can speak to their team lead or operational manager or their staff-side rep.		
5	18/08/2020 16:26 PM ID: 146697700	regular clinical & professional supervision clear line management structure to raise concerns		
6	25/08/2020 17:03 PM ID: 147073989	Staff are encouraged to raise concerns through their line manager, H&S rep or TU rep.		
7	01/09/2020 06:14 AM ID: 147355408	Escalation process in place, staff aware		
8	01/09/2020 14:27 PM ID: 147378165	Staff have access to line managers and supervision. RCOT guidance on Scope of Practice. Cross profession support		
9	17/09/2020 13:51 PM ID: 145590069	Speak to clinical lead who may escalate to line manager		

PRIMARY DRIVER 3:





Q3.1 There is a formal system for involving the senior nurse / midwife / AHP in professional issues involving nurses and midwives and AHPs e.g. HR issues, the workforce and clinical governance implications of service design/redesign				
			Response Percent	Response Total
1	Always	<div></div>	70.00%	35
2	Frequently	<div></div>	20.00%	10
3	Sometimes	<div></div>	4.00%	2
4	Occasionally	<div></div>	6.00%	3
5	Never		0.00%	0
			answered	50
			skipped	5
Comments: (8)				
1	28/07/2020 21:47 PM ID: 145767043	The service has had a planning and assurance group in place for a couple of years to discuss such issues		
2	29/07/2020 14:17 PM ID: 145799176	this is always the aspiration for this to happen however in practice clinical service managers with a NMC registration occasionally do this without a senior nurse		
3	31/07/2020 12:17 PM ID: 145895102	As the lines of assurance and management sit within different divisions of the partnership, there is complexity in the overall governance. We are aware of the organisational change policy that is in place when considering service redesign and work closely with HR.		
4	04/08/2020 12:07 PM ID: 146040593	Involved in all service redesign projects to date.		
5	25/08/2020 17:03 PM ID: 147073989	Processes are in place to involve AHP managers in decisions that affect their professions.		
6	01/09/2020 06:14 AM ID: 147355408	Now working with NHSScotland HR policies. HR sometimes unavailable for assistance at meetings but able to give advice to managers.		
7	01/09/2020 14:27 PM ID: 147378165	Supervision structure includes all head OT's and forms part of regular discussion. Access to Associate Director of AHP's		
8	18/09/2020 13:59 PM ID: 148454257	Desirable but does not always happen. Smaller professions are often missed out		




Q3.2 The senior nurse/midwife/AHP reviews workforce data with operational managers e.g. actual against proposed skill mix, vacancies, absence rates				
			Response Percent	Response Total
1	Always	<div></div>	72.00%	36
2	Frequently	<div></div>	16.00%	8

Q3.2 The senior nurse/midwife/AHP reviews workforce data with operational managers e.g. actual against proposed skill mix, vacancies, absence rates				
			Response Percent	Response Total
3	Sometimes		4.00%	2
4	Occasionally		2.00%	1
5	Never		6.00%	3
			answered	50
			skipped	5
Comments: (11)				
1	31/07/2020 12:17 PM ID: 145895102	Head of Service works with operational managers to monitor and review workforce data. Associate Director of AHPs has high level knowledge of service but is not involved in the detail. This is complicated by the organisational structure.		
2	04/08/2020 12:07 PM ID: 146040593	regular discussions 1:1s with Lead Nurses and Senior Managers.		
3	18/08/2020 16:26 PM ID: 146697700	monthly management team meetings discussion and approval of each vacancy annual report with evaluation and recommendations		
4	19/08/2020 18:18 PM ID: 146802940	N/A for TV Team		
5	25/08/2020 17:03 PM ID: 147073989	This is undertaken regularly as operational managers are also professional leads.		
6	31/08/2020 18:12 PM ID: 147345255	Part of monthly 1:1		
7	01/09/2020 06:14 AM ID: 147355408	Reviewed monthly at meetings with Lead Nurse. Lead Nurse provided figures and addresses any vacancies with senior managers.		
8	01/09/2020 14:27 PM ID: 147378165	Reviewed with each vacancy. evidence of regular discussions with operational leads and OT managers		
9	17/09/2020 16:55 PM ID: 148410959	sometimes they have to be reminded but decisions do not progress without this		
10	18/09/2020 13:59 PM ID: 148454257	This does not happen. Spread sheet is completed each year.		
11	20/09/2020 21:36 PM ID: 148538622	Workforce planning is discussed		

