

NHS Fife Staff Governance Committee

Thu 01 July 2021, 10:00 - 12:00

via MS Teams

Agenda

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

10:05 - 10:10 **2. Declaration of Members' Interests**
5 min

10:10 - 10:15 **3. Minutes of the Last Meeting held on 29 April 2021**
5 min

Enclosed *Margaret Wells*

 Item 3 Minutes of Meeting Held on 29.04.21 Unconfirmed.pdf (10 pages)

10:15 - 10:25 **4. Matters Arising / Action List**
10 min

Enclosed *Margaret Wells*

 Item 4 Table of Actions From Meeting Held on 29.04.21.pdf (2 pages)

4.1. Staff Governance Committee Annual Statement of Assurance 2020/2021

Verbal *Gillian MacIntosh*

10:25 - 10:50 **5. GOVERNANCE**
25 min

5.1. Board Assurance Framework – Workforce Sustainability

Enclosed *Linda Douglas*

 Item 5.1 Board Assurance Framework - Workforce Sustainability - 1.7.21.pdf (3 pages)

 Item 5.1 Board Assurance Framework - Workforce Sustainability Appendix 1 - 1.7.21.pdf (2 pages)

 Item 5.1 Board Assurance Framework - Workforce Sustainability Linked Operational Risks - Appendix 2 - 1.7.21.pdf (2 pages)

5.2. Staff Governance Annual Monitoring Return 2020/2021

Enclosed *Sandra Raynor*

 Item 5.2 Staff Governance Annual Monitoring Return 2020-2021 1.7.21.pdf (14 pages)

5.3. Corporate Objectives 2020/2021

Enclosed *Carol Potter*


 Item 5.3 Corporate Objectives 2020-2021 1.7.21.pdf (13 pages)

10:50 - 11:20
30 min

6. STRATEGY AND PLANNING

6.1. Workforce Strategy 2019-2022 Update and 2022-2025 Strategy Development

Enclosed Kevin Reith

 Item 6.1 Workforce Strategy 2019-2022 Update - 1.7.21.pdf (4 pages)

6.2. Development of the Population Health and Wellbeing Strategy

Verbal Susan Fraser

6.3. East Region Recruitment Transformation Shared Services Agreement

Enclosed Sandra Raynor

 Item 6.3 East Region Recruitment Transformation SSA - 1.7.21.pdf (11 pages)

6.4. South East Payroll Services Consortium Update

Enclosed Helen Denholm

 Item 6.4 Payroll Services Consortium Update 1.7.21.pdf (3 pages)

11:20 - 11:35
15 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed Linda Douglas

 Item 7.1 Integrated Performance & Quality Report Covering Paper.pdf (3 pages)

 Item 7.1 Integrated Performance & Quality Report.pdf (46 pages)

7.2. NHS Fife Workforce Information Overview

Enclosed Kevin Reith


 Item 7.2 NHS Fife Workforce Information Overview - 1.7.21.pdf (7 pages)

11:35 - 11:40
5 min

8. LINKED COMMITTEE MINUTES

8.1. Minutes of the Area Partnership Forum dated 19 May 2021 (unconfirmed)

Enclosed

 Item 8.1 APF Minutes 19.05.21 Unconfirmed.pdf (8 pages)

8.2. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 12 May 2021 (unconfirmed)

Enclosed

 Item 8.2 H&SCP LPF Minutes 12.5.21 Unconfirmed.pdf (9 pages)

8.3. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 6 May 2021 (unconfirmed)

Enclosed

 Item 8.3 ASD&CD Local Partnership Forum Minutes 06.05.21 Unconfirmed.pdf (13 pages)

8.4. Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 18 May 2021 (unconfirmed)

Enclosed

 Item 8.4 Strategic Workforce Planning Group Minutes 18.05.21 Unconfirmed.pdf (5 pages)

11:40 - 11:50 **9. ISSUES TO BE ESCALATED**
10 min

11:50 - 11:55 **10. ANY OTHER BUSINESS**
5 min

11:55 - 12:00 **11. Date of Next Meeting: Thursday 2 September 2021 at 10.00 am via MS Teams**
5 min

(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 APRIL 2021 AT 10AM VIA MS TEAMS

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Christina Cooper, Non-Executive Director
Wilma Brown, Employee Director	Janette Owens, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum	Andrew Verrecchia, Co-Chair, Acute Services Local Partnership Forum

In Attendance:

Lynn Barker, Associate Director Nursing, H&SCP (deputising for Nicky Connor)
Kirsty Berchtenbreiter, Head of Workforce Development
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Susan Fraser, Associate Director of Planning & Performance
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
Gillian Westbrook, PA to Linda Douglas (Minutes)

Observer:

Kirstie Macdonald

01. Apologies for Absence

Apologies were received from Alistair Morris, Non-Executive Director, Carol Potter, Chief Executive, Nicky Connor, Director of Health & Social Care and Margo McGurk, Director of Finance & Strategy.

02. 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; along with Kirstie Macdonald, Whistleblowing Champion designate for NHS Fife who was attending the meeting to observe, and Lynn Barker who was attending on behalf of Nicky Connor.

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

The Chair confirmed that the NHS is still on an emergency footing across Scotland until 30 June 2021; and conveyed her thanks to everyone for their continued efforts to maintain services throughout the pandemic, particularly with the extended lockdown measures, albeit these are now reducing.

03. Minute of Previous Meetings held on 4 March 2021 and Reconvened Meeting held on 9 March 2021

Minutes of Meeting held on 4 March 2021: The Chair highlighted agenda items 6.1, 6.2, 6.3 & 6.4 and 7.1 where the Committee were asked to note these items. In future minutes the Committee's decision should be noted rather than the action. The minutes of the meeting were **formally approved** subject to these changes.

The minutes of the reconvened meeting held on 9 March 2021 were formally **approved** as an accurate record.

04. Action List

Item 6.2: Covid-19 Staff Experience Everyone Matters Pulse Survey Report

The Chair asked for an update on item 6.2 in relation to the proposed staff engagement meetings with C Potter and W Brown within all areas of the Board. W Brown advised the Committee that she and C Potter have a full schedule of meetings and walk-arounds arranged across all sites, and will ensure that iMatter is discussed. S Fevre asked how this could be emulated within the Health & Social Care Partnership? The Chair asked L Barker to follow up this point with N Connor.

Action: L Barker / N Connor

Item 6.6: Payroll Consortia

L Douglas provided an update on item 6.6 on behalf of M McGurk. The Regional Programme Board has accepted the proposal to stage this development and are preparing plans for all the Boards involved. This is likely to involve:

- commencing recruitment to the management team over the summer months
- liaising with the Boards to commence sharing best practice and standardisation of processes once the management team are in place
- commencing the full consortia arrangement including progressing the transfer of staff in line with the Transfer of Undertakings (Protection of Employment) [TUPE] legislation early in 2022/2023

05. Matters Arising

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

06. QUALITY, PLANNING & PERFORMANCE

6.1 Integrated Performance & Quality Report

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of February 2021. The rate is 5.03% which was a slight decrease from 5.04% month on month from January 2021. This compares favourably to the figure of 5.51% for the same period last year, however, we are aiming for further improvement and work will continue to achieve a sustained positive trajectory. Actions to support this will be covered by R Waugh in Item 6.2 of the agenda.

The Chair noted that this is the absence rate without Covid related absence and asked, when out of emergency measures, at what point Covid related absences will be included in the sickness absence figures? LD highlighted that absences related to Covid which are not categorised as-sickness absences and are therefore not included in these figures, with Covid absences reported separately. R Waugh confirmed that Covid related absence was affecting approximately 1% of the workforce. At present there is no intention to remove the Covid

related absence codes, these are available for use within the payroll system for the foreseeable future

W Brown commented that despite training taking place on the new Promoting Attendance policy, she considers that more training is required as she recently came across a situation where managers were misinterpreting the policy in terms of staff on long-term sickness having their annual leave incorrectly pro-rated. In relation to W Brown's comment, R Waugh and Workforce Directorate colleagues will address this in terms of a communication to managers and within the promoting attendance sessions. S Fevre welcomed the fact that there is no intention to bring Covid non-sickness related absences into the total sickness absence figures at present, as members of staff can be off work due to other effects of Covid, not only sickness.

L Douglas acknowledged and welcomed everyone's comments, confirming S Raynor's team can lead targeted training in specific areas which require further support. Guidance and knowledge of Covid and long Covid will be developed over time and will be a debate both nationally and locally in terms of how this will be most appropriately addressed.

The Committee **noted** the report.

6.2 Staff Health & Wellbeing Update, including Promoting Attendance

R Waugh provided an overview of some of the current staff health and wellbeing activities:

- Mindfulness – highlighting the ongoing success of these course, the latest 8 week course was fully booked within a short time of being advertised, demonstrating its popularity and success in terms of staff engagement. Drop-in sessions are continuing.
- Staff returning from shielding – a further series of support sessions have commenced, positive feedback has been received from both staff and facilitators.
- Support sessions for Managers – sessions have been popular and oversubscribed, the intention is that these will be filmed and shared on StaffLink
- Inspiring Kindness in Fife Conference will be held on 26 May 2021 - flyers will be distributed to Committee members. R Waugh invited members to attend to hear first-hand the work undertaken in Fife over the past year in terms of staff wellbeing.
- Peer Support: work is ongoing with Psychology and other colleagues, targeting support based on a peer support and reflective practice model.

In terms of sickness absence: the March 2021 rate reduced to 4.43%, with an average for the last financial year of 5.04% which takes us back to the average rate last seen in 2016/17. Notwithstanding this, the trajectory has not been met and as already acknowledged more work needs to be done to improve the position.

R Waugh highlighted the contents of the paper which provides data on the trends for the Committee's perusal. As discussed at the previous meeting, rates and reasons for absence within operational units have been included. The top reason for absence during this year is anxiety, stress and mental health related reasons. R Waugh has received a report on the Occupational / Mental Health input support for staff and this will feature at a future Committee meeting.

To provide assurance to the Committee, a round of Promoting Attendance Review and Improvement panels looking at the top short term and 10 long term cases within each of the business units has just been completed. A series of short Once for Scotland policy awareness sessions in for the new Promoting Attendance policy have been undertaken and Staff Side colleagues have participated and supported these sessions.

In relation to investment for staff wellbeing as part of remobilisation plans, C Cooper enquired if there is a risk that NHS Fife cannot sustain some of these support services for staff in the future, and sought an update on return to work interviews for staff? R Waugh advised that the current commitment to health and wellbeing initiatives in place is on a sustainable basis, with funding agreed for additional occupational health resources and a similar investment within psychology support services. National work is considering the recovery support required for staff and what resources may be required longer term is ongoing. With regards to return to work interviews, this has been a focus at recent training sessions and HR Officers / HR Advisors are working alongside Line Managers to ensure they are being undertaken.

Following attendance at the Emergency Care Review and Improvement Panel, A Verrechia highlighted the support required for Line Managers in dealing with long-term staff sickness and the effects it has on them as well as the staff member. L Douglas acknowledged that targeted support was offered during the first half of 2020 and that specific management led support is ongoing. The Chair requested that this point is followed up at a future meeting providing an overview of the support and the impact of Covid on the number of cases.

S Fevre highlighted that it was pleasing to see the balance of this report focusing on health and wellbeing of staff and the impact this has had on absence figures. The longer term effect of Covid on staff may be worse than the immediate impact, and the actions highlighted in this paper shows a real commitment to provide the necessary support.

The Chair commented that having both management and staff side Local Partnership Forum representatives present gives the opportunity to share details regarding staff experience. This is a critical aspect of informing the Board in terms of strategy and policy. The Chair thanked those involved for their contributions.

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

6.3 Interim Joint Workforce Plan 2021/2022

K Reith reminded the Committee that the normal workforce plan reporting to the Scottish Government was suspended last year, however, Boards and IJBs received a request in early March 2021 to complete an Interim Workforce plan to be submitted by 30 April 2021. The document provided is the draft NHS Fife submission using the new national template. From 2022, this will return to a 3 year workforce planning cycle with the interim plan being completed in the 2 years between the 3 year plan submissions.

Minor adjustments are being made to the document ahead of the submission deadline and a final version will be shared with members of this Committee. This is a joint plan for NHS Fife and the Health & Social Care Partnership. K Reith highlighted the following points:

- Section 2: references the new Strategic planning resource allocation process, bringing strategy, finance and workforce elements together.
- Section 3: emphasis on staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.
- Safe Staffing legislation: response to new statutory provisions.
- Medium-term drivers for Workforce Strategy 2022-25: long-term Covid management, redesign of urgent care, waiting times, regional priorities.
- Transformational change factors: including lessons learned from Covid.

Following extensive engagement the draft plan was presented to EDG last week.

C Cooper highlighted that section 2.3.7 of the covering paper regarding communication, involvement and consultation doesn't include reference to cross sector 3rd and independent sector input. R Waugh advised that feedback has been received from Paul Dundas, the nominated representative of the Independent Sector for Fife and his comments have been factored into a subsequent iteration of the document and this reference was now captured within the draft submission.

C Cooper also noted Section 2.3.4: in relation to risk and assessment no specific details are included asking if this would be included in future plans? K Reith advised that there is a need for general risk reporting, however, this planning approach is still evolving and there may be feedback from the first use of this template in terms of how risks are captured and reported. There will be further extensive reporting of risk included with the 3 year plans.

S Fevre was pleased to see a more rounded approach to all staff (not only clinical staff), the Covid pandemic has highlighted the contribution of all staff, which is reflected in this document along with clear consultation and involvement.

The Chair highlighted that it is critical to have assurance around implementation, impact and timings going forward. With regards to the supplementary workforce, the Chair enquired if processes are in place to provide additional staff to fulfil posts and skill mix, and raised concerns regarding GP recruitment and sustainability? R Waugh advised that primary care staffing is addressed via the Board's Primary Care Improvement Plan through review of the implementation of the new GMS contract. In terms of specific GP recruitment issues in East Fife, R Waugh was pleased to report that these have been resolved recently. R Waugh will arrange for feedback at a future meeting in relation to the implementation of the Primary Care Improvement Plan.

J Owens gave an update on supplementary staffing:

- Students will fill a number of the present vacancies, however, additional staffing is still required.
- Learning from the Covid vaccination programme is that we can recruit and train staff quickly.
- Increasing the bank workforce will assist in the immediate term.
- Retaining and attracting staff working alongside universities and practice development to ensure staff feel supported is key.

K Reith highlighted that the monitoring of this plan is critical, the existing workforce strategies and implementation plans underpin these, which are being reviewed to ensure we have a clear view across NHS Fife and the Health and Social Care Partnership.

The Committee **noted** the content of the paper and that it will be submitted to Scottish Government by 30 April 2021.

6.4 Corporate Objectives 2021/2022

S Fraser provided the Committee with the following information regarding the production of this document:

- Core information for corporate objectives have been developed through the strategic planning and resources allocation process introduced earlier this year.
- During discussion at EDG meetings Directorate objectives were agreed for each Director and key objectives for 2021/22.
- Objectives are grouped under 4 strategic priorities:

- Improve health & wellbeing
 - Improve the quality of health and care services
 - Improve staff experience and wellbeing
 - Deliver value & sustainability
- Lead Directors remits are colour coded for each objective. The lead Directors roles have been agreed for each objective, with other Directors included in a contributory role.