Q3.3 A measure is used to demonstrate / improve professional, person-centred behaviours				
			Response Percent	Response Total
1	Always		36.00%	18
2	Frequently		30.00%	15
3	Sometimes		20.00%	10
4	Occasionally		10.00%	5
5	Never		4.00%	2
			answered	50
			skipped	5
Comments: (12)				
1	24/07/2020 18:17 PM ID: 145600417	Via action plan completion		
2	28/07/2020 21:47 PM ID: 145767043	This is undertaken only as part of patient care review		
3	29/07/2020 14:17 PM ID: 145799176	not that I am aware of		
4	31/07/2020 12:17 PM ID: 145895102	All staff members carry out a yearly appraisal and measure themselves against the national KSF profiles in discussion with their appraiser. Supervision discussions are a quality measure.		
5	04/08/2020 12:07 PM ID: 146040593	A variety of measures utilised but could be more consistent.		
6	10/08/2020 11:49 AM ID: 146304618	I am not sure if my understanding of this question is correct. I would read it as improvement action planning.		
7	18/08/2020 16:26 PM ID: 146697700	CARE measure patient questionnaires		
8	25/08/2020 17:03 PM ID: 147073989	Reviews of compliments, queries and complaints support service improvement.		
9	31/08/2020 18:12 PM ID: 147345255	i dont understand this question		
10	01/09/2020 06:14 AM ID: 147355408	Role modelling, NMC code adhered to. Unsure of a measure?		

Q3.3 A measure is used to demonstrate / improve professional, person-centred behaviours			
			Response Percent
			Response Total
11	01/09/2020 14:27 PM ID: 147378165	No formal tools consistently deployed across the profession for the purpose of measurement, but these behaviours will be monitored, reviewed and discussed at informal and formal supervision and reviews.	
12	18/09/2020 13:59 PM ID: 148454257	Only if required	

Q3.4 Summaries of learning and improvement from quality measures (such as quality indicators, complaints and critical incident investigations) are used for organisational learning and are embedded within governance structures?			
			Response Percent
			Response Total
1	Always		64.00%
2	Frequently		28.00%
3	Sometimes		6.00%
4	Occasionally		2.00%
5	Never		0.00%
			answered
			50
			skipped
			5
Comments: (12)			
1	28/07/2020 21:47 PM ID: 145767043	This I snot undertaken on a formal basis apart from during the service annual review process	
2	29/07/2020 14:17 PM ID: 145799176	this is reflected in our quality report and is on agendas in our senior nursing meetings	
3	30/07/2020 16:27 PM ID: 145865838	Any learning is shared Fife wide	
4	31/07/2020 12:17 PM ID: 145895102	As part of governance systems, we submit and are measured on our service assurance report on a yearly basis; this includes feedback on safety improvements eg 7 minute briefings; complaints and compliments; quality indicators etc.	
5	04/08/2020 12:07 PM ID: 146040593	Regular review of incident and performance data and processes to review and share learning in place.	
6	10/08/2020 11:49 AM ID: 146304618	I think the use of these summaries could be improved upon.	
7	18/08/2020 16:26 PM ID: 146697700	annual strategic plan with quality indicators reviewed, including Datix reports etc	
8	25/08/2020 17:03 PM ID: 147073989	All complaints are investigated and shared with staff members. Critical incidents are investigated through Datix and local review.	
9	31/08/2020 18:12 PM ID: 147345255	When started post these were no being used but are now integral, and expected to be fed back to teams at monthly meetings.	
10	01/09/2020 06:14 AM ID: 147355408	Clinical care governance meetings held quarterly, new group set up to look at the learning from SAER/LAER and how this is disseminated.	
11	01/09/2020 14:27 PM ID: 147378165	These tend to be shared throughout operational channels which makes it difficult professionally top ensure cross speciality learning for the profession. Most services embedded within their Clinical governance structures.	
12	17/09/2020 16:55 PM ID: 148410959	Standing agenda item on govenrance structured meetings	

Q3.5 A recognised and well-publicised escalation process is in place to ensure nurses / midwives /AHPs are able to bring concerns to the attention of senior managers and that they receive feedback			
			Response Percent
			Response Total
1	Always		64.00%
2	Frequently		26.00%
3	Sometimes		10.00%
4	Occasionally		0.00%
5	Never		0.00%
			answered
			50
			skipped
			5
Comments: (7)			
1	29/07/2020 14:17 PM ID: 145799176	I think nurses know when and how to escalate but I think what they escalate can sometimes be unclear	
2	31/07/2020 12:17 PM ID: 145895102	We have a Datix system for reporting incidents, complaints and concerns. There is a whistleblowing policy which all staff should be aware of.	
3	18/08/2020 16:26 PM ID: 146697700	Line management communication day-to-day + regular supervision + Datix reporting & feedback	

Q3.5 A recognised and well-publicised escalation process is in place to ensure nurses / midwives /AHPs are able to bring concerns to the attention of senior managers and that they receive feedback				Response Percent	Response Total
	4	25/08/2020 17:03 PM ID: 147073989	Staff are represented by chosen colleagues on the planning and assurance group. iMatter is valuable in supporting concerns to be highlighted.		
	5	01/09/2020 06:14 AM ID: 147355408	Staff are aware of escalation process although this would not be well publicised.		
	6	01/09/2020 09:19 AM ID: 147359523	not necessarily "well publicised" but staff are aware		
	7	01/09/2020 14:27 PM ID: 147378165	Supervision and TURAS systems support this, Staff aware of processes for raising employee concerns.		

Q3.6 PIN Guidelines and Policies underpin practice?				Response Percent	Response Total
	1	Always	<div></div>	76.00%	38
	2	Frequently	<div></div>	24.00%	12
	3	Sometimes		0.00%	0
	4	Occasionally		0.00%	0
	5	Never		0.00%	0
				answered	50
				skipped	5
Comments: (2)					
	1	18/08/2020 16:26 PM ID: 146697700	All NHS Ffie policies & procedures available, referred to & implemented		
	2	25/08/2020 17:03 PM ID: 147073989	All practice is underpinned by national, professional and local policy.		

PRIMARY DRIVER 4

Q4.1 There is a formal system for reporting to the Board Director of Nursing on quality and safety issues involving nurses, midwives and AHPs?				Response Percent	Response Total
	1	Always	<div></div>	75.51%	37
	2	Frequently	<div></div>	22.45%	11
	3	Sometimes	<div></div>	2.04%	1
	4	Occasionally		0.00%	0
	5	Never		0.00%	0
				answered	49
				skipped	6
Comments: (7)					
	1	24/07/2020 15:38 PM ID: 145588781	not had to use		
	2	28/07/2020 21:47 PM ID: 145767043	I really needed to be able to answer unknown. What I can say is that if we need to report to the DoN then we have to go through the AHP associate director who then would then escalate		
	3	31/07/2020 12:17 PM ID: 145895102	Whilst there is a clear professional assurance line we have found the system for raising concerns and receiving feedback is difficult due to the complexity of the PAF/line management structures.		
	4	25/08/2020 17:03 PM ID: 147073989	A formal system is in place that is clearly documented.		
	5	31/08/2020 18:12 PM ID: 147345255	this is escalated through the Heads of Nursing		
	6	01/09/2020 06:14 AM ID: 147355408	infrequent 1-1's with HoN but know when to escalate and how to escalate, can contact them if required. HoN would escalate to the Board Director of Nursing.		
	7	01/09/2020 14:27 PM ID: 147378165	DATIX system well established		

Q4.2 A quality report is made to the NHS Fife Board via relevant governance structures which triangulates indicators of workforce and professionalism with relevant aspects of scrutiny and review reports and demonstrates evidence of the learning and continuous improvement arising from these?				Response Percent	Response Total

Q4.2 A quality report is made to the NHS Fife Board via relevant governance structures which triangulates indicators of workforce and professionalism with relevant aspects of scrutiny and review reports and demonstrates evidence of the learning and continuous improvement arising from these?

			Response Percent	Response Total
1	Always	<div></div>	67.35%	33
2	Frequently	<div></div>	16.33%	8
3	Sometimes	<div></div>	10.20%	5
4	Occasionally	<div></div>	4.08%	2
5	Never	<div></div>	2.04%	1
			answered	49
			skipped	6

Comments: (10)

1	24/07/2020 15:38 PM ID: 145588781	do not input to this
2	24/07/2020 18:17 PM ID: 145600417	Unit reports have been introduced as essential to the areas since 2017
3	28/07/2020 21:47 PM ID: 145767043	Again this is a unsure response but what is always done is an annual review of service as part of the partnership governance process. The descriptor above seems more technical
4	31/07/2020 12:17 PM ID: 145895102	Service annual assurance report is provided to the clinical and care governance committee. All staff are involved in the annual iMatter process with data being fed back to the Board. Report on performance indicators to FWD on a quarterly basis, information collated for annual report.
5	04/08/2020 12:07 PM ID: 146040593	regular reports provided.
6	19/08/2020 18:18 PM ID: 146802940	TV Steering Group
7	20/08/2020 13:34 PM ID: 146847831	No formal AHP workload tool like nursing at present, but similar completed through Health and Social Care Governance Review process.
8	25/08/2020 17:03 PM ID: 147073989	Service reports are provided and the service is scrutinised through the governance committee channels.
9	01/09/2020 06:14 AM ID: 147355408	Annual report produced, not widely available and shared.
10	01/09/2020 09:19 AM ID: 147359523	not known

Q4.3 There is a reporting and escalation mechanism in place for professional assurance to the CNO acting on behalf of the named government minister?

			Response Percent	Response Total
1	Always	<div></div>	71.43%	35
2	Frequently	<div></div>	20.41%	10
3	Sometimes	<div></div>	6.12%	3
4	Occasionally	<div></div>	0.00%	0
5	Never	<div></div>	2.04%	1
			answered	49
			skipped	6

Comments: (4)

1	24/07/2020 15:38 PM ID: 145588781	I am sure there is but I am not familiar with it
2	28/07/2020 21:47 PM ID: 145767043	Again I would prefer to answer unknow to this one but it is not an option
3	31/07/2020 12:17 PM ID: 145895102	Via associate director and director of NMAHP in Fife.
4	25/08/2020 17:03 PM ID: 147073989	Professional assurance is reported to the Director of Nursing.

**NHS FIFE
CLINICAL GOVERNANCE COMMITTEE**

DATE OF MEETING:	22 April 2021
TITLE OF REPORT:	Medical Education
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Professor Morwenna Wood

Purpose of the Report (delete as appropriate)

For Decision	For Discussion	For Information
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SBAR REPORT

Situation

The General Medical Council have developed “Promoting excellence: standards for medical education and training” which became effective on 1 January 2016. NHS Fife is assessed as a Local Education Provider by these standards for medical students and doctors in training on placement.