L Douglas advised that EDG requested this was brought to committee cycles, with Staff Governance Committee and Clinical Governance Committee receiving a verbal update at present, with the plan to share an SBAR report thereafter.

In terms of workforce, L Douglas will take a lead role in the following key strategic objectives:

- Item 2.12 - Implementing safe staffing legislation: Wider workforce matters, with key contributors J Owens / C Dobson / N Connor to facilitate delivery.
- Item 3.1 - Enhance Staff Health and Wellbeing by developing and delivering the action plan: Referencing previous plans R Waugh and W Brown have discussed in terms of work taking place in Fife.
- Items 3.2 - Develop and then deliver Phase 1 - a framework to improve leadership capability and embed the framework for talent management and succession planning: This is a regular feature of corporate objective setting and recognises the desire to ensure further improvement.
- Items 3.3 - Delivery of workforce plans that attract, recruit, and retain a high-quality Workforce: Refer to Interim Joint Workforce Plan and comments from K Reith and R Waugh.
- Item 4.10 - Develop the NHS Fife Workforce Strategy 2022 to 2025 for publication in Q1 of 2022/2023: 3 year strategy K Reith referenced earlier, published in 1st quarter of the next financial year.

The Committee **noted** the update and looked forward to receiving further updates in due course.

6.5 Winter Report 2021/2022

J Owens thanked S Fraser for producing the paper which included a monthly report relating to the key performance matrix agreed in the Winter Plan using data up to 4 April 2021. Weekly meetings take place between Health and Social Care Partnership, Planning and Acute Services in respect of patient flow. J Owens provided a summary of the monthly report, noting the impact of the combined Covid and winter pressures on A&E standards, hospital occupancy, delayed discharge and partnership placement, noting challenges in previous months but some improvement over the last month.

In terms of the Winter Plan most actions are either complete or on track with 2 actions on hold; Implementing home first model and Restructure of medical assessment and admissions.

A Winter Review event was held on 12 April 2021 covering 2 group work sessions:

- what worked well and not so well last winter
- what key learnings and actions could be taken forward for 2021/2022.

In relation to risks, C Cooper asked whether learning has been documented to reflect on our previous risk averseness and to assist in the development of services moving forward? S Fraser advised that the process of learning from Covid has been documented through the Remobilisation Plan, as well as the opportunity for colleagues to share their learning via the Winter review.

The Committee **noted** the content of the paper and the Chair thanked everyone involved for their efforts.

6.6 Renewal of NHS Fife Population Health and Wellbeing Strategy

L Douglas presented on behalf of M McGurk. This strategy is in the early stages of thinking, with the focus for its development around the four strategic priorities previously referred to under Corporate Objectives item.

The four National Care programmes were also noted as key influences on our strategic approach:

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

The guiding principles to develop the strategy will include:

- Values driven
- Develop in collaboration and partnership with all stakeholders
- Embrace research, development and innovation
- Technology first
- Intelligent use of data and analytics

The approach which will be followed will be to:

- Review and assess current strategy
- Refresh the assessment of population health in Fife and use that to inform areas of focus
- Structure strategy around key priorities
- Governance will be managed through a Steering Group (EDG Strategy meeting) and Operational Group, with involvement of APF and Partnership and development of the strategy being presented to the cycle of committees. The aim will be for the strategy to be signed off by the Board and IJB in March 2022.

S Fraser highlighted the discussion around whether consultation or engagement should take place. As this process does not feature major service changes, it will be a process of engagement, ensuring an enhanced engagement plan is in place to cover staff, public and patients to gain their views around the policy. A workstream for this aspect is the next piece of work to take place.

S Fevre commented on the Strategy's relevance to this Committee in terms of the impact it will have on staff and whether papers presented in future meetings could focus on the impact to our staff or people living within Fife. S Fraser advised that when developing the strategy, it will be underpinned by a delivery and action plan. The strategy and implementation of the

strategy will be two distinct aspects, and advised this Committee will have an overview of the whole strategy, however, the focus will be on the workforce and staffing elements.

K Reith informed the Committee that the Health & Wellbeing Population strategy will be running in parallel with the Workforce strategy. K Reith and S Fraser will have ongoing engagement to ensure this happens effectively.

The Committee **noted** the update on the plan for the renewal of the NHS Fife Population Health & Wellbeing strategy.

07. GOVERNANCE

7.1 Board Assurance Framework Workforce Sustainability

L Douglas presented the regular report to the Committee, noting one high risk remains in relation to the right composition of our workforce with the right skills, in the right place, at the right time. It is significant to note that there continues to be a great deal of work in terms of control and mitigation and this remains a challenging environment. The workforce strategy and key corporate objectives will support the development of mitigation and control actions and the delivery plans that will flow from these.

The Chair asked for an update on the community paediatric service staffing and the 2nd advert for Speciality Doctor posts within Cameron and Glenrothes community hospitals? L Douglas informed the committee that interviews had not concluded. C Dobson advised that they are currently exploring Advanced Nurse Practitioner roles within Community Paediatrics. C Dobson will provide an update to Committee at a future meeting.

Action: C Dobson

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

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

Dr G MacIntosh advised that this is an annual report outlining the business covered by the Committee throughout the past year, with relevant changes reflecting the impact of Covid. The content is for comment and, as accounts will not be approved until September 2021, this provides additional time for comments to be reviewed again if necessary at the July 2021 SGC meeting.

The Chair drew the Committee's attention to paragraph 4.2 relating to the agendas for the Committees which reflected the Board's response to Covid 19 and the process to formulate the agendas for Committee meetings from July 2020 until present. The Chair asked it to be noted that under emergency measures the Committee stood down for the first 3 months and requested 2 changes to the document:

- Paragraph 3.1, 9 March 2021, wording changed from "outstanding" to "deferred" to highlight the decision taken
- Paragraph 7.1, change May 2021 to April 2021 with reference to this meeting taking place on 30 April 2021

Dr G MacIntosh will present the paper again at the July 2021 meeting.

Action: Dr G MacIntosh

The Committee **approved** the content of the Annual Assurance Statement, subject to the changes discussed above.

7.2 Committee Self-Assessment Report 2020/2021

In outlining the report, Dr G MacIntosh highlighted that an additional question was included in this year's assessment asking members to comment on how the Committee conducted its affairs during the Covid pandemic. Positive feedback was received, which confirmed that the Committee had the right level of focus throughout the year. The request for feedback was circulated in February 2021, at a time when many Committee members' workloads were under considerable pressure, therefore the level of response was not as high as in previous years. The following comments were highlighted for further discussion:

- To review number of attendees at meetings, or clarify their role and expected contribution
- To continue to enhance agenda management to ensure discussions remain focused on key governance / strategic items
- To review of information and papers provided to ensure material is succinct and data meaningful and give a clear indication of what the Committee is expected to do in response

In response to the feedback on the agenda management process, the Chair commented that there was already a tightly managed agenda setting process in place. The Chair highlighted how performance and operations are linked into the governance and strategic roles, to ensure the Committee is sufficiently informed to enable it to fulfil its governance function.

The Committee **discussed** the content, **noting** the observations and considerations set out in the report going forward.

7.4 Draft Staff Governance Committee Annual Workplan 2021/2022

L Douglas highlighted that the Workplan would have been routinely completed earlier in the year and it will continue to be under review due to the ongoing Covid situation.

The Committee **approved** the Staff Governance Committee Annual Workplan for 2021/2022.

7.5 Staff Governance Annual Monitoring Return 2020/2021

S Raynor updated the Committee on the annual monitoring return for 2021. The return for last year was paused in response to the current pandemic. Scottish Government has confirmed returns for 2021 are to be submitted by 31 August 2021. Taking a different approach this year, the Scottish Government are drawing on data and information which has already been submitted by the Board. From early March 2021, the Scottish Government has been reviewing this information and the anticipated template will look to seek further information and assurances. The template is expected at the beginning of May 2021, and this Committee will have the opportunity to review and comment on the Annual Monitoring Return at the July 2021 meeting, before sign off by the Chair and Employee Director ahead of submission to the Scottish Government.

S Raynor will present the paper at the July 2021 meeting.

Action: S Raynor

The Committee **noted** the plan for the development of the Staff Governance Annual Monitoring Return for 2020/2021.

08. LINKED COMMITTEE MINUTES AND ANNUAL REPORTS

C Cooper enquired whether items escalated from the linked Committees which develop the agendas of the Governance meetings are noted? LD advised that she will take this offline and will feedback to the Committee.

Action: L Douglas

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

8.3 Minutes of the Health and Safety Sub-Committee on Friday 12 March 20201 (unconfirmed)

The Committee **noted** the minutes.

8.4 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework Survey November 2020

The Committee **noted** the survey.

8.5 Medical Education Report

The Committee **noted** the report.

09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD

The Chair highlighted items to be escalated:

- The progress in relation to staff absence, noting the COVID-19 related absence position.
- To commend staff for their continued efforts in respect of the pandemic, particularly during the extended lock down period and also in respect of their efforts during the past winter, reflected within the Winter Plan.

10. ANY OTHER BUSINESS

There was no other business to discuss.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday 1 July 2021 at 10.00am via MS Teams.

**ACTION LIST from
STAFF GOVERNANCE COMMITTEE MEETING
Held on Thursday 29 April 2021**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
Item 0.4 (29 April 2021)	Item 6.6: Payroll Consortia Director of Finance will present a paper to the July 2021 SGC meeting.	MM	1 July 2021	
Item 7.1 (29 April 2021)	Board Assurance Framework Workforce Sustainability An update to be provided on the Community Paediatric Service staffing.	CD	1 July 2021	
Item 7.3 (29 April 2021)	Draft Staff Governance Committee Annual Statement of Assurance 2020/2021 Dr G MacIntosh to re-present the paper at the July 2021 SGC meeting.	GMacI	1 July 2021	
Item 7.5 (29 April 2021)	Staff Governance Annual Monitoring Return 2020/2021 Draft Staff Governance Annual Monitoring Return for 2020/21 to be presented to the July 2021 SGC meeting.	SR	1 July 2021	
Item 0.8 (29 April 2021)	Linked Committee Minutes and Annual Reports To confirm whether items escalated from the linked Committees which develop the agendas of the Governance meetings are noted.	LD	1 July 2021	
Item 0.9 (29 April 2021)	Escalation to Board – Relevant items to be highlighted to the Board.	MW	11 May 2021	Completed: Agreed items from the 29 April 2021 meeting to be escalated to the Board meeting on 25 May 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	Completed: C Potter and W Brown have a full schedule of meetings and walk-arounds arranged across all NHS Fife sites.
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	29 April 2021	Completed: Director of Workforce provided a verbal update on behalf of Director of Finance at 29 April 2021 meeting.
Item 07.2 (13 January 2021)	Internal Audit Annual Report 2019/20 – discussion on approach to Staff Governance Action Planning.	SR	29 April 2021	Completed: Staff Governance Annual Monitoring Return 2020/2021 report outlining plan for this year was discussed at meeting on 29 April 2021.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 July 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 (BAF).

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 7 June 2021.

Since the BAF was presented to the Staff Governance Committee in April 2021, there have been no new linked operational high risks or Workforce Sustainability risks added, 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

Regularly reviewing workforce sustainability risks through the BAF process ensures that work to mitigate these risks is agreed, delivered and/or adjusted, as required, and provides a mechanism for escalating risks to ensure effective management.

2.3.5 Equality and Diversity, including health inequalities

The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

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 April 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	E	30	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.									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.			<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 have now progressed to offers to the students who will graduate in the summer of 2021. 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 Joint 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 managerial actions being considered, but will not include team reports.	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 future Population Health and Wellbeing Strategy for Fife and the implementation of eESS, should provide appropriate levels of control.					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

[illegible]

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
503	Lack of capacity in Podiatry Service unable to meet SIGN/ NICE Guidelines	Risk Closed			503
1042	Staffing levels Community Services East unable to meet staffing establishment	No longer high risk	Moderate 12	K Nolan	1042
1349	Service provision- GP locums may no longer wish to work for NHS Fife salaried practices	Risk Closed			1349
1353	Medical Cover- Community Services West- expected shortfalls on nurse staffing and GP cover	Risk Closed			1353
1375	Breast Radiology Service	No longer high risk	Moderate 12	M Cross	1375
1420	Loss of consultants	No longer high risk	Moderate 12	H Bett	1420
1846	Test and Protect	No longer high risk	Moderate 9	N Connor	1846
1858	Longevity of current situation and impact	Risk Closed			1858

ID	1652	
Position of Risk (Risk Register)	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	
Opened	12.11.2019	
Title	Lack of Medical Capacity in Community Paediatric Service	
Description	<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 retirals. 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>	
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	
Consequence (initial)	5 - Extreme	
Risk level (initial)	High Risk	
Rating (initial)	25	
Current Management Actions	<p>New Consultant started in post 22/3/21 and Specialty Doctor post is currently out to advert again.</p> <p>Conversations regarding ADHD Service have still to take place with Divisional Manager Fife wide HSCP regarding governance and improvement actions required across HSCP and Community Paediatrics</p>	
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	
Consequence (current)	5 - Extreme	
Risk level (current)	High Risk	
Rating (current)	25	
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	
Consequence (Target)	4 - Major	
Risk level (Target)	Moderate Risk	
Rating (Target)	12	
Risk Owner	Dobson, Claire	
Handler	Galloway, Donna	
Previous Review Date	17.06.2021	
Next Review	31.12.2021	

ID	90	
Position of Risk (Risk Register)	CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology	
Opened	23.08.2002	
Title	National Shortage of Radiologists	
Description	<p>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.</p>	
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	
Consequence (initial)	4 - Major	
Risk level (initial)	High Risk	
Rating (initial)	20	
Current Management Actions	<p>May 21 - 2 x 0.5 WTE joint appointments made with NHS Lothian</p>	
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	
Consequence (current)	4 - Major	
Risk level (current)	High Risk	
Rating (current)	20	
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists	
Consequence (Target)	4 - Major	
Risk level (Target)	Moderate Risk	
Rating (Target)	8	
Risk Owner	Dobson, Claire	
Handler	Galloway, Donna	
Previous Review Date	07.05.2021	
Next Review	05.09.2021	

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
1324	COMMUNITY SERVICES EAST - RISK REGISTER	02.12.2016	Medical staff recruitment and retention	There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>02/06/21- Awaiting confirmation of CDF posts, all areas covered with Bank/Locum /CDF. Ongoing actions to secure permanent medical staffing structure.</p> <p>08/01/21- Specialty 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.</p> <p>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 Clincial 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</p> <p>Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019</p> <p>01/08/18 - Monthly meetings taking place to monitor the current medical provision within the Cameron and Glenrothes Hospital sites. The Hybrid GP advertisement which has been on-going since November 2017 is to be revamped in an attempt to attract interest. Locum medical cover is in place in Cameron Hospital, and the aim is that this will be made permanent. There is a 3 month Service Level Agreement in place for Ward 1 with medics secured for Wards 2 and 3 for the next year. Ward 1, Glenrothes is still subject to re-design with the ward potentially evolving into a step-down facility.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	1 - Negligible	Very Low Risk	2	Kennedy, John	Nolan, Karen	26.08.2020	10.01.2022

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 July 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.

The Scottish Government confirmed that this year’s return for 2020/2021 will be required for submission by 24 September 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.

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.

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 March to April 2021, the Scottish Government reviewed a wide range of information already submitted by the Board including the recent submission of the Interim Workplan for 2020/2021.

This year's return template has been tailored to account for known information and only looks to seek further information or assurance where there are gaps and to look for examples of best practice to inform continuous improvement.

The Scottish Government wrote to Health Boards on 28 May 2021, letter and guidance attached at Appendix 1. The Staff Governance Annual Monitoring Return template is attached at Appendix 2, for information. As referred to earlier in the paper, the date for submission of the return to Scottish Government is 24 September 2021.

The template has been shared with key stakeholders and will be produced with their involvement out with the formal governance meetings and there will be continued engagement with staff side colleagues in the populating of the return.

As we go forward, the Scottish Workforce and Staff Governance (SWAG) Committee have agreed that Scottish Government revisit a review of how annual staff governance monitoring exercises are undertaken, particularly in relation to developing a Staff Governance Monitoring dashboard and identifying key policy links/known intelligence collated throughout each year.

This will enable a more proactive and blended approach to Staff Governance Monitoring, where Scottish Government will be looking to work more collaboratively to establish assurance, as well as identify and drive improvement where needed. This in turn will help identify areas of strength and weakness that may require ongoing national focus, which could help drive improvement at all levels.

Once the return has been submitted, Scottish Government colleagues have yet to indicate the revised timescales for feedback from later receipt of the Return. We anticipate a second stage analysis involving a review of Board Returns and consolidation of this with the themes identified in the first stage analysis. Board Feedback conversations which will replace the existing paper exercise for providing feedback and receiving further information are expected in quarter three. Finally, later in 2021 an overview is likely to be 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 will 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 provide 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 Fora 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

Completion of the Annual Staff Governance Monitoring Return 2020-2021 will be through the Local Partnership Fora, 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 and the Director of Workforce and is one of multiple papers as the return is completed for NHS Fife for 2020-2021 through various meetings referred to above.

2.4 Recommendation

Staff Governance Committee members are asked to **note** the content of the return template and the completion of the Staff Governance Annual Monitoring Return for 2020-2021.

3. List of Appendices

Appendix 1 – Staff Governance Annual Monitoring Return covering letter
Appendix 2 – Staff Governance Annual Monitoring Return template

Report Contact:

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

Appendix 1 – Staff Governance Annual Monitoring Return Covering Letter and Guidance Note

Health Workforce Directorate
Workforce Practice Unit

E: suzanne.thomas@gov.scot



NHSScotland Board:

Human Resource Directors
Employee Directors

Copy: NHSScotland Board:
Chairs
Chief Executives
Deputy Human Resource Directors

28 May 2021

Dear Colleagues

NHSSCOTLAND STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2020-21

As you will be aware, the 2019-2020 Annual Staff Governance Monitoring exercise was paused in response to the COVID-19 pandemic, but is being resumed for 2020-21 as the NHS begins to move forward with remobilisation and recovery planning.

Whilst it is recognised that the response to the pandemic continues to be the priority for all within Health and Social Care, gaining assurance that the Staff Governance Standard is being met remains a fundamental element of our national work to ensure continued efforts of achieving and maintaining exemplary employer status. With this in mind, and recognising the continuing pressures being faced by the Service, we have been reviewing our approach to Staff Governance Monitoring with a view to developing a more streamlined and condensed exercise driven in Partnership.

The aim of the Staff Governance Monitoring process is two-fold. It is to provide assurance both locally and nationally that:

- The Staff Governance Standard (the Standard) is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and,
- It allows good practice to be shared to help drive continuous improvement across all NHSScotland Health Boards.

A wealth of information has been shared with Scottish Government over the course of the pandemic (e.g. Remobilisation Plans, Workforce Data Plans, etc) and we have utilised these records to identify information which already supports compliance with the Staff Governance

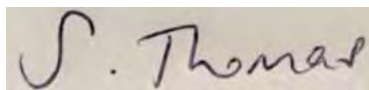
Standard within your Board. The range of information has enabled us to triangulate our data and has provided, in some cases, the opportunity to consider areas that may require greater attention. The attached National Annual Monitoring Return therefore provides an overview of the assurances we have gathered in relation to your Board and details tailored questions where there are potential gaps in our information that we would seek your further support on.

As we go forward, the Scottish Workforce and Staff Governance (SWAG) Committee have agreed that we revisit a review of how annual staff governance monitoring exercises are undertaken, particularly in relation to developing a Staff Governance Monitoring dashboard and identifying key policy links/known intelligence collated throughout each year. This will enable a more proactive and blended approach to Staff Governance Monitoring, where we will be looking to work more collaboratively to establish assurance, as well as identify and drive improvement where needed. This in turn will help identify areas of strength and weakness that may require ongoing national focus, which could help drive improvement at all levels.

The National Annual Monitoring Return for 2020-21 should be completed and returned to Catriona Hetherington, Staff Governance Associate (catriona.hetherington@gov.scot).

I hope this is helpful in outlining the current position and I look forward to receiving your completed returns by **Friday 24th September 2021**.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'S. Thomas', on a light-colored rectangular background.

Suzanne Thomas
Head of Staff Governance

Encs

STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2020-21

GUIDANCE NOTE

Introduction

We know that a positive staff experience is good for the health service: staff who feel engaged, involved and valued will make a positive contribution to healthcare services. It is therefore in the interests of NHSScotland, our patients and the wider community that our staff enjoy a positive employee experience and that we all live up to our motto: better employers; better staff; better care.

The 2020 Workforce Vision, which has been extended for 2021, sets out a commitment to valuing the workforce and treating people well. We will do this by working to a common set of values which are: care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

Each NHS Board operates within the NHSScotland Governance Framework. Staff Governance looks at how staff are managed and how they feel they are being managed. To achieve the Staff Governance Standard and to maintain NHSScotland's status as an exemplary employer, evidence is required to show that systems are in place to monitor progress, identify areas of concern and ensure action plans are in place to demonstrate how improvements are being made and how they will continue to be made.

2020-21 Staff Governance Monitoring arrangements

For the purpose of this year's exercise we are seeking assurance that Boards have a continued focus on outcomes aligned to the 5 individual strands of the Staff Governance Standard, as well as Culture and Values and Staff Experience. In the hope of streamlining our approach, whilst still maintaining an appropriate standard of assurance, the information provides an overview of the assurances we have already gathered from existing data sources and details tailored questions where there are potential gaps in our information that we would seek your further support on.

Employee Engagement

Employee engagement describes the involvement of people at all levels in positive two-way dialogue and action to deliver the highest quality patient care and create great places to work – where people find their work meaningful and are willing to collaborate for patients, their colleagues and the future success of their organisation.

NHS Scotland is committed to improving employee engagement throughout the Scottish healthcare system and ensure staff are led and managed consistently well at a local level in line with the national NHSScotland Staff Governance Standard. High employee engagement levels which are underpinned by the principles outlined in the Staff Governance Standard lead to good employee experience, which in turn leads to better quality patient care and patient experience, culminating in continuous quality improvement.

The Staff Governance Standard Monitoring Framework for 2020-21 has been designed principally to focus on Boards continued progress towards the Staff Governance Standard as well as having the necessary information to inform the NHSScotland Annual Review Process.

National Annual Monitoring Return

Once a review of progress has been completed across the organisation, Boards will work with their Partnership Forums and Staff Governance Committees to complete the **National Annual Monitoring Return**. This draws on the completed templates, takes account of the reviews which have taken place across the organisation, and provides the Scottish Government with the necessary information to inform the NHSScotland Annual Review Process.

Action Required

The completed Local Monitoring Templates and National Annual Monitoring Return should be signed off by the Chair of the Staff Governance Committee and Employee Director.

The National Annual Monitoring Return only should be submitted by the Chief Executive to the Scottish Government by Friday 24th September 2021.

The Scottish Government
Health Workforce Directorate
May 2021

Appendix 2 – Staff Governance Annual Monitoring Return Template

Health Workforce Directorate

NHSSCOTLAND STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2020-21

NHS FIFE



Please complete and return to catriona.hetherington@gov.scot by Friday 24th September 2021.

CATEGORY	QUESTION	RESPONSE
OVER-ARCHING STAFF EXPERIENCE AND CULTURE	<p>The 2020 Everyone Matters Pulse Survey report was published on 4 December 2020. The letter to Boards on 3 December 2020 asked senior leaders and managers across health and social care reflect to carefully on the outcomes of this report locally.</p> <p>1. Please confirm your 3 key actions in relation to staff experience and briefly describe how you intend to address these.</p> <p>2. Please advise why these areas have been chosen as a priority focus and how you plan to build on the work that has been achieved during the crisis.</p> <p>Your letter dated 1 July 2019 described the Board actions in response to the NHS Highland Review undertaken by John Sturrock QC.</p> <p>Please provide evidence of how your organisation is building on these actions and continuing to promote positive workplace behaviours in the current circumstances. Please also describe what impact this has had on culture and values.</p>	

WELL INFORMED

We recognise that the pandemic has offered challenges and changes in how we effectively communicate with staff to support positive outcomes.

NO QUESTION - information already received via previous communications from NHS Fife has been harvested to answer the question posed in this area.

<p>APPROPRIATELY TRAINED</p>	<p>In light of the pandemic, all NHS Boards were afforded the opportunity to take local decisions on whether the appraisal process would be paused. The following questions are therefore being asked to establish a baseline and gain an understanding of how this work will be remobilised in the coming year.</p> <p>1. Please advise whether appraisals were paused in some or all areas in your Board or whether they continued.</p> <p>2. If appraisals were paused what plans are in place for restarting the appraisal process.</p> <p>3. Where appraisals continued, confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2021; and</p> <p>What difference has continuing with the performance appraisal process made to staff experience during this period</p> <p>The Scottish Government Young Person's Guarantee (https://www.gov.scot/news/growing-the-young-persons-guarantee/) aims to give all 16-24-year-olds in Scotland, the chance to succeed through the opportunity of a job, apprenticeship, education, training or volunteering.</p> <p>We recognise from your Interim Workforce Plan that there is clear strategy to transform learners from Foundation to Modern Apprenticeships to build and improve employer opportunities across NHS Fife and Fife H&SCP. 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. We look forward to learning more about these in future staff governance monitoring exercises.</p>	
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INVOLVED IN DECISIONS	<p>The commitment and value towards partnership working was reinforced across the NHS within the Partnership Statement issued by the Scottish Partnership Forum (published on 7 May 2020 and updated on 17 November 2020). It is recognised however, that the experience of Covid has meant changes have been occurring at a rapid pace.</p> <p>We note from evidence provided in response to our pandemic lessons learned query in Summer 2020 and also your response from Whistleblowing Champion earlier this year that you have worked with partnerships at pace and discovered new ways of working in partnership, particularly regarding changes to pre-employment health screening and launch of whistleblowing standards.</p> <p>How have your Board ensured that partnership working shapes recovery and remobilisation plans?</p>	
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TREATED FAIRLY

The NHSScotland Bullying and Harassment Policy was launched in March 2020.

1. Please provide the number of formal complaints raised under the NHSScotland Bullying and Harassment Policy between 1 April 2020 and 31 March 2021.

2. Please also detail any steps that have been taken locally during the past year, to increase staff confidence to report bullying, discrimination and harassment

Emerging evidence suggests that COVID-19 has exacerbated many pre-existing inequalities

1. What relevant support have staff from minority ethnic backgrounds been provided during the pandemic?

2. What sign posts / communications were aimed directly at staff from minority ethnic backgrounds (particularly of African and Asian descent) on how to remain safe during the pandemic?

3. What support have you provided to staff of all protected characteristics during the pandemic (eg pregnancy/maternity, age, disability, gender identity, etc)

4. Are there active staff equality networks in your organisation who can actively distribute relevant information to staff? How have they been utilised during the pandemic?

5. What initiatives is your board undertaking to improve existing equalities data monitoring? (Including, do you proactively communicate to staff about the importance of equalities data monitoring. Is this issue being championed at an senior/executive level? Is there visible support for staff networks?)

CONTINUOUSLY
IMPROVING AND
SAFE WORKING
ENVIRONMENT

NHSScotland supports and encourages an environment where employees can raise concerns about patient safety and malpractice. The NHSScotland Whistleblowing Policy became live in March 2021 following a 'soft launch' from January 2021 to enable Boards to prepare for implementation.

1. Please provide the number and nature of whistleblowing cases raised during the past year (1 Apr 20-31 Mar 21). This should include whether the investigations are on-going or concluded and whether feedback was provided to the individual.

2. Please advise how many of these whistleblowing cases included a bullying and harassment element.

3. Please describe the training that your Board has undertaken to support implementation of the NHSScotland Whistleblowing Policy.

4. We note from our requested Whistleblowing Champion feedback earlier this year that you have confirmed that the lived experience in NHS Fife is that you take learning from the outcome of whistleblowing concerns and use this to identify opportunities to improve NHS services. This will continue with the introduction of the Whistleblowing Standards and the Once for Scotland Policy and the use of DATIX to record and manage reported incidents.

Is there any other work to support and encourage a culture where whistleblowing concerns are positively received and recognised as part of continuous improvement, that you would like to share with us?

We recognise the impact of the pandemic on absence levels this past year. On this basis, direct comparisons with historical data would not be appropriate. Questions are therefore about any actions in view of non-covid related absences.

Please note that Board absence figures will be available in The NHS Scotland Official Workforce Statistics, 31st March 2021, report. The report will be published in May/June 2021 and will be posted here:

<https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/>

Top 3 Absence Reasons:

1. Anxiety/stress/depression/other psychiatric illnesses
2. Other musculoskeletal problems
3. Injury, fracture

1. Please describe the actions that are planned or underway to address absences in these categories.

2. We note from your response to our Pandemic Lessons Learned query in summer 2020, that you confirmed that NHS Fife had established “Wellbeing Hubs”. We also note that as part of your Remobilisation plans you confirm a commitment to promoting health & wellbeing, refreshing existing framework and underpinning the action plan. Actions include: Staff Support Hubs and recognised staff rooms supplied with refreshments and snacks; Supporting staff to maintain personal resilience and wellbeing; Extended Staff Listening Service offering Psychology Staff Support; and Development of Personal Outcomes Approach, building on successful introduction of mindfulness training.

Please can you confirm the impact that these changes have had on your staff and what plans you have to maintain and enhance these over the coming year?

Attainment of Healthy Working Lives has been an aspiration since 2008 (and reinforced as a commitment within CEL 01 2012).