Requirement 2.2 states:

Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

Background

The universities of Edinburgh, Dundee, St Andrews and Aberdeen every year place medical students with NHS Fife in order for them to gain experience and receive teaching in a clinical setting. The number of students on placement throughout the year will be approximately 450 from Edinburgh, 200 from Dundee, 180 from St Andrews, 92 from the Scottish Graduate Entry Medical programme (ScotGEM) and 25 from Aberdeen.

The Medical ACT Allocation for 2019/20 to NHS Fife was £3,031,778 for taking medical students on placement the previous year. There has been an additional £1,640,000 added to fund ScotGEM years 1-3 in Fife. ScotGEM is a partnership venture with the universities of St Andrews, Dundee and Highland & Islands and the Health Boards of Dumfries & Galloway, Highland, Tayside and Fife. Year 1 began in August 2018 and has been taught in primary care by Generalist Clinical Mentors (GCM). NHS Fife currently have 9 year 1 GCMs, 4 year 2 GCMs, 2 year 3 GCMs, a Fife Regional GCM and a Lead GCM. The teaching the students receive is modelled on case based learning within a host GP practice. Year 3 began in August 2020 which saw the introduction of Longitudinal Integrated Clerkship (LIC) where the students spend a year in the same GP practice following a variety of patient's through their primary and secondary care journey. The planning for year 4 remains a work in progress and the students will join the final year cohort of medical students from the University of Dundee.

NHS Fife has approximately 220 Deanery approved doctor-in-training posts that are part of regional and national training programmes: 69 Foundation Doctors, 31 Core Trainees, 46 General Practice Trainees and 74 further trainees in a range of specialties.

Assessment

NHS Education Scotland (NES) coordinate the undergraduate survey and this year it reported an exceptionally high number of green flags, confirming that the quality of undergraduate education carried out in NHS Fife is excellent – see RAG Report attached in Appendix 1. The numbers are lower than last year due to all students being withdrawn from placement in March 2020 due to the COVID19 pandemic. The only red flag received can be explained due to that particular specialty being between Local Module Leads for a short while. The positive feedback received from all universities is due to the dedication, enthusiasm and commitment that the NHS Fife Local Module Leads have towards undergraduate medical education. This can be seen as the new academic year began in August 2020 and the way the Local Module Leads have adapted to ensure that education can still go ahead for medical students.

The GMC coordinate the postgraduate survey and the results are available online to the public. This year's results, again, show a mixture of positive and negative feedback across the specialties. The Director of Medical Education will coordinate with the relevant clinical leads in order to develop a response to the data and develop improvement plans to address any issues. Positive feedback will be celebrated and good practice can be shared. Scottish Trainee Survey data can be found in appendix 2.

NHS Fife still offers excellent postgraduate training thanks to the efforts of all of our educators, and with continuing support the less than perfect areas can be brought up to the same standard as those receiving the excellent feedback.

Recommendation

NHS Fife should continue to support medical education and the trainers that deliver it.

Management and clinical colleagues need to work together to gain better postgraduate feedback as some things are beyond either parties individual control.

Time for training should be recognised in job plans; efforts are being made to ensure that all educators have sufficient time in their job plans, although initial results are very positive this work is still in progress.

Perhaps there needs to be greater awareness in NHS Fife that trainees are here to be trained and not simply to deliver service. Departments must be able to support the training requirements of the individual trainee doctors.

Objectives: (must be completed)	
Healthcare Standard(s):	General Medical Council: Promoting excellence: standards for medical education and training.
HB Strategic Objectives:	To improve the training experience of doctors in NHS Fife.

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

Impact: (must be completed)	
Financial / Value For Money	No requirement for spend. Participation in undergraduate medical education attracts funding from NHS Education Scotland and generates income for the Board. NES provides the basic salary for all trainees, with the board only expected to pay their out of hours work.
Risk / Legal:	NES quality assure education and training in our Board and the DME report is an essential part of the Quality Assurance Framework. GMC survey is freely available to the public online and poor survey results risks reputational damage. Trainee doctors may be removed from NHS Fife leaving departments unable to provide service, leading to departmental closures.
Quality / Patient Care:	It is critical to patient care that sufficient doctors are trained in Scotland.
Workforce:	The delivery of medical education by clinicians is in addition to their direct clinical care activities. Having realistic time in job plans is essential. A reduction in the trainee cohort would lead to devastating consequences for many departments.
Equality:	Access to medical education is subject to robust equality and diversity protocols, including an initiative to widen access to medical school places from low income families.