Congratulations on achieving the Gold Award

Meeting:	Staff Governance Committee
Meeting date:	1 July 2021
Title:	Corporate Objectives 2021/22
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to Committee for:

- Awareness
- Discussion

This report relates to:

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Corporate Objectives 2021/22 have been developed through the Strategic Planning and Resource Allocation process and represent the key objectives to be delivered in 2021/22.

This paper describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and also includes a reflection and review on the delivery of last year's Corporate Objectives for approval by the Board.

2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to COVID-19. The immediate response and subsequent planning for remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The SPRA process completed by all NHS Fife services provided key service objectives and this was shared with EDG in March. Continued discussions throughout April, May and June with directors at EDG meetings refined the objectives further to their current state.

2.3 Assessment

Each director reflected and reviewed their corporate objectives for 2020/21 and their reflections can be found in Appendix 1 of this paper. COVID -19 had a significant impact on all aspects of health care and the review of the corporate objectives describes the increase in pace of some clinical transformation and the slowing down of progress against other objectives. These changes have been taken forward to next year's objectives.

As previously mentioned, the process for developing the corporate objectives was approached differently this year using the SPRA process. Earlier in March 2021, an EDG workshop agreed the Strategic Priorities for the Organisation going forward and this will be the framework used to provide assurance to the board of the delivery of the Corporate Objectives. The Strategic Priorities are:

1. To Improve Health and Wellbeing
2. To Improve the Quality of Health and Care Services
3. To Improve Staff Experience and Wellbeing
4. To Deliver Value and Sustainability

Each director was asked to confirm the corporate objectives they were the lead for and then were asked to identify their role in the other corporate objectives. The roles covered L for lead, C for contributing director, S for supporting director and I for information.

The Corporate Objectives have been discussed in detail with the director over the past few months at EDG meeting and the proposed objectives have been agreed including the role of each director against each Corporate Objective.

The proposed Corporate Objectives for 2021/22 can be found in Appendix 2.

Summary

The review of the corporate objectives for 2020/21 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2021/22 are now aligned to NHS Fife's Strategic Priorities and will be aligned to the 'in development' Population Health and Wellbeing Strategy.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Corporate Objectives are aligned with workforce development and support

2.3.3 Financial

Corporate Objectives are aligned with financial implications

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

Corporate Objectives are aligned with equality and diversity

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

2.3.8 Route to the Meeting

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

- EDG Corporate Objective meetings 26/28 April 2021
- EDG Strategy meeting 7 June 2021

2.4 Recommendation

The Committee is asked to

- **Agree** to the Corporate Objective for 2021/22 and note the review of the Corporate Objectives 2020/21.

3 List of appendices

The following appendices are included with this report:

- Corporate Objective 2021/22
- Review of Corporate Objectives 2020/21

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser3@nhs.scot

APPENDIX 1: Corporate Objectives 2020/21 REVIEW		Lead Director
PERSON CENTRED		
Improve complaints process to respond more effectively and efficiently to patient issues		Director of Nursing
<i>Review:</i> COVID-19 had a significant effect on the complaints process. The process was put 'on hold' as clinicians' focus was on dealing with the pandemic. Holding letters went out to complainants explaining the situation to them. Some members of the patient relations team were redeployed into other teams to support services.		
Improve patient, public and partner engagement and participation with on-going strategic change agenda		Director of Nursing
<i>Review:</i> Over the last year there has been 24 requests to the Participation & Engagement Advisory Group (PEAG) for support. Most notable are the large pieces of work such as the development of the Lochgelly and Kincardine health and wellbeing centres, the mental health strategy and urgent care redesign.		
To work with local partner to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.		Director of Public Health
<i>Review:</i> <ul style="list-style-type: none"> - Key member of Fife Partnership Board and Communities and Wellbeing Partnership, Opportunities Fife, Economic Partnership, Children's Partnership and Welfare Reform and Anti Poverty partnerships looking at how our partnership work can prevent and reduce inequalities - Joint lead with Fife Council of Fife Child Poverty Action Plan - Lead for Food Insecurity work in Fife ensuring access to food and support for families who need it - Lead for whole systems approach to obesity prevention amongst children and young people working with local authority, health and social care and voluntary sector partners - Key member of Food for Fife partnership development group linking together environment, sustainability, climate change, access to affordable healthy food, the food economy and procurement - Chair of Community Safety Partnership - Employability – health promotion service workplace team needs assessment determining workforce needs with employers across Fife - Financial inclusion – working with voluntary sector to provide financial advice to staff and to patients - Fuel poverty – working with colleagues in Fife Council housing services to improve information on housing and health to staff and to patients 		
CLINICALLY EXCELLENT		
Create and nurture a culture of person-centred approach to care recognising the COVID-19 sensitive situation		Medical Director/ Director of Nursing
<i>Review:</i> Promoted use of digital technology to facilitate contact between patients and their families. Supported compassionate / essential visiting, understanding how difficult		

this was for patients, their families and staff.	
Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director
<p><i>Review:</i></p> <p>Due to the pandemic this objective has been slower to progress, however the leads remain in position and a recently appointed project manager will facilitate the work moving forward.</p>	
Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care
<p>The Fife Mental Health Strategy 2020/24 was formally approved by the (IJB) on 28th February 2020.</p> <p>20/21 was dominated by impact of COVID: Some of the positive progress that has been made in response to COVID is: Reduction in acute admission beds by 26% to meet infection control standards; Need to manage more activity in the community and ensure good patient flow; Positive impact on the quality of care – staff patient ratios improved; 24 bedded units rather than 30. (Optimal 18-20); Rapid acceleration of alternatives to face-to-face contacts; Use of Near Me increased; Use of telephone contacts significantly increased; Use of MS Teams for Clinical Team Meetings and Management Meetings; Digital is not a panacea but a platform for a blended model going forward. Increased focus nationally on mental health and wellbeing / estimate of 9% increase in incidence of mental health issues related to pandemic; Directive to fully mobilise mental health services during pandemic, Commitment to increased funding for mental health services including staff support; £1.3 million to Fife for Community Living Fund; Action 15 funding used to support primary care/A&E and work with 3rd sector; Development of an Emergent MH in Primary Care Recommendations supporting primary care transformation and early intervention</p> <p>CAMHS/PT - Comprehensive review of need undertaken with national team. Additional funding in 21/22 to assist with CAMHS and PT waiting times.</p> <p>Estates Redesign: The estates project is at Stage 1; Initial Agreement; Options Appraisal; Public Consultation</p> <p>Development of community mental health teams: Commenced whole system redesign across all care groups, supports Multidisciplinary Working, Embedding AHPs within Teams; Development of Duty Worker System and Review of specialist roles/functions</p> <p>Growing Care home liaison team: Redesigning support for care home residents; Enhanced workforce skills; Nursing team able to provide support and advice; focusing on both preventing deterioration and support during acute episodes; Aim to maintain in community where possible and appropriate; Accelerate discharge with support; Directly linked to OA CMHTs</p> <p>Unscheduled Care: Expansion of Unscheduled Care Team Supported by Action 15 monies; Introduction of ANP posts to support A&E; Closer links with Primary Care and the Unscheduled Care Hub' Mental Health Emergency Service</p> <p>Inpatient services: Wards operating with reduced bed numbers; Reduced incidents; Increased therapeutic activity; Reduced lengths of stay; Environmental improvements; Green Gyms installed; Focus on Physical Health Care improvements</p>	
To ensure effective resilience capacity in Fife and ensure the effective delivery of the COVID -19 Strategic Framework for Fife	Director of Public Health
<p><i>Review:</i></p> <ul style="list-style-type: none"> - Co-chair of Fife Resilience Partnership - Chair of Fife Resilience Partnership COVID Subgroup covering local incidence, response, testing and partnership working around matters such as support for those who are shielding 	

<ul style="list-style-type: none"> - New system in place for Business Continuity Assurance within NHS Fife - NHS Fife Resilience Forum continues to have oversight of resilience matters in Fife - Care for People Group – a few different people attended over the year (George, Neil, Lucy, me) - Community Assistance Hubs saw development and establishment of multidisciplinary teams in 7 local areas 	
Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
<p><i>Review:</i></p> <p>As a result of the COVID19 pandemic the Safe and Secure Use of Medicines Audit Programme was disrupted. However, the audit programme was re-prioritised to ensure that areas of highest risk were taken forward in line with available capacity. A new timetable for the audit and assurance program has been developed and has been signed off by the Safe Use of Medicines Group for 21-24.</p> <p>The following audits were completed in 20/21</p> <ul style="list-style-type: none"> • Ward CD audits; Fridge audits and medical gas audits • Observation audit for Controlled drugs administration in Theatres • Audit of keys safes across all wards and departments was completed <p>The SUMPP document has been maintained updated with Covid-19 changes throughout the last 12 months by the group and through Pharmacy Silver throughout the pandemic.</p>	
Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
<p><i>Review:</i></p> <p>The IPCT supported NHS Fife with best practice in line with national guidance as per the four UK countries COVID-19 guidance for IPC in healthcare settings/ the mandated National Infection Prevention and Control Manual. This guidance is in line with current IPC advice and guidance that is used by NHS Scotland to manage the response to COVID-19 as the situation evolves:</p> <p>The IPCT surveillance programme has continued throughout 2020/21 in line with the CNO letter (2020) Scottish Government temporary changes to routine surveillance requirements, with a pause in Surgical Site Infection Surveillance as requested.</p>	
Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing
<p><i>Review:</i></p> <p>Framework refined following Board Development Sessions focussing on risk tolerance and risk appetite. Board Assurance Framework is reviewed regularly by relevant Committees.</p>	
Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
<p><i>Review:</i></p>	

The Excellence in Care Programme is currently on hold due to the pandemic response. NHS Fife has, however, continued to collect data which is displayed on the CAIR dashboard. The Senior Nurse for Excellence in Care has provided support and training for areas in relation to EIC and quality improvement.	
Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care
	Director of Acute Services
<p><i>Review:</i></p> <p>The COVID pandemic resulted in significant changes to the way hospital admissions are managed. Initially Emergency Department attendances and hospital admissions reduced. The Acute Services Division introduced a Medical Admissions Co-ordinator (MAC) role to support the flow of patients into the hospital ensuring that patients would receive the right care, in the right place and by the right person. This role was undertaken by a senior clinical decision maker, Consultants in the main and supported access to the acute setting. This role has continued across the year and is viewed as supporting emergency access appropriately.</p> <p>Managing this year's winter pressures and delay has required significant whole system working. The Directors Oversight group and weekly and daily operational meeting worked well and have informed a platform for this coming year to move towards 365 planning.</p> <p>Positive feedback from winter review event that took place in April 2021. Some of the key highlights include</p> <p><u>Commencing unscheduled care transformation & Establish Flow and Navigation hub</u></p> <p><u>Urgent Care Services Fife (UCSF):</u> supports COVID community pathway, palliative care support line, Flow navigation hub (01/12/20) and MIU at SACH OOH; Care delivered via telephone/Near me consultation, assessment centres or home visits. Clinically lead with consistent oversight real time and retrospectively – assurance re safe service' Activity over winter remained constant but due to pandemic majority of care managed initially via telephone consultation to support safe appointing and flow; Reduction in admissions maintained over winter – well below KPI of 10%</p> <p><u>Length of Stay and Delayed Discharge:</u> Length of stay in Community Hospitals significantly reduced from previous year consistently over winter. Over the past 12 months Fife, with the exception of a few spikes there has been Tangible reductions in Delay evidenced in both acute and community hospitals. With only a few expectations, the discharge performance over the past year has significantly exceeded previous performance. This is despite having to open surge beds at QMH over the winter.</p> <p><u>Established and maintained a multi-agency care home hub.</u> Supporting reviews in all care homes and now established until 2022 in first instance. There have been significant care home closures throughout winter 2021 and through the daily huddles, assurance group and directors oversight group there is significant support been offered. Close working with Scottish care to support partnership working.</p> <p><u>Home care services</u> including managed and external providers have been supported and using business intelligence have been able to be more sustainable in maximising capacity in local runs.</p> <p>The MAC role worked well in conjunction with the COVID hub and assessment centre over both waves of the pandemic with a direct professional to professional line to support the appropriate direction of patients and to expedite the transfer of patients from the COVID assessment centre to the Emergency Department.</p> <p>To support demand, capacity and flow across the system an integrated capacity tool was developed. This tool incorporates data from across community and acute services and it supports service planning to manage foreseeable operational pressures. The Acute Services Division and the HSCP meet daily to look at the tool and to plan accordingly.</p>	

Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status	Medical Director
<i>Review:</i> This objective remains a live issue with the announcement in the change in legislation allowing STA University to once again award a Primary Medical Qualification. This objective will be adjusted and carried forward into 2021/22	
Provide clinical support and professional leadership to Care Homes during 2020/21	Director of Nursing
<i>Review:</i> Care Home team established with Head of Nursing, Care Home Lead Nurse and Care Home Liaison nurses appointed. Infection Control Nurses appointed to support infection control practice in Care Homes. Excellent working relationship between the nursing team and the Care Homes.	
EXEMPLAR EMPLOYER	
Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
<i>Review:</i> A light workforce strategy was produced reflecting the transformation plans due to the pandemic.	
Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
<i>Review:</i> This objective was superseded by work in response to COVID-19 including, fast track induction, L&D revised delivery model and development of digital delivery. The foundations of the framework are in place and manager have a range of tools available to them currently to enable talent management and succession planning to be undertaken.	
Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
<i>Review:</i> This work was successfully completed and compliance with SG Standards maintained.	
Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
<i>Review:</i> A desktop exercise was completed to ensure the infrastructure and training environment was appropriate. Changes were made in some aspect of the learning and development (training) environment to account for the restrictions during COVID-19 pandemic. See section 1 above	
Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
<i>Review:</i> This was completed. Nationally the decision was taken to conduct a Pulse Survey, instead of the iMatter survey, this was successfully undertaken. Results were published at a directorate level, support provided to reflect on and consider the data provided from the survey results and for team to action as/if appropriate.	

Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
<i>Review:</i> The focus of this work during the year was to maintain effective communication with our staff and recruits on the impact and changes as a result of COVID-19 as well as ensuring StaffLink was effectively used. There has been early engagement with Head of Comms on the further development of an internal communication strategy.	
Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing
<i>Review:</i> Legislation currently on hold however workforce planning training and supporting staff and clinical areas is ongoing. Work ongoing to develop Realtime risk assessment process for inpatient wards with scope to develop in community areas. Use of workforce tools to support vaccination programme.	
SUSTAINABLE	
Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Finance and Strategy,
<i>Review:</i> Due to COVID the transformation programme was paused. However, the pandemic enabled the acceleration of other transformation work which has been captured in the Remobilisation Plan. The Strategic Planning and Resource Allocation (SPRA) was implemented in 2020 and will be used to shape the change programme in Fife along with the developing Population Health and Wellbeing Strategy, Strategic Priorities and Remobilisation Plan.	
Review and refresh Fife's Clinical Strategy for 2021-2026	Medical Director
<i>Review:</i> This objective will be carried forward into 2021/22	
Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> A further iteration of the PAMS was developed as an interim document and approved by the NHS Board in March 2021. The document and work behind the strategy support the transformation agenda and detail the key risks and performance of the estate The PAMS was delivered later in the year than anticipated due to the Covid-19 Pandemic Work is already ongoing in relation to next year's iteration of the PAMS 	
Deliver Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
<i>Review:</i> Programme on track.	

Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
<i>Review:</i> Digital and Information Strategy agreed and published in 2020.	
Deliver medium term strategies for revenue and capital	Director of Finance & Strategy
<i>Review:</i> This has been completed for 2020/21	
Develop performance framework to support delivery of Remobilisation Plan	Director of Finance & Strategy
<i>Review:</i> Performance updates reported and incorporated in the Integrated Performance and Quality Report during 2020/21 and updates on actions included in subsequent remobilisation plans.	
Deliver effective corporate governance to the organisation	Director of Finance & Strategy
<i>Review:</i> Review has been undertaken and completed for 2020/21	
Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> NHS Fife remains in compliance with Health and Safety legislation The organisation (one of 2 Health Boards) was visited by the HSE in November/December 2020 and they carried out an inspection of our Covid-19 arrangements in clinical and non-clinical areas. This resulted in an Action Plan to address any deficiencies and a management response was given at the end of January 2021. Any remedial actions have been addressed and so far have satisfied the HSE to date. All key training requirements were met in full for Authorised Persons (AP) and Authorised Engineers (AE) to ensure compliant safe and effective management of our estate. 	
Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.	Director of Health and Social Care
<i>Review:</i> Integration Scheme: The position of the Integration Scheme in Fife has been accepted by Scottish Government acknowledging the work will be concluded in coming months. Development Sessions and Scheme of Delegation with IJB: The development sessions with the IJB has led to shared understanding of the future governance structure which will be able to be implemented pending conclusion of Integration Scheme. MSG Indicators: Progress can be evidenced across the range of areas outlined above demonstrating that despite COVID there has been improvement in both pace and scale of integration in Fife.	

MSG - Finance Indicators - Agreement has been reached with partners for the CFO to have a post to support the role - further discussion with partners on how to build this team will progress through the regular meetings with CEO and DOF and CFO that are now in place. Discussion in principle re progressing set aside in year 2021/22. The IJB budget was set by 31 March 2021. For the first time since the IJB began the reserves policy has been utilised. There has been discussion with partners and the IJB regarding "the Fife pound". Whilst further work to be done - there has been progress on MSG financial Indicators.

MSG Collaborative Leadership Indicators: Well established COCO and CFO/DOF, and HRD meetings. Winter has demonstrated strong working with acute services. COVID has demonstrated strong whole system working including independent and vol sector. - need to build on this into the coming year. The development of an extended leadership team has supported discussion regarding leadership/culture/workforce.

MSG Indicators for Governance: Agreed the approach to Clinical and Care Governance which will be brought formally to the IJB following completion of the integration scheme. Directions policy has been developed which will be signed off at April IJB. Further work needed in relation to a shared understanding of the IJB role with partners.

MSG Indicator Engagement: Have worked with the Carers rep to develop and review induction and support in line with the national standards. Participation and engagement process being reviewed following publication of the new planning with people policy framework.

HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.

Director of Pharmacy

Review:

Full Business Case approved by Fife Health Board in November 2020. Programme Dashboard attached with progress.

APPENDIX 2

NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
1. To Improve Health and Wellbeing									
1.1. Work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife	C	C	L	C	C	C	C	C	C
1.2. Establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	C	C	L	C	C	C	C	C	C
1.3. Collaborate in the East of Scotland Partnership for the prevention and reversal of Type 2 Diabetes	C	C	L	C	S	C	S	C	C
1.4. Provide an effective dental public health function for Fife and the East Region dental public health network	C	C	L	C	S	C	S	S	S
1.5. Deliver the Fife Child Poverty Plan with Fife Council and other partners	S	S	L	S	S	C	S	C	C
1.6. Establish a new system for the review of drug related deaths and increase prevention activity jointly with the Alcohol and Drug Partnership	C	C	L	S	S	C	S	C	C
1.7. Deliver an effective health protection function, including an enhanced COVID response, the Test and Protect programme and immunisation programme	S	S	L	S	C	C	S	C	S
1.8. Develop and implement a system wide medicines safety programme with an initial focus on high risk pain medicines	C	C	C	S	S	L	S	C	S
1.9. Plan and deliver the COVID vaccination programme, before handing over to operational delivery	C	C	C	C	C	L	C	C	C
2. Improve the Quality of Health and Care Services									
2.1. Collaborate and redesign urgent care services supported by the Acute Service and HSCP teams	L	S	S	C	S	C	S	C	C
2.2. Identify priorities to deliver high quality, patient centred, sustainable cancer services to the people of Fife.	L	C	C	C	S	C	S	C	C
2.3. Develop feasibility and implementation plan for transition to Teaching and Research (University) Health Board status	L	C	C	C	C	C	C	C	C
2.4. Develop workforce capabilities and capacity to support research, development, and innovation growth, including creation of an NHS Fife innovation framework.	L	C	S	S	S	C	S	C	C
2.5. Ensure the Digital Delivery Plan is aligned to the Strategic Priorities and enables the remobilisation and redesign of plans for services	L	C	C	C	C	C	S	C	C
2.6. Develop and commence the implementation of a digital learning and education framework	L	C	C	C	C	C	S	C	C
2.7. Provide clinical support and professional leadership for Care Homes	S	L	C	S	S	C	S	S	C
2.8. Reduce Healthcare Associated Infections	C	L	S	S	S	C	S	C	C
2.9. Provide assurance on the quality of care delivered by nurses, midwives and AHP	S	L	S	S	S	S	S	S	S
2.10. Promote Person Centred Care in COVID and post COVID environment	S	L	C	S	C	S	S	S	S
2.11. Implement Safe Staffing legislation	C	C	S	S	L	C	S	C	C
2.12. Develop and implement an integrated pharmacy strategy and re-design of services that transforms the way we care for patients and their medicines	C	S	C	C	C	L	S	C	C
2.13. Deliver HEPMA implementation plan	C	C	S	C	S	L	S	C	C
2.14. Initial agreement (IA) and Outline Business Case (OBC) developed and approved for the automation of the pharmaceutical supply chain (Robotics)	S	S	S	C	S	L	S	S	S
2.15. Deliver Pharmacotherapy service in line with national direction and GMS contract	S	S	S	S	S	L	S	S	S
2.16. Redesign the front door of the Acute Services to improve performance and patient experience	S	S	S	C	S	C	S	L	C
2.17. Establish a Rapid Assessment and Discharge Unit to schedule the unscheduled urgent care of frail people	C	C	S	C	S	C	S	L	C
2.18. Implement Phase 1 of the refreshed mental health strategic framework for Fife	C	C	S	C	S	C	C	C	L
2.19. Implement a Home First Initiative for Fife	S	C	S	S	S	C	S	C	L
3. Improve Staff Experience and Wellbeing									
3.1. Enhance Staff Health and Wellbeing	C	C	C	C	L	C	C	C	C
3.2. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning	C	C	C	C	L	C	C	C	C
3.3. Attract, recruit and retain a high-quality Workforce	C	C	C	C	L	C	C	C	C

NHS Fife Corporate Objectives 2021/22										Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
4. Deliver Value & Sustainability																		
4.1. Deliver planned elective Orthopaedic centre build										C	L	S	C	S	C	C	C	C
4.2. Deliver timely and accessible communications with stakeholders on the delivery and development of person-centred health and care services										C	L	C	C	C	C	C	C	C
4.3. Deliver an effective resilience function for NHS Fife										C	C	L	C	C	C	C	C	C
4.4. Supporting the development of the Health Hub business plans for Lochgelly and Kincardine - OBC September 2021										S	S	L	C	S	S	C	S	C
4.5. Develop the medium-term financial strategy										C	C	C	L	C	C	C	C	C
4.6. Develop the Population Health and Wellbeing Strategy										C	C	C	L	C	C	C	C	C
4.7. Deliver improved governance across all aspects of procurement										C	C	C	L	C	C	C	C	C
4.8. Deliver the Strategic Planning and Resource Allocation process for 2022/23										C	C	C	L	C	C	C	C	C
4.9. Develop and deliver corporate PMO capacity and capability										S	S	S	L	C	S	S	S	S
4.10. Develop the NHS Fife Workforce Strategy 2022-25										C	C	C	C	L	C	C	C	C
4.11. Develop the Property & Asset Management Strategy										C	C	C	C	C	C	L	C	C
4.12. Ensure the maintenance and improvement of the condition of NHS Fife's estate supported by the 5-year capital plan										S	S	S	C	S	S	L	C	C
4.13. Remobilise elective outpatients, diagnostics and inpatient/daycases in line with government guidelines										C	C	S	C	S	C	S	L	S
4.14. Support Primary Care providers to reform service delivery for people in Fife in line with the Primary Care Transformation Plan and MoU										C	C	C	C	C	C	C	C	L
4.15. Evidence improved understanding and joint working between partners to deliver the ambitions of integration across the health and care system in Fife										C	C	C	C	C	C	C	C	L

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 July 2021
Title:	Workforce Strategy 2019-2022 Update and 2022-2025 Strategy Development
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Brian McKenna, HR Manager – Workforce Planning

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to an:

- Emerging issue

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

- Safe

2. Report Summary

2.1 Situation

There are extant Workforce Strategies for NHS Fife and Fife Health & Social Care Partnership covering the period 2019-2022. The strategies detail the workforce requirements required to support the transformational changes outlined within the NHS Fife Clinical Strategy for 2016-2021. Work to review our strategic delivery across the period to inform the new NHS Fife Workforce strategy from 2022 onwards will commence in line with the development of the new NHS Fife Population Health & Wellbeing strategy.

In addition to developing our overarching workforce strategy, the three yearly workforce planning cycle, as amended by DL(2020)27¹ and DL(2020)28², requires NHS Fife and Fife Health and Social Care Partnership to publish Workforce Plans, no later than 31 March 2022. This has been deferred by 12 months to allow NHS Boards / Integration Authorities to emerge from the COVID-19 pandemic. The revised timescale enables service remobilisation and redesign developments to be fully reflected in the revised Workforce Plans and for plans to be aligned to the next three year National Financial Planning cycle commencing in April 2022.

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/>

2.2 Background

The need to refresh our Workforce Strategy from 2022 and the revised workforce planning timescale noted above have provided a complementary connection in developing our strategic direction. Our Workforce strategy refresh will be completed in conjunction with development this year, of the NHS Fife Population Health & Wellbeing strategy. Consultation and engagement timescales for the Workforce Strategy development will therefore progress in parallel with this work.

For the connected three-yearly workforce plans, revised workforce planning guidance was published as part of the first Integrated Health and Social Care Workforce Plan in 2020 (Integrated Health and Social Care, Workforce Planning for Scotland: Guidance³). The purpose of this guidance was to support an approach to workforce planning which considered the needs of an integrated health and social care workforce, inclusive of the third and independent care provision as part of an overall planning process.

In addition to the above, a key aim of the revised guidance was to co-ordinate operational service developments and financial planning processes with the workforce planning arrangements set out in the guidance.

DL(2020)27 and 28 recognised that the COVID-19 pandemic 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. It understood the pandemic would continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. These circulars deferred the publication of the first three year Workforce Plan by 12 months to 31 March 2022.

Separate guidance was received which paused the requirement to submit workforce projections in 2020 and 2021, in addition to requiring NHS Boards and Integration Authorities to publish Interim Workforce Plans covering the period 1 April 2021 to 31 March 2022. The Fife Interim Joint Workforce Plan for 2021/2022, a precursor to the publication of the Workforce Plan for 2022-2025, was shared with the Staff Governance Committee at the meeting held on 29 April 2021.

2.3 Assessment

NHS Fife Workforce Strategy 2019–2022

As referred to above, extant Workforce Strategies are in place for NHS Fife and the Fife Health and Social Care Partnership. Delivery of these strategies, and the associated action plans, is managed by the workforce planning governance structures within NHS Fife and Fife Health & Social Care Partnership. Within NHS Fife, the Operational Workforce Planning Group, with oversight from the Strategic Workforce Planning Group, is in the process of reviewing the extant Workforce Strategy and associated action plans prior to March 2022. Service leads have been asked to update the action plans produced as part of the 2019-2022 Workforce Strategy, confirming the status of each commitment, the results of which will be summarised at a future Staff Governance Committee. A similar exercise has recently been undertaken within Health & Social Care Partnership.

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/>

Joint Interim Workforce Plan 2021/2022

Locally, NHS Fife and Fife Health and Social Care Partnership produced an Interim Fife Joint Workforce Plan for 2021-2022. This approach was consistent with that taken in the creation of the Joint Remobilisation Plan, and also in keeping with the aim of the revised Workforce Planning guidance. Scottish Government feedback on this submission remains pending.

Workforce Planning Requirements for 2022-2025 Publication

The Strategic Workforce Planning Group is actively engaged with the Planning and Performance and Finance teams to understand and triangulate operational service developments and financial planning processes with the Workforce Strategy. Subject to a final decision on the intention to submit a further Joint Workforce Plan encompassing NHS Fife and Fife Health and Social Care Partnership, the key dates for submission of the 2022-2025 publication have been outlined.

The Operational Workforce Planning Group, in conjunction with Planning and Performance colleagues, are working with service leads on the production of the required action plan to support the 2022-2025 publication, ensuring the cross reference between this action plan and the commitments detailed within the Joint Interim Workforce Plan for 2021/2022, the Remobilisation Plan and other service review programmes.

2.3.1 Quality / Patient Care

The Workforce Strategy will be a key enabler to the Population Health & Wellbeing strategy supporting improved service performance and enhanced patient care.

2.3.2 Workforce

The Workforce Strategy will ensure that we recruit and develop the right workforce and maximise the wellbeing and overall experience of our staff to ensure effective delivery of our service. Publication of the Workforce Plan for 2022-2025 ensures compliance with Scottish Government requirements to evidence that we have the right plans in place to deliver our strategy.

2.3.3 Financial

The production of our three-yearly workforce plans will align with the development of our financial plans supporting the prioritisation of our resources to deliver our strategic aims.

2.3.4 Risk Assessment / Management

Risk management will be considered on an ongoing basis throughout the workforce planning governance structures noted above.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity issues will be considered during the strategic development phase with any Equality Impact assessment activity directed by the appropriate internal governance groups.

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/>

2.3.6 Other Impact

Nil

2.3.7 Communication, Involvement, Engagement and Consultation

The content of this report has been developed by the Workforce Planning staff and considered by the Executive Directors Group following initial engagement with the NHS Fife Strategic Workforce Planning Group and the Area Partnership Forum.

2.3.8 Route to the Meeting

This paper has been considered by the Executive Director Group members and the Director of Workforce, informed by initial engagement with NHS Fife Strategic Workforce Planning Group and Area Partnership Forum meetings in May 2021, with their feedback informing the development of the content presented in this report.