Appendix 1 – 2019/2020 Undergraduate Teaching Report



2019/20 Detailed Undergraduate Teaching Report: NHS Fife

School	Site	Specialty	Year	Overall Satisfaction Block Organisation	Teaching Delivery Teaching Quality Total: Teaching	Learning Opportunities Clinical Experience Total: Experience	Assessment Feedback Total: Assessment	Learning Support Pastoral Support Total: Support	IT Equipment Access to Software Total: IT	Teaching Equipment Teaching Accommodation Total: Facilities	Number of respondents
St Andrews	Cameron Hospital	Rehabilitation Medicine	3								23 (50)
St Andrews	Queen Margaret Hospital	Psychiatry	3								4 (8)
St Andrews	Stratheden Hospital	Old Age Psychiatry	3								7 (14)
Dundee	Stratheden Hospital	Psychiatry	4								3 (9)
St Andrews	Stratheden Hospital	Psychiatry	3								7 (14)
Edinburgh	Victoria Hospital	Anaesthesia	6								10 (16)
Dundee	Victoria Hospital	Anaesthetics	5								2 (4)
St Andrews	Victoria Hospital	ANP GI/Cardiology	3								20 (63)
St Andrews	Victoria Hospital	Cardiology	3								4 (8)
Dundee	Victoria Hospital	Child Health	4								14 (19)
Edinburgh	Victoria Hospital	Child Life and Health	5								6 (10)
St Andrews	Victoria Hospital	Clinical Reasoning	3								54 (113)
Edinburgh	Victoria Hospital	Critical Care	6								11 (18)
St Andrews	Victoria Hospital	Dermatology	3								7 (16)
St Andrews	Victoria Hospital	Emergency Medicine	3								54 (116)
St Andrews	Victoria Hospital	Endocrinology	3								1 (7)
St Andrews	Victoria Hospital	ENT	3								9 (15)
St Andrews	Victoria Hospital	Every Person Every Time	3								26 (46)
Dundee	Victoria Hospital	Foundation Medicine	5								1 (6)
St Andrews	Victoria Hospital	Gastrointestinal	3								20 (38)
Dundee	Victoria Hospital	General Medicine	4								14 (18)
Dundee	Victoria Hospital	General Surgery	4								4 (5)
Edinburgh	Victoria Hospital	General Surgery	6								12 (35)
St Andrews	Victoria Hospital	Haematology	3								10 (17)
Dundee	Victoria Hospital	Intensive Care Medicine	5								2 (3)
St Andrews	Victoria Hospital	Inter Professional Care	3								41 (94)
St Andrews	Victoria Hospital	Loss	3								51 (95)
Edinburgh	Victoria Hospital	Medicine	6								15 (47)
St Andrews	Victoria Hospital	Medicine of the Elderly	3								19 (37)
Edinburgh	Victoria Hospital	Medicine of the Elderly	6								8 (29)
St Andrews	Victoria Hospital	Neurology	3								9 (16)
Dundee	Victoria Hospital	Obstetrics & Gynaecology	4								10 (16)
Dundee	Victoria Hospital	Obstetrics & Gynaecology	5								2 (6)
Edinburgh	Victoria Hospital	Obstetrics and Gynaecology	5								4 (9)
St Andrews	Victoria Hospital	Orthopaedics	3								57 (116)

Undergraduate
 Score less than 0
 Score 0 to less than 0.55
 Score 0.55 to less than 1.0
 Score more than or equal to 1.0
 No results available

Notes

This report utilises the Scottish Student Evaluation Survey. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. Results are shown regardless of the number of responses available. Figures in brackets are the potential number of respondents. If no prior data is available the cell is blank. Scores are calculated based on Universities' scoring scales converted to Likert scale of between -2 and +2. Trend data: indicates an improvement in the flag from the previous year, a deterioration and no change. **No Trend data for Glasgow Medical School is shown because the 2019/20 RAG outcomes are not comparable to previous years. The data from the 2019/2020 academic year is incomplete due to teaching being curtailed because of lockdown restrictions for the COVID-19 pandemic.**

2019/20 Detailed Undergraduate Teaching Report: NHS Fife

School	Site	Specialty	Year	Overall Satisfaction Block Organisation	Teaching Delivery Teaching Quality Total: Teaching	Learning Opportunities Clinical Experience Total: Experience	Assessment Feedback Total: Assessment	Learning Support Peer/for Support Total: Support	IT Equipment Access to Software Total: IT	Teaching Equipment Teaching Accommodation Total: Facilities	Number of respondents
Edinburgh	Victoria Hospital	Orthopaedics / Principles of Surgery	4								15 (18)
St Andrews	Victoria Hospital	Paediatric Physiotherapy	3								1 (5)
Dundee	Victoria Hospital	Paediatrics	5								3 (5)
St Andrews	Victoria Hospital	Palliative Care	3								26 (61)
St Andrews	Victoria Hospital	Peri-operative Care	3								18 (43)
Edinburgh	Victoria Hospital	Renal	5								12 (20)
St Andrews	Victoria Hospital	Renal Medicine	3								8 (16)
St Andrews	Victoria Hospital	Reproductive Health	3								56 (119)
St Andrews	Victoria Hospital	Surgery	3								48 (104)
Dundee	Victoria Hospital	Surgery Specialties - Ophthalmology	4								7 (20)
Dundee	Victoria Hospital	Surgery Specialties - Otolaryngology	4								9 (20)
Dundee	Victoria Hospital	Surgery Specialties - Urology	4								7 (20)
St Andrews	Victoria Hospital	Urology	3								3 (4)
St Andrews	Victoria Hospital	When Organs Fail	3								39 (83)
Edinburgh	Whytemans Brae Hospital	Psychiatry	5								2 (4)

Appendix 2 – STS Data 2020 NHS Fife

STS Data for departments not on Triage/High Performers lists

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Lynebank Hospital	Child & Adolescent Psychiatry	ST								1
Lynebank Hospital	Child & Adolescent Psychiatry	ST								1 (aggregated)
Lynebank Hospital	Child & Adolescent Psychiatry	All posts								1
Lynebank Hospital	Child & Adolescent Psychiatry	All posts								1 (aggregated)
Lynebank Hospital	Psychiatry of Learning Disability	Core								1
Lynebank Hospital	Psychiatry of Learning Disability	Core	W —	W —	W —	W —	W —	W —	W —	5 (aggregated)
Lynebank Hospital	Psychiatry of Learning Disability	ST								1
Lynebank Hospital	Psychiatry of Learning Disability	ST								4 (aggregated)
Lynebank Hospital	Psychiatry of Learning Disability	All posts								2
Lynebank Hospital	Psychiatry of Learning Disability	All posts	W —	W —	W —	W —	W —	W —	W —	11 (aggregated)
NHS Fife	Public health medicine	ST								2
NHS Fife	Public health medicine	ST								4 (aggregated)
NHS Fife	Public health medicine	All posts								2
NHS Fife	Public health medicine	All posts								4 (aggregated)
Queen Margaret Hospital	Community Health	ST								1
Queen Margaret Hospital	Community Health	ST								1 (aggregated)
Queen Margaret Hospital	Community Health	All posts								1
Queen Margaret Hospital	Community Health	All posts								1 (aggregated)
Queen Margaret Hospital	Dermatology	ST								1
Queen Margaret Hospital	Dermatology	ST								1 (aggregated)
Queen Margaret Hospital	Dermatology	All posts								1
Queen Margaret Hospital	Dermatology	All posts	W	W		W	W	W	W	5 (aggregated)

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Queen Margaret Hospital	General Psychiatry	Foundation								2
Queen Margaret Hospital	General Psychiatry	Foundation	W —	W —	R —	W —	W —	W —	W —	9 (aggregated)
Queen Margaret Hospital	General Psychiatry	GPST								1
Queen Margaret Hospital	General Psychiatry	GPST	W —	W —	W —	W —	W —	W —	W —	5 (aggregated)
Queen Margaret Hospital	General Psychiatry	Core								1
Queen Margaret Hospital	General Psychiatry	Core								4 (aggregated)
Queen Margaret Hospital	General Psychiatry	ST								1
Queen Margaret Hospital	General Psychiatry	ST								3 (aggregated)
Queen Margaret Hospital	General Psychiatry	All posts	W —	W ▲	W —	W —	W ▲	W —	W —	5
Queen Margaret Hospital	Geriatric Medicine	Foundation								1
Queen Margaret Hospital	Geriatric Medicine	Foundation								1 (aggregated)
Queen Margaret Hospital	Geriatric Medicine	All posts								1
Queen Margaret Hospital	Geriatric Medicine	All posts	G —	W —	W —	W —	W —	W —	W —	11 (aggregated)
Queen Margaret Hospital	Old Age Psychiatry	Foundation								1
Queen Margaret Hospital	Old Age Psychiatry	Foundation	W	W	W	W	W	W	W	5 (aggregated)
Queen Margaret Hospital	Old Age Psychiatry	GPST								1
Queen Margaret Hospital	Old Age Psychiatry	GPST								2 (aggregated)
Queen Margaret Hospital	Old Age Psychiatry	Core								1
Queen Margaret Hospital	Old Age Psychiatry	Core								3 (aggregated)
Queen Margaret Hospital	Old Age Psychiatry	All posts								3
Queen Margaret Hospital	Old Age Psychiatry	All posts	W —	W —	P —	W —	W —	W —	W —	10 (aggregated)
Queen Margaret Hospital	Ophthalmology	GPST								1
Queen Margaret Hospital	Ophthalmology	GPST								3 (aggregated)
Queen Margaret Hospital	Ophthalmology	ST								3
Queen Margaret Hospital	Ophthalmology	ST	W —	W —	W —	W —	W —	L —	W —	17 (aggregated)
Queen Margaret Hospital	Ophthalmology	All posts								4