2.4 Recommendation

Staff Governance Committee members are asked to **note** the content of this paper in respect of the following:

- The development of the new Workforce Strategy will be informed by and run in parallel to the creation of the NHS Fife Population Health & Wellbeing strategy.
- The requirement to publish a three-year Workforce Plan no later than 31 March 2022.
- A commitment to provide an overview of and update on 2019-2022 actions to a future Staff Governance Committee meeting.
- Scottish Government feedback on the Interim Fife Joint Workforce Plan for 2021/2022 remains outstanding.

3. List of Appendices

N/A

Report Contact:

Brian McKenna

HR Manager – Workforce Planning

e-mail: brian.mckenna@nhs.scot

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/>

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 July 2021
Title:	East Region Recruitment Transformation Shared Services Agreement
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Senior HR Manager

1. Purpose

This is presented to Staff Governance Committee members for:

- Awareness

This report relates to an:

- NHS Board Direction

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

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

2.2 Background

The National Shared Services Programme Board agreed that work should be undertaken on the options of national and regional shared services for recruitment. An East Region Recruitment Transformation Programme Board chaired by Head of HR & OD, NHS Lothian, was created to ensure the East Region Recruitment Transformation programme and its constituent projects achieve the required outcomes.

Following financial appraisal, a Business Case was developed and approved by the East Region Recruitment Transformation Programme Board, advising local Boards of the preferred service model option identified: Single Employer, Multiple sites; including the benefits, risks and costs of the preferred service model.

In December 2020, following the completion of the Single Employer Assessment Process, NHS Lothian were appointed as the new Employer Board of the East Region Recruitment

Service. The employment of NHS Fife's Recruitment Team transferred to NHS Lothian on 1 June 2021, under the Transfer of Undertakings (TUPE) and we are presently working under a Memorandum of Understanding (MOU) arrangement, attached at Appendix 1. This Memorandum of Understanding outlines the shared responsibilities for the recruitment staff and recruitment service provision to cover the interim period, post TUPE transfer through to the new East Region Recruitment Service going live and the Shared Service Agreement taking effect.

2.3 Assessment

A Shared Service Agreement has been prepared and specifies the arrangements for the provision of a comprehensive East Region Recruitment Service.

The arrangement involves a joint approach to managing a service used by all collaborators, through the pooling of individual Board recruitment resources into a new regional service with a single management structure and, a single employer Board of the East Region Recruitment Service staff.

This SSA is an NHS Contract in accordance with Section 17A of the National Health Service (Scotland) Act 1978 and accordingly the parties acknowledge that the SSA is not a legally enforceable contract, rather it represents an agreement entered into to define clearly the accountability, expectations and responsibilities of each party to the Agreement.

The aims of the Agreement are as follows:

- a) To identify and define the range of services required to be provided;
- b) To define the mutually acceptable levels of service delivery;
- c) To define the roles and responsibilities;
- d) To define the conditions, charges and lifetime of the services;
- e) To foster a strong working relationship between the Boards and Host Board; and
- f) To facilitate continuous improvement in the operations of the Boards and Host Board.

This SSA is a document that defines in practical terms the responsibilities of all parties (Boards and Host Board).

2.3.1 Quality / Patient Care

A regional recruitment service aims to enhance the candidate experience and streamline the recruitment process leading to an improved ability to fill vacancies for the Board.

2.3.2 Workforce

Implementing a regional recruitment model will support a more sustainable service offering enhanced staffing contingency arrangements. It will provide a positive impact on the workforce roles and responsibilities with the new model offering a career progression framework. Recruitment staff have now transferred their employment to NHS Lothian from 1 June 2021 and an Organisational Change exercise will commence between June and August 2021.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Discussions have previously taken place within the East Regional Recruitment Transformation Programme Group. The Business Case was shared and approved by EDG, APF and APF Staff Side members, in addition to previous papers which have been shared with the Area Partnership Forum, Staff Governance Committee and the Executive Director's Group within the Board.

The East Region Recruitment Shared Service Agreement (SSA) has been presented to the Executive Directors Group.

2.3.8 Route to the Meeting

This paper has been considered by the Executive Directors Group and the transition of the service and awareness papers have been to previous Area Partnership Forums.

2.4 Recommendation

Staff Governance Committee members are being asked **to note** the progress in implementing the new model.

3. List of Appendices

Appendix 1 – East Region Recruitment Service Memorandum of Understanding (MOU)

Report Contact:

Sandra Raynor

Senior HR Manager

Email: sandra.raynor@nhs.scot



East Region Recruitment Service

Memorandum of Understanding
between
Employing Board and Participating Boards

VERSION 1.0

Review History and Version Control

Version Control

Date	Version	Change Reason	Author
28.04.21	0.1	Original draft	BW
11.05.21	0.2	Comments from JD	JD
13.05.21	0.3	Programme Board Member comments	JD
20.05.21	0.4	Comments from CLO	JD
26.05.21	0.5	Comments from Lothian DPO	JD
26.05.21	0.6	Comments from Payroll	JD
04.06.21	0.7	Edit to reference to FOISA 2002 in 6.4.3 from SAS IG Officer	SS
10.06.21	1.0	Published version for agreement	JD

Reviewers

Name	Date
East Region Recruitment Transformation Programme Board	10 TH June 2021

Distribution

Copy No	Name	Notes
1	East Region Recruitment Consortia NHS Boards	
2	National Recruitment Steering Group	
3	Regional Recruitment Transformation Leads (West & North)	
4		

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1. Introduction

NHS Lothian will be the employing Host Board of the East Region Recruitment Service. Recruitment service staff from participating Boards within the consortium, with the exception of NHS Lothian, will TUPE transfer to the employing Host Board on 1st June 2021.

This Memorandum of Understanding (MOU) (Section 6) outlines the shared responsibilities for the recruitment staff and recruitment service provision to cover the interim period, post TUPE transfer through to the new East Region Recruitment Service going live and the Shared Service Agreement taking effect.

2. Background

The East Region Recruitment Services Consortium is made up of 6 boards: NHS Lothian; NHS Fife; NHS Borders; Healthcare Improvement Scotland (HIS); NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS).

The service model of the East Region Recruitment Service, agreed by the participating Boards, is 'Single Employer, Multiple Locations'. Single Employer refers to the recruitment staff delivering the regional recruitment service and Multiple Locations refers to existing Board work location. NHS Lothian will be the employing Host Board on behalf of the participating Boards within the East Region Recruitment Service.

The recruitment staff of the new East Region Recruitment Service, who will be employed by NHS Lothian, will continue to be based within their current Board premises.

3. Parties to the Agreement

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

4. Purpose of the Agreement

The MOU represents an agreement outlining the accountability, expectations and responsibilities of the Host Board and Boards during the interim period, post TUPE transfer through to the new East Region Recruitment Service going live and the Shared Service Agreement taking effect. It should be noted that this Memorandum of Understanding is not a legally enforceable contract.

5. Definition of Terms

In this agreement, the following expressions shall, unless otherwise specified have the following meaning

Term/Expression	Meaning
Host or Employing Board	Shall mean NHS Lothian, as the Employer Board of the East Region Recruitment Service staff.
Boards	Shall mean NHS Fife, NHS Borders, Scottish Ambulance Service, Healthcare Improvement Scotland, NHS Education for Scotland
(MOU)	Shall mean this Memorandum of Understanding
Interim Period	The period of time from date of TUPE transfer (1 st June 2021) through to the new East Region Recruitment Service going live and the Shared Service Agreement taking effect

6. Memorandum of Understanding

This document is intended to set out the mutual responsibilities and obligations in respect of the recruitment staff and arrangements for recruitment service provision, during the Interim Period when the recruitment staff, who were subject to TUPE transfer, are now employees of the Host Board in advance of the new East Region Recruitment Service being established.

During the Interim Period, the Boards will continue to manage their pre-existing recruitment staff, but will do so on behalf of the Host Board, and will continue to manage recruitment service activity as a normal business as usual arrangement.

Participating Boards are asked to agree as follows:

6.1 Duration of the Agreement

The agreement shall take effect from the date on which the Boards recruitment staff TUPE transfer into the Host Board, NHS Lothian, on 1st June 2021, until such time as the Shared Service Agreement commences, which is subject to the agreed implementation plan and state of readiness being confirmed.

It is anticipated that all Boards will commit to and continue with the terms of the MOU subject to agreed changes, and the MOU will apply for the Interim Period unless substantive changes occur.

6.2 Description of General Employment Responsibilities

- 6.2.1 Recruitment service activity currently carried out within existing Boards will continue to be managed by Boards on a business as usual arrangement on behalf of the Host Board for the duration of this MOU.
- 6.2.2 The Boards will continue to assume responsibility for operational and management support to recruitment staff on behalf of the Host Board during the Interim Period and duration of this MOU.
- 6.2.3 The Boards will ensure that recruitment staff, employed by the Host Board, are not required to do anything that does or could breach their Employment Contract.
- 6.2.4 On behalf of the Host Board, the Boards will meet the requirements of the Working Time Regulations or any other such responsibilities placed on an employer by legislation and/or Scottish Government applicable to the hours of work within the recruitment service.
- 6.2.5 The Boards will assume responsibility for claims of personal injury or negligence arising from the acts of the recruitment staff performing their duties during the interim period. The Host Board will not be held responsible by the Boards for any cost, expense, damage or loss incurred by the Boards in respect of any such claim.

6.3 Payroll and HR Record Requirements

- 6.3.1 The Host Board will have an appropriate payroll system in place, to ensure all recruitment staff are paid on time in accordance with agreed timetables, including the issuing of accurate pay slips and any HMRC documents and in line with Scottish Government terms and conditions.
- 6.3.2 The Host Board will ensure that all necessary deductions and employer contributions are paid.
- 6.3.3 The Host Board will maintain required sickness records on receipt of information from Boards and ensure all payments are in accordance with occupational and statutory sick pay rules. To support delivery of this and ensure recruitment staff are paid accurately, Boards will update SSTs with absence and additional hours required to be paid, by direct system access, or by other prior agreement.
- 6.3.4 The Host Board will ensure sufficient controls are in place to mitigate against the risk of over or under payment and ensure these controls are subject to audit through their own internal and external audit requirements.
- 6.3.5 The Host Board will provide payroll support to respond to payroll related queries, process deductions and activities related to Pension services.

- 6.3.6 The Host Board will maintain necessary maternity, adoption, paternity, parental pay records on receipt of information from the Participating Board to ensure compliance with statutory maternity, adoption, paternity, parental pay scheme rules.
- 6.3.7 The Host Board will preserve historical records in line with statutory requirements.
- 6.3.8 The Host Board will respond to financial reference requests in relation to bank and building societies.

6.4 Security, Data Protection and Freedom of Information

- 6.4.1 Boards and the Host Board will comply with the appropriate NHS Scotland Data Security policies in addition to relevant Host or Employing Board security policy
- 6.4.2 Boards and the Host Board will comply with the Data Protection Act 2018 and any associated Data Protection Legislation in addition to relevant Host or Employing Board policy.
- 6.4.3 Where requests are received under the Freedom of Information (Scotland) Act 2002 each Board is legally responsible for responding to FOIs relating to their workforce. Boards will co-operate with the Host Board in relation to any request for information relating to the recruitment staff employed by the Host Board.

6.5 Confidentiality

Parties to this MOU will adhere to the requirements of confidentiality in regard to any information acquired which concerns, or is deemed to concern individual identity and personal details in line with local and National policy and relevant legal framework.

6.6 Information and Governance

Information relating to the Board's business held by the Host Board will only be released to a third party with the express approval of the relevant Boards in writing, or if there is a legal requirement to disclose. The Host Board will meet its legal obligations to specify the purposes for which the information is used.

6.7 Health and Safety

The Boards where recruitment staffs are sited, will provide a safe working environment and facilities, to look after the health, safety and wellbeing of recruitment staff to the same extent as that if they were the Board's own employees, whether that be working from their own estates or working from home in accordance with health and safety and other relevant legislation.

6.8 Mutual responsibilities

The Host Board and Boards will co-operate with each other in the fulfillment of their respective obligations.

6.9 Disagreements

- 6.9.1 All Boards will attempt in good faith to resolve any dispute arising out of, or relating to this MOU.
- 6.9.2 Where disagreements occur between the Host Board and Boards, those concerned will attempt to resolve the issues promptly through appropriate discussion.
- 6.9.3 Where disagreements are unable to be resolved within a 14 day period, the matter will be escalated within each relevant Board with every attempt taken to resolve issues without any undue delay.
- 6.9.4 If the matter cannot be resolved, the issue should be raised with the HR Directors of the Host Board and Boards, where the decisions made will be binding.

6.9.5 Where the matter collectively affects all Boards, it would be appropriate to seek the view of the East Region Recruitment Transformation Programme Board, in terms of a resolution.

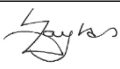
7 Review and Management

Given the interim nature of this MOU, reviews will be as and when requested by either the Host Board or Boards. Reviews will be carried out by the Host Board and Boards collectively.

The Head of the East Region Recruitment Service in conjunction with the designated Board Leads, will manage the delivery of the responsibilities in this MOU. The Directors of HR from the Host Board and Boards will be formally accountable.

8 Agreement Signatures

Although this Agreement may not have legal effect, the Host Board and Boards will act in accordance with the MOU.

Board	NHS Board Designated Officer	Date
NHS Borders	Signature:	
	Print Name:	
	Title:	
NHS Fife	Signature: 	14/06/2021
	Print Name: Linda Douglas	
	Title: Director of Workforce	
NHS Fife	Signature:	
	Print Name:	
	Title:	
NHS National Education Scotland	Signature:	
	Print Name:	
	Title:	
Healthcare Improvement Scotland	Signature:	
	Print Name:	
	Title:	
Scottish Ambulance Service	Signature:	
	Print Name:	
	Title:	
Host Board	Host Board Designated Officer	Date
NHS Lothian	Signature:	
	Print Name:	
	Title:	

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 st July 2021
Title:	South East Payroll Services Consortium Update
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services

1. Purpose

This is presented to the Staff Governance Committee members for:

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

This report relates to:

- Delivery against the national “Once for Scotland Policy”

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The SE Payroll Service Consortium Business Case has been developed in line with the “Once for Scotland” national policy. The development of the business case was paused in March 2020 in the context of the COVID-19 pandemic but has since recommenced. At a meeting of the regions Directors of Finance in January 2021 it was agreed that due to the elapsing of time, it would be beneficial to the Boards where governance committee’s have yet to approve and formally sign off the business case, for the Programme Board to carry out a re-scoping plan to highlight the benefits and provide a refreshed assurance to the Directors of Finance and their Boards.

2.2 Background

There is a long history to this Business Case. In 2016 a Payroll Service Programme Board was established by the NHS Board Chief Executives which was tasked with exploring a regional consortia approach to develop a more sustainable and resilient payroll service. The business case provides an analysis of payroll services in the South East (SE) and explains the range of issues affecting the service, the key issue being the sustainability of the service workforce.