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Queen Margaret Hospital	Ophthalmology	All posts	G —	G —	W —	G —	G —	G —	L —	20 (aggregated)
Queen Margaret Hospital	Rehabilitation Medicine	GPST								2
Queen Margaret Hospital	Rehabilitation Medicine	GPST								4 (aggregated)
Queen Margaret Hospital	Rehabilitation Medicine	All posts								2
Queen Margaret Hospital	Rehabilitation Medicine	All posts								4 (aggregated)
Queen Margaret Hospital	Trauma and Orthopaedics	ST								1
Queen Margaret Hospital	Trauma and Orthopaedics	ST								4 (aggregated)
Queen Margaret Hospital	Trauma and Orthopaedics	All posts								1
Queen Margaret Hospital	Trauma and Orthopaedics	All posts								4 (aggregated)
Queen Margaret Hospital	Urology	ST								2
Queen Margaret Hospital	Urology	ST								2 (aggregated)
Queen Margaret Hospital	Urology	All posts								2
Queen Margaret Hospital	Urology	All posts								2 (aggregated)
Stratheden Hospital	Child & Adolescent Psychiatry	Core								1
Stratheden Hospital	Child & Adolescent Psychiatry	Core								4 (aggregated)
Stratheden Hospital	Child & Adolescent Psychiatry	All posts								1
Stratheden Hospital	Child & Adolescent Psychiatry	All posts	W —	W —	W —	W —	W —	W —	W —	6 (aggregated)
Stratheden Hospital	General Psychiatry	Foundation								3
Stratheden Hospital	General Psychiatry	Foundation	W —	W —	P —	W —	W —	W —	W —	9 (aggregated)
Stratheden Hospital	General Psychiatry	ST								1
Stratheden Hospital	General Psychiatry	ST								1 (aggregated)
Stratheden Hospital	General Psychiatry	All posts								4
Stratheden Hospital	General Psychiatry	All posts	W —	R —	R —	R —	W —	W —	W —	20 (aggregated)
Stratheden Hospital	Old Age Psychiatry	Foundation								1
Stratheden Hospital	Old Age Psychiatry	Foundation								4 (aggregated)
Stratheden Hospital	Old Age Psychiatry	All posts								1

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Stratheden Hospital	Old Age Psychiatry	All posts	W —	R —	W —		W —	W —	W —	6 (aggregated)
Victoria Hospital	Anaesthetics	Foundation								4
Victoria Hospital	Anaesthetics	Foundation	W —	W —	W —	W —	W —	W —	W —	14 (aggregated)
Victoria Hospital	Anaesthetics	Core	W —	W —	W —	W —	W —	W —	W —	6
Victoria Hospital	Anaesthetics	ST	W —	W ▲	W ▲	W —	W —	W —	W —	5
Victoria Hospital	Anaesthetics	All posts	W —	L ▲	W ▲	W —	W —	W —	W —	15
Victoria Hospital	Cardiology	Core								1
Victoria Hospital	Cardiology	Core	G —	W		W	W	W	W	5 (aggregated)
Victoria Hospital	Cardiology	ST								1
Victoria Hospital	Cardiology	ST								2 (aggregated)
Victoria Hospital	Cardiology	All posts								2
Victoria Hospital	Cardiology	All posts	G —	W —	W —	W —	W —	W —	W —	8 (aggregated)
Victoria Hospital	Endocrinology & Diabetes	Core								2
Victoria Hospital	Endocrinology & Diabetes	Core	W —	W —	R —	W —	W —	L —	W —	8 (aggregated)
Victoria Hospital	Endocrinology & Diabetes	ST								1
Victoria Hospital	Endocrinology & Diabetes	ST								1 (aggregated)
Victoria Hospital	Endocrinology & Diabetes	All posts								3
Victoria Hospital	Endocrinology & Diabetes	All posts	W —	W —	R —	W —	W —	L —	W —	9 (aggregated)
Victoria Hospital	General Internal Medicine	Foundation	W ▼	W —	R ▲	W —	W ▲	W ▼	W ▲	40
Victoria Hospital	General Internal Medicine	GPST								2
Victoria Hospital	General Internal Medicine	GPST								4 (aggregated)
Victoria Hospital	General Internal Medicine	Core	P ▼	W —	R ▼	R ▼	W —	P ▼	P —	7
Victoria Hospital	General Internal Medicine	ST	L ▲	W —	R —	W —	W —	W —	W —	6
Victoria Hospital	General Internal Medicine	All posts	W ▼	W —	R —	P ▼	W ▲	W ▼	R —	55
Victoria Hospital	General Psychiatry	GPST								1
Victoria Hospital	General Psychiatry	GPST								4 (aggregated)

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Victoria Hospital	General Psychiatry	All posts								1
Victoria Hospital	General Psychiatry	All posts								4 (aggregated)
Victoria Hospital	Geriatric Medicine	Foundation	W ▼	W —			W —	W —	W —	5
Victoria Hospital	Geriatric Medicine	GPST								4
Victoria Hospital	Geriatric Medicine	GPST	G —	P —	P —	W —	P —	W —	R —	31 (aggregated)
Victoria Hospital	Geriatric Medicine	Core								3
Victoria Hospital	Geriatric Medicine	Core	G —	W —	P —	W —	W —	L —	W —	13 (aggregated)
Victoria Hospital	Geriatric Medicine	ST								1
Victoria Hospital	Geriatric Medicine	ST								4 (aggregated)
Victoria Hospital	Geriatric Medicine	All posts	W —	W —	W —	W —	W —	W —	W —	13
Victoria Hospital	Haematology	ST								1
Victoria Hospital	Haematology	ST	W —	W —	W —	W —	W —	W —	W —	5 (aggregated)
Victoria Hospital	Haematology	All posts								1
Victoria Hospital	Haematology	All posts	L —	W —	W —	W —	W —	W —	W —	5 (aggregated)
Victoria Hospital	Histopathology	ST								2
Victoria Hospital	Histopathology	ST								4 (aggregated)
Victoria Hospital	Histopathology	All posts								2
Victoria Hospital	Histopathology	All posts								4 (aggregated)
Victoria Hospital	Intensive Care Medicine	Foundation								2
Victoria Hospital	Intensive Care Medicine	Foundation	G —	L —	W	W —	W —	W —	W —	5 (aggregated)
Victoria Hospital	Intensive Care Medicine	ST								3
Victoria Hospital	Intensive Care Medicine	ST	W —	W —	L ▲	W —	G —	L —	W —	17 (aggregated)
Victoria Hospital	Intensive Care Medicine	All posts	G ▲	G ▲	W —	W —	G —	W —	W —	5
Victoria Hospital	Neonatal Medicine	ST								2
Victoria Hospital	Neonatal Medicine	ST								2 (aggregated)
Victoria Hospital	Neonatal Medicine	All posts								2

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Victoria Hospital	Neonatal Medicine	All posts								2 (aggregated)
Victoria Hospital	Otolaryngology	ST								2
Victoria Hospital	Otolaryngology	ST								3 (aggregated)
Victoria Hospital	Otolaryngology	All posts								2
Victoria Hospital	Otolaryngology	All posts	W —	W —	W —	W —	W —	W —	W —	15 (aggregated)
Victoria Hospital	Paediatrics	Foundation								3
Victoria Hospital	Paediatrics	Foundation	G —	W —	W —	W —	W —	W —	W —	15 (aggregated)
Victoria Hospital	Paediatrics	GPST								4
Victoria Hospital	Paediatrics	GPST	W —	P —	W —	P —	W —	W —	W —	30 (aggregated)
Victoria Hospital	Paediatrics	ST	W —	W —	W ▲	W —	W —	W —	W —	9
Victoria Hospital	Paediatrics	All posts	W —	W —	W ▲	W ▲	W —	W —	W —	16
Victoria Hospital	Palliative Medicine	GPST								1
Victoria Hospital	Palliative Medicine	GPST								4 (aggregated)
Victoria Hospital	Palliative Medicine	ST								1
Victoria Hospital	Palliative Medicine	ST								2 (aggregated)
Victoria Hospital	Palliative Medicine	All posts								2
Victoria Hospital	Palliative Medicine	All posts	G —	W —	W —	L —	W —	L —	G —	6 (aggregated)
Victoria Hospital	Renal Medicine	Core								2
Victoria Hospital	Renal Medicine	Core	W —	W —	W —	W —	W —	W —	W —	8 (aggregated)
Victoria Hospital	Renal Medicine	ST								1
Victoria Hospital	Renal Medicine	ST								2 (aggregated)
Victoria Hospital	Renal Medicine	All posts								3
Victoria Hospital	Renal Medicine	All posts	W —	W —	W —	W —	W —	W —	W —	10 (aggregated)
Victoria Hospital	Respiratory Medicine	Foundation								1
Victoria Hospital	Respiratory Medicine	Foundation								2 (aggregated)
Victoria Hospital	Respiratory Medicine	Core								3

Site	Specialty	Level	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Workload	N
Victoria Hospital	Respiratory Medicine	Core	W	W	W	W	W	W	W	7 (aggregated)
Victoria Hospital	Respiratory Medicine	All posts								4
Victoria Hospital	Respiratory Medicine	All posts	W —	W —	R —	W —	W —	W —	W —	10 (aggregated)
Victoria Hospital	Trauma and Orthopaedics	ST	W —	W —	W —	W —	W —	W —	W —	7
Victoria Hospital	Trauma and Orthopaedics	All posts	L —	L —	W —	W —	G —	W —	L —	7
Victoria Hospital	Urology	Foundation								1
Victoria Hospital	Urology	Foundation								1 (aggregated)
Victoria Hospital	Urology	ST								1
Victoria Hospital	Urology	ST								2 (aggregated)
Victoria Hospital	Urology	All posts								2
Victoria Hospital	Urology	All posts								3 (aggregated)
Whytemans Brae Hospital	General Psychiatry	Foundation								1
Whytemans Brae Hospital	General Psychiatry	Foundation								1 (aggregated)
Whytemans Brae Hospital	General Psychiatry	Core								1
Whytemans Brae Hospital	General Psychiatry	Core								3 (aggregated)
Whytemans Brae Hospital	General Psychiatry	All posts								2
Whytemans Brae Hospital	General Psychiatry	All posts	W —	W —	R —	W —	W —	W —	W —	11 (aggregated)
Whytemans Brae Hospital	Geriatric Medicine	Foundation								1
Whytemans Brae Hospital	Geriatric Medicine	Foundation								1 (aggregated)
Whytemans Brae Hospital	Geriatric Medicine	All posts								1
Whytemans Brae Hospital	Geriatric Medicine	All posts								1 (aggregated)
Whytemans Brae Hospital	Old Age Psychiatry	ST								2
Whytemans Brae Hospital	Old Age Psychiatry	ST								3 (aggregated)
Whytemans Brae Hospital	Old Age Psychiatry	All posts								2
Whytemans Brae Hospital	Old Age Psychiatry	All posts								3 (aggregated)