2.3 Assessment

At the January 2021 meetings of both EDG and the Staff Governance Committee, whilst both groups supported the resilience aspects of the business case, the Director of Finance proposed that contact should be made with National Services Scotland (NSS) to request that consideration be given to phasing the implementation of this change and also that NSS be asked to reconsider the rational and requirement to TUPE transfer staff involved.

In March 2021, NSS agreed (as did the other Boards in the proposed consortium) to accept the request to implement the change in a phased way. The first phase involves establishing the management arrangements required to support the change and the expectation is that recruitment will complete by December 2021. The second phase involves refreshing the business case for final approval which also should include reconsideration of the need to TUPE transfer the staff involved. The third phase, post final business case approval will see the full implementation of the service by December 2022.

The Re-scoping plan agreed by the Directors of Finance aims to refresh and validate elements of the Business Case. As such a working Group has been set up to collaborate on the Business case Addendum and Benefits, the NHS Fife Head of Financial Services is a member of this group. This group met for the first time on 11 June 2021 and feedback on progress will be provided in the coming months. The Group will aim to provide further feedback on the reasons why non-TUPE options were previously considered non-viable.

The Programme Board are working towards a timeline of September 2021 for the Directors of Finance to give final support to the Business Case addendum and Benefits and it is hoped that the remaining Boards will formally sign off on the Business case in November 2021.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

As part of the Re-scoping plan a number of workshops will be held to discuss and propose priority improvements to improve day-to-day working lives for the payroll staff and to provide assurances to staff of the benefits to them of the proposed Regional model.

2.3.8 Route to the Meeting

The Director of Finance agreed to bring further updates back to the committee meeting for further consideration and discussion.

2.4 Recommendation

Staff Governance Committee members are asked to note this update and to provide any further requests for clarification that can be taken back to the Programme Board.

3. List of Appendices

N/A

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

Meeting:	Staff Governance Committee
Meeting date:	1 July 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:

- Joint Fife Remobilisation Plan for 2021/22 (RMP3)

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 April 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.

2.3 Assessment

The IPQR has been refreshed in appearance for FY 2021/22. While the content is unchanged in terms of measures covered, the presentation of information has undergone a number of cosmetic changes in order to provide clearer information, particularly in the drill-down section. Some measures have revised targets for FY 2021/22, reflecting performance and challenges in the previous year.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is now working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP3), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly as the year progresses, and forecasts may change in accordance with guidance from 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	3.89% for 2020/21 *** NEW FOR FY 2021/22 *** (4.00% is the LDP Standard)	5.07% in April 2021, above planned position at this stage (4.35%) Excludes COVID-19-related absence

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

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 June IPQR will be available for discussion at the round of June/July 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 24 June. 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

Report Contact

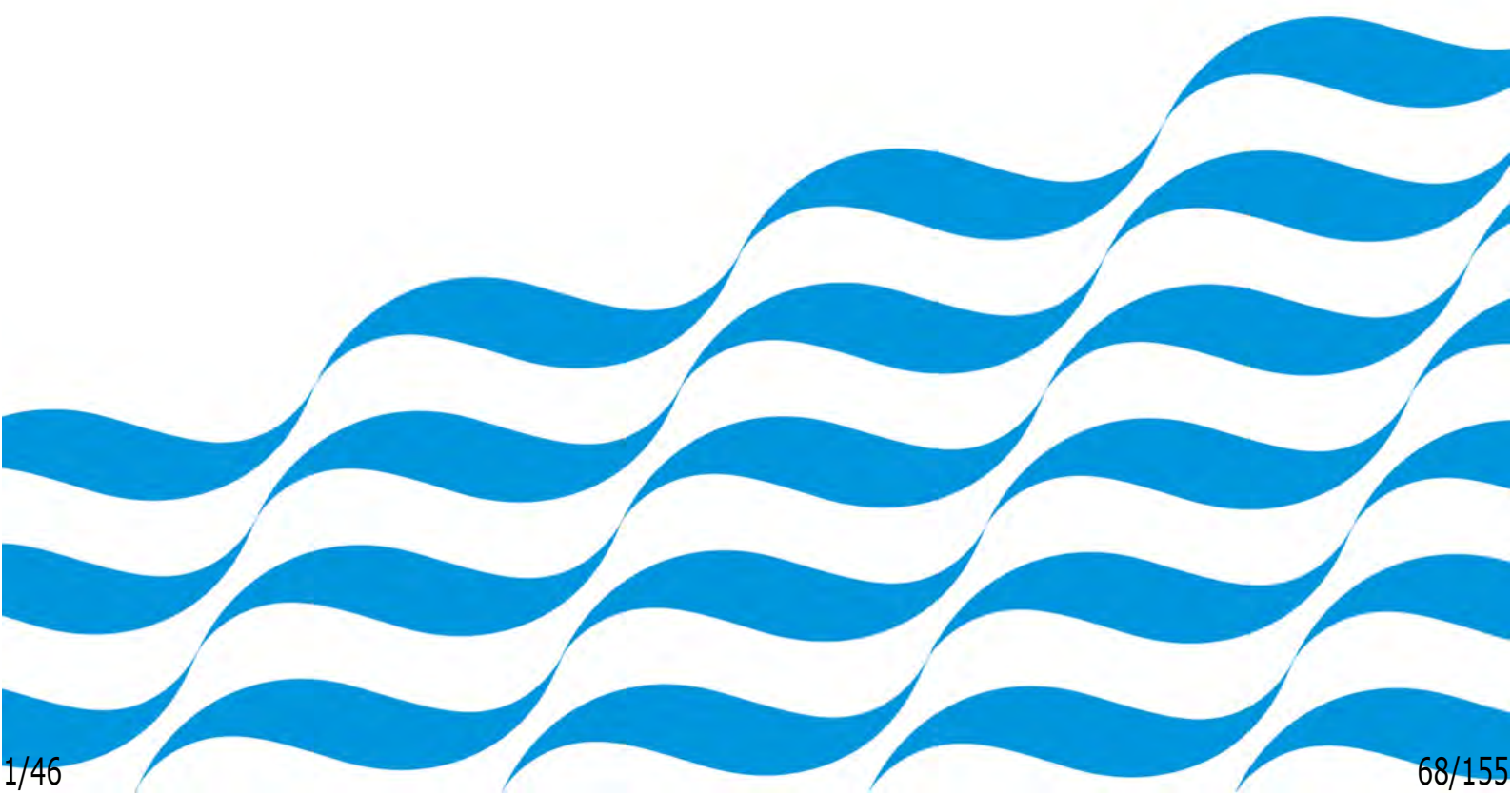
Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in June 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. Remobilisation Summary
- e. 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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. 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 10 (34%) classified as **GREEN**, 4 (14%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- Falls With Harm – falls rate below the new (reduced) target for FY 2021/22
- ECB – infection rate continued to be significantly under the FY 2021/22 target following a low number of infections in the 3-month period from February to April
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 9th month in succession

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, 15 (50%) in mid-range and 7 (25%) in lower quartile.

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

c. Indicator Summary			Performance								Benchmarking				
			meets / exceeds the required Standard / on schedule to meet its annual Target								<div></div>	Upper Quartile			
			behind (but within 5% of) the Standard / Delivery Trajectory								<div></div>	Mid Range			
			more than 5% behind the Standard / Delivery Trajectory								<div></div>	Lower Quartile			
Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife		Scotland	
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-20	26	Mar-21	32	Apr-21	23	↑	<div></div>	N/A			
	HSMR	N/A	Year Ending	Dec-19	1.02	Sep-20	1.01	Dec-20	1.01	↔	<div></div>	YE Dec-20	1.01	<div></div>	1.00
	Inpatient Falls	7.68	Month	Apr-20	7.50	Mar-21	8.01	Apr-21	7.82	↑	<div></div>	N/A			
	Inpatient Falls with Harm	1.65	Month	Apr-20	1.56	Mar-21	1.68	Apr-21	1.26	↑	<div></div>	N/A			
	Pressure Ulcers	0.42	Month	Apr-20	1.02	Mar-21	1.22	Apr-21	1.30	↓	<div></div>	N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓	<div></div>	QE Dec-19	2.3%	<div></div>	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Apr-20	10.6	Mar-21	16.5	Apr-21	16.8	↓	<div></div>	QE Dec-20	20.6	<div></div>	18.8
	SAB - Community	N/A	Quarter Ending	Apr-20	15.9	Mar-21	13.0	Apr-21	11.0	↑	<div></div>	QE Dec-20	12.8	<div></div>	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Apr-20	9.3	Mar-21	10.2	Apr-21	14.2	↓	<div></div>	QE Dec-20	7.7	<div></div>	16.1
	C Diff - Community	N/A	Quarter Ending	Apr-20	1.1	Mar-21	7.6	Apr-21	6.6	↑	<div></div>	QE Dec-20	2.1	<div></div>	4.3
	ECB - HAI/HCAI	33.0	Quarter Ending	Apr-20	33.0	Mar-21	21.6	Apr-21	16.8	↑	<div></div>	QE Dec-20	50.3	<div></div>	40.9
	ECB - Community	N/A	Quarter Ending	Apr-20	26.1	Mar-21	33.7	Apr-21	25.3	↑	<div></div>	QE Dec-20	27.0	<div></div>	37.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-20	68.8%	Mar-21	87.1%	Apr-21	80.3%	↓	<div></div>	2019/20	71.5%	<div></div>	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-20	22.9%	Mar-21	25.0%	Apr-21	21.6%	↓	<div></div>	2019/20	35.7%	<div></div>	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-20	100.0%	Mar-21	100.0%	Apr-21	100.0%	↔	<div></div>	N/A			
	4-Hour Emergency Access	95%	Month	Apr-20	96.8%	Mar-21	90.8%	Apr-21	91.9%	↑	<div></div>	Apr-21	91.9%	<div></div>	88.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Apr-20	57.3%	Mar-21	49.7%	Apr-21	54.1%	↑	<div></div>	Mar-21	51.7%	<div></div>	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Apr-20	74.8%	Mar-21	53.4%	Apr-21	56.4%	↑	<div></div>	Mar-21	52.6%	<div></div>	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Apr-20	46.3%	Mar-21	80.6%	Apr-21	85.3%	↑	<div></div>	Mar-21	80.7%	<div></div>	61.4%
	18 Weeks RTT	90%	Month	Apr-20	90.1%	Mar-21	72.4%	Apr-21	69.2%	↓	<div></div>	QE Mar-21	73.2%	<div></div>	75.9%
	Cancer 31-Day DTT	95%	Month	Apr-20	94.5%	Mar-21	100.0%	Apr-21	97.8%	↓	<div></div>	QE Dec-20	99.0%	<div></div>	98.6%
	Cancer 62-Day RTT	95%	Month	Apr-20	67.5%	Mar-21	80.3%	Apr-21	78.1%	↓	<div></div>	QE Dec-20	84.5%	<div></div>	86.2%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	<div></div>	2018, 2019	26.1%	<div></div>	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Apr-20	81.0%	Mar-21	95.1%	Apr-21	95.4%	↑	<div></div>	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-20	5.6%	Mar-21	5.9%	Apr-21	8.2%	↓	<div></div>	QE Dec-20	5.5%	<div></div>	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-20	24	Mar-21	48	Apr-21	78	↓	<div></div>	Apr-21	20.88	<div></div>	13.49
	Antenatal Access	80%	Month	Feb-20	84.4%	Jan-21	87.2%	Feb-21	78.8%	↓	<div></div>	FY 2019/20	89.0%	<div></div>	88.3%
	Smoking Cessation	473	YTD	Feb-20	95.4%	Jan-21	52.1%	Feb-21	53.3%	↑	<div></div>	FY 2019/20	92.8%	<div></div>	97.2%
	CAMHS Waiting Times	90%	Month	Apr-20	67.0%	Mar-21	73.0%	Apr-21	68.4%	↓	<div></div>	QE Mar-21	76.0%	<div></div>	65.1%
	Psychological Therapies Waiting Times	90%	Month	Apr-20	74.2%	Mar-21	84.3%	Apr-21	78.2%	↓	<div></div>	QE Mar-21	82.0%	<div></div>	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	<div></div>	FY 2019/20	79.2%	<div></div>	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-20	96.2%	Jan-21	92.4%	Feb-21	93.9%	↑	<div></div>	QE Dec-20	94.3%	<div></div>	95.7%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑	<div></div>	2018/19	93.7%	<div></div>	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓	<div></div>	2018/19	60.9%	<div></div>	43.4%
Finance	Revenue Expenditure	-£13.8	Month	May-20	N/A	Apr-21	N/A	May-21	-£7.2	N/A	<div></div>	N/A			
	Capital Expenditure	£25.3	Month	May-20	N/A	Apr-21	N/A	May-21	£1.2	N/A	<div></div>	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Apr-20	4.95%	Mar-21	4.43%	Apr-21	5.07%	↓	<div></div>	YE Mar-21	4.77%	<div></div>	4.67%

d. NHS Fife Remobilisation Summary – Position at end of May 2021

Higher than Projected | Lower than Projected

TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	
	Actual	
	Variance	
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	
	Actual	
	Variance	
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	
	Actual	
	Variance	
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	
	Actual	
	Variance	
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	
	Actual	
	Variance	
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	
	Actual	
	Variance	
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	
	Actual	
	Variance	
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	
	Actual	
	Variance	
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	
	Actual	
	Variance	
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	
	Actual	
	Variance	

Month End				Quarter End	Quarter End	Quarter End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
862	950	989	2,801	2,828	3,033	3,355
955	1,081		2,036			
93	131					
4,537	4,946	5,133	14,616	15,804	19,003	20,361
5,944	6,080		12,024			
1,407	1,134					
579	611	611	1,801	1,833	1,833	1,833
436	495		931			
-143	-116					
3,450	3,650	3,750	10,850	11,250	11,250	11,250
4,216	4,303		8,519			
766	653					
5,350	5,780	5,980	17,110	19,110	18,370	18,490
6,209	7,039		13,248			
859	1,259					
2,790	2,650	2,600	8,040	8,320	8,680	8,830
3,229	3,531		6,760			
439	881					
780	820	850	2,450	2,610	2,610	2,610
965	949		1,914			
185	129					
130	140	145	415	435	435	435
93			93			
-37						
91	131	84	306	291	346	298
136	143		279			
45	12					
465	477	427	1,369	1,422	1,905	1,780
578			578			
113						

Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	
	Actual	
	Variance	

Month End				Month End	Month End	Month End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
43	41	37	37	36	42	43
78	88					
35	47					

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

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.01
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.26
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
Pressure Ulcers	<i>50% reduction by December 2020</i>	TBC	1.30
<p>Two clinical areas with Acute 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.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.4%

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	16.8
Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	14.2
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	16.8
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	21.6%
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.			

e. Assessment (cont.) – Operational Performance

		Target	Current
Acute Services			
4-Hour Emergency Access	95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer	95%	91.9%
<p>Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
Patient TTG (Waiting)	All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	54.1%
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
New Outpatients	95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	56.4%

Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4 % waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

Diagnostics

100% of patients to wait no longer than 6 weeks from referral to key diagnostic test

100%**85.3%**

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. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.

Corporate Services**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%**78.1%**

April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.

FOI Requests

At least 85% of Freedom of Information Requests are completed within 20 working days

85%**95.4%**

Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.

FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.

Health & Social Care**Delayed Discharges**

The % of Bed Days 'lost' due to Patients in Delay is to reduce

5%**8.2%**

The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

473**226**

Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.

		Target	Current
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	68.4%
<p>Fife CAMHS RTT% figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	78.2%
<p>The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.</p>			

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	-£13.8	-£7.2
<p><u>Month 2 financial position</u></p> <p>The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.</p> <p>The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£25.3	£1.2
<p>The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.</p>			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.07%
<p>Sickness absence levels continued to fluctuate during FY 2020/21. It is positive to note that the rates have improved when compared with FY 2019/20, with a reduction of 0.53% from the average rate. This is the best yearly average since FY 2016/17.</p> <p>The sickness absence rate in April was 5.07%, 0.64% higher than in March, while COVID-19 related absence in the month affected approximately 1.22% of the NHS Fife workforce.</p>			

II. Performance Exception Reports

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Finance, Performance & Resources: Finance

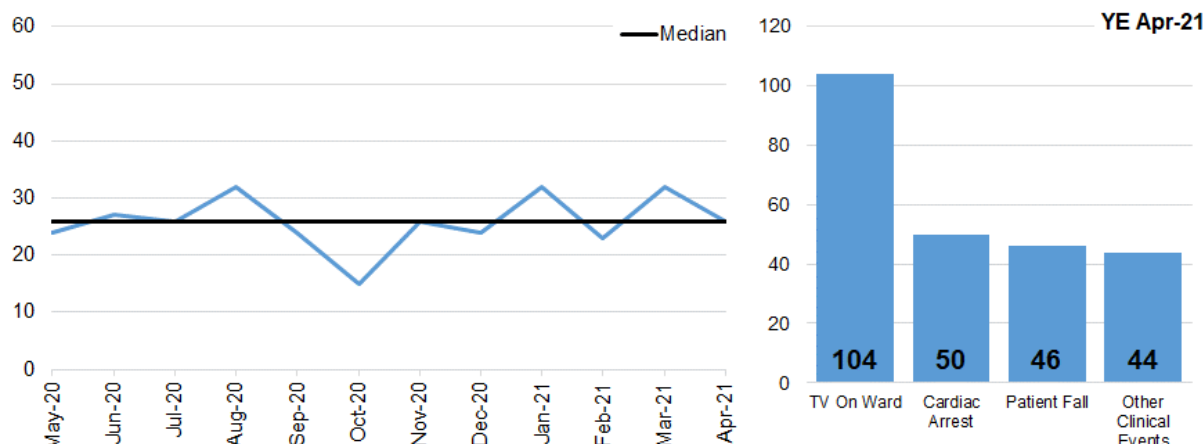
Revenue Expenditure	29
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Staff Governance

Sickness Absence	42
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Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21											
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1067	1123	1329	1243	1288	1339	1303	1247	1286	1209	1362	1341
	Acute Services	476	463	561	506	606	557	637	599	571	531	631	587
	HSCP	559	627	730	695	640	748	635	621	694	652	704	716
	Corporate	32	33	38	42	42	34	31	27	21	26	27	38
CLINICAL	NHS Fife	727	740	909	837	925	901	951	926	902	853	951	920
	Acute Services	433	421	515	469	558	508	593	556	532	495	589	540
	HSCP	279	299	373	352	349	377	341	360	359	344	349	362
	Corporate	15	20	21	16	18	16	17	10	11	14	13	18

Commentary

Local and significant adverse event reviews are progressing in accordance with a prioritised schedule.

A SLWG to review the Adverse Event Policy and associated processes has been set up, and its work is outlined below:

- June 2021 - map the current process
- June/July 2021- SLWG to map future state and develop an implementation plan
- Aug 2021- look to pilot any new ways of working
- Sep 2021- update the Adverse Events policy
- Nov 2021- submit new policy through governance structures

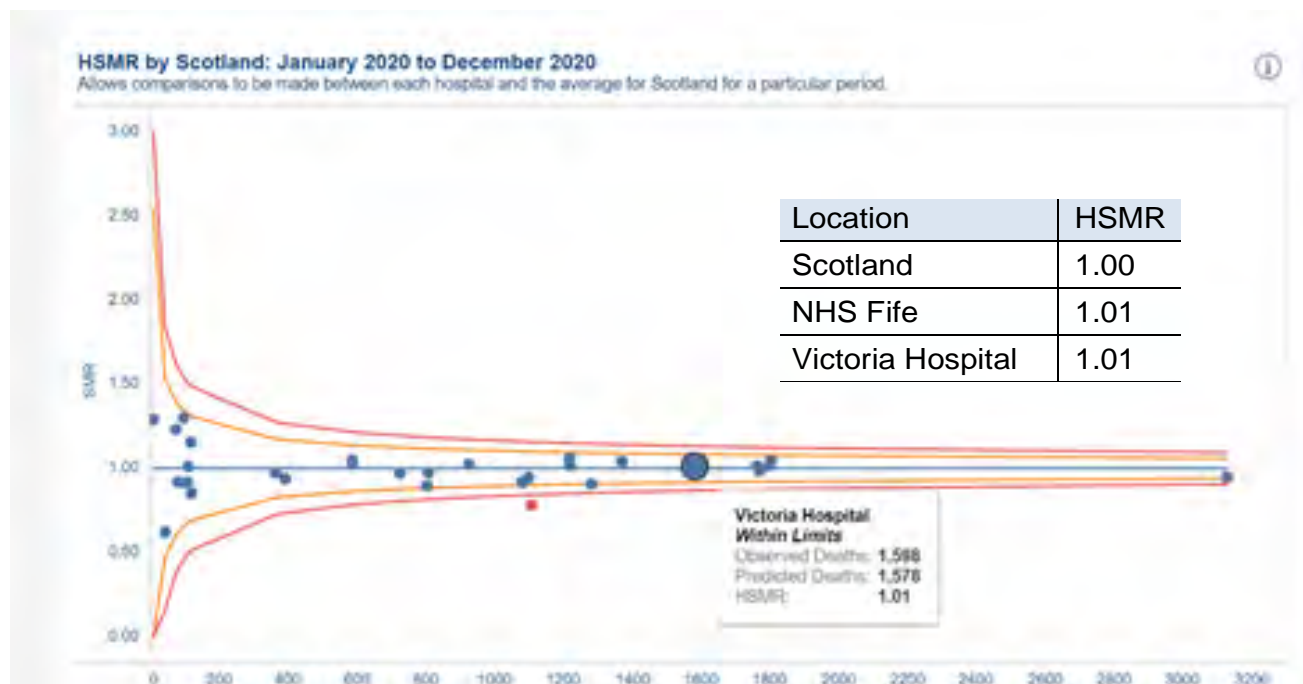
HSMR

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; January 2020 to December 2020^P

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

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

**Commentary**

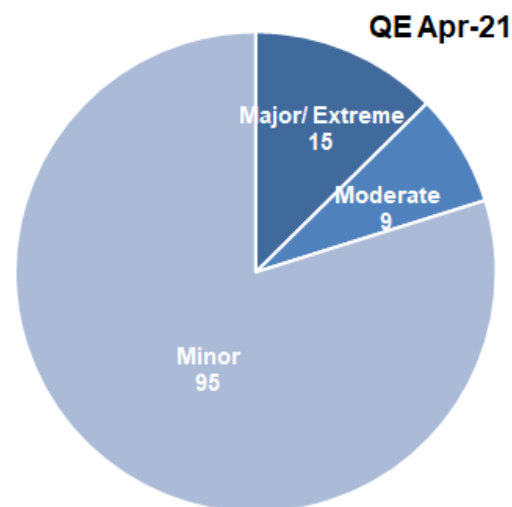
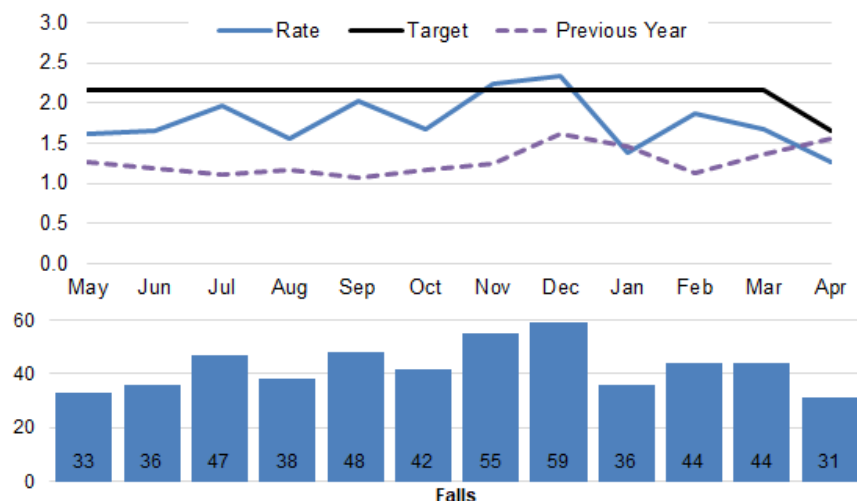
The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

Inpatient Falls with Harm

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

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
With Harm	NHS Fife	1.62	1.66	1.97	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	1.26	
	Acute Services	1.21	1.18	1.17	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.86	
	HSCP	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.53	2.47	2.29	1.62	

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

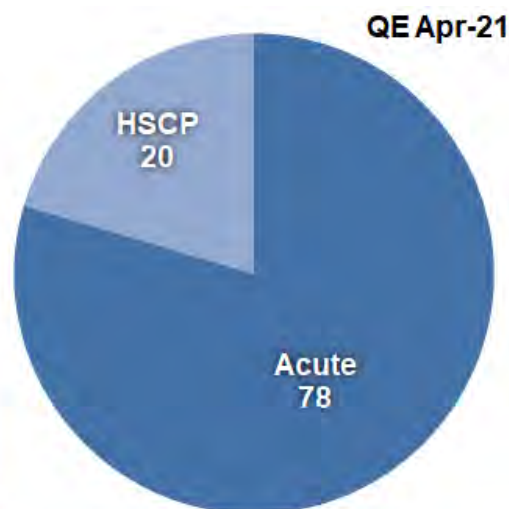
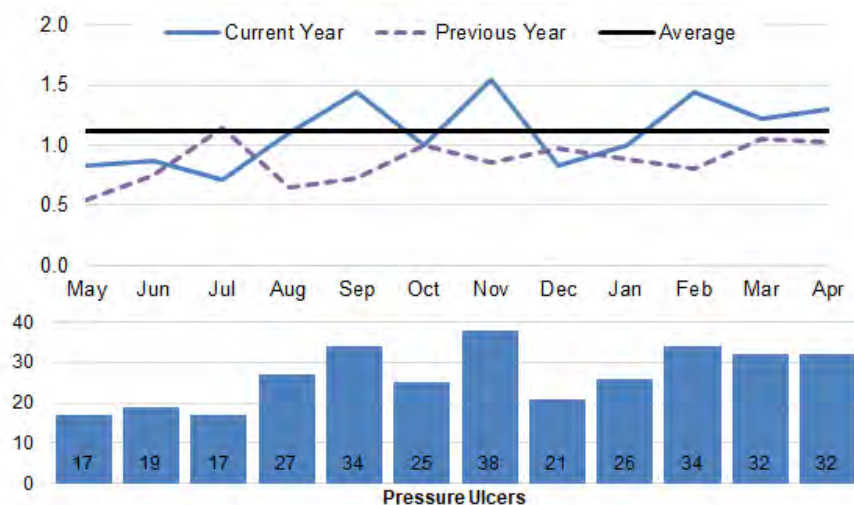
IMPROVEMENT ACTIONS

20.3 Falls Audit	By Jul-21
A new national driver diagram and measurement package are about to be finalised and are being tested in four boards across Scotland in May and June. On completion, NHS Fife documentation will be reviewed (July 21) and an audit will then follow (August 21).	
20.5 Improve effectiveness of Falls Champion Network	By Jul-21
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.	
21.2 Falls Reduction Initiative	By Jul-21
A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July	
21.3 Integrated Improvement Collaborative	By Jun-21
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, with results assessed in June.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = TBD per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Grade 2 to 4	NHS Fife	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.30	
	Acute Services	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.18	2.12	2.42	
	HSCP	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	0.43	0.31	

KEY CHALLENGE(S) IN 2021/22

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

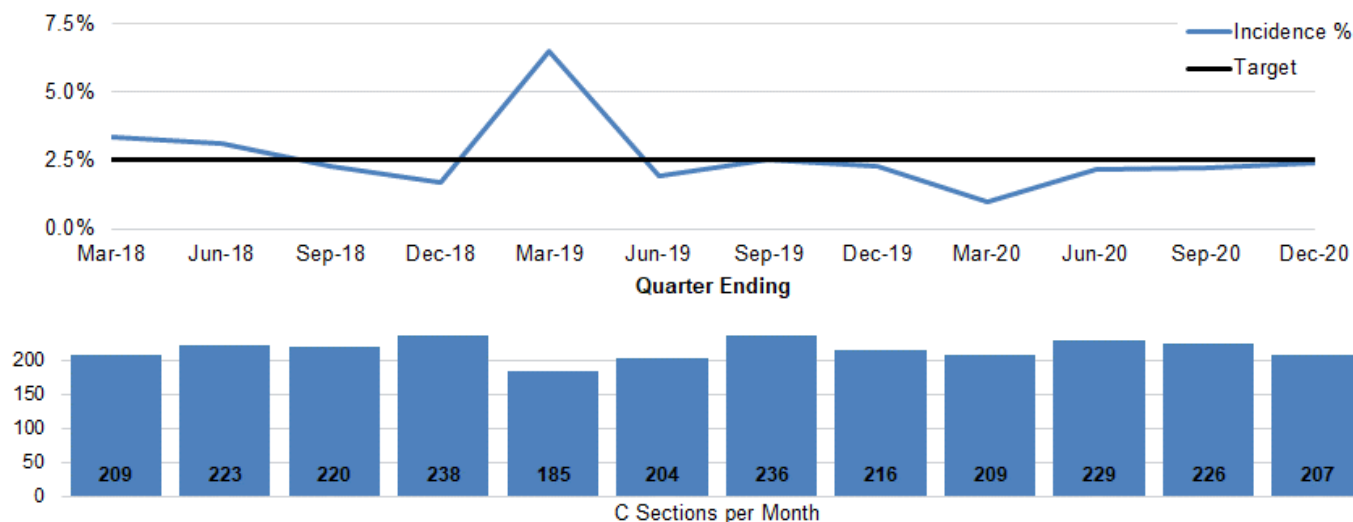
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete
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. First cohort completed and onto the 2 nd cohort.	
21.3 Implementation of robust audit programme for audit of documentation	Complete
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.	
22.1 Improvement Collaboratives	Sep-21
Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement, aligned to the current improvement collaborative work ongoing across a number of wards in East and West Divisions.	

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21		
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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 (LAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology (which was established in Q4 2019) to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the methodology remains the most effective means of capturing SSI cases.

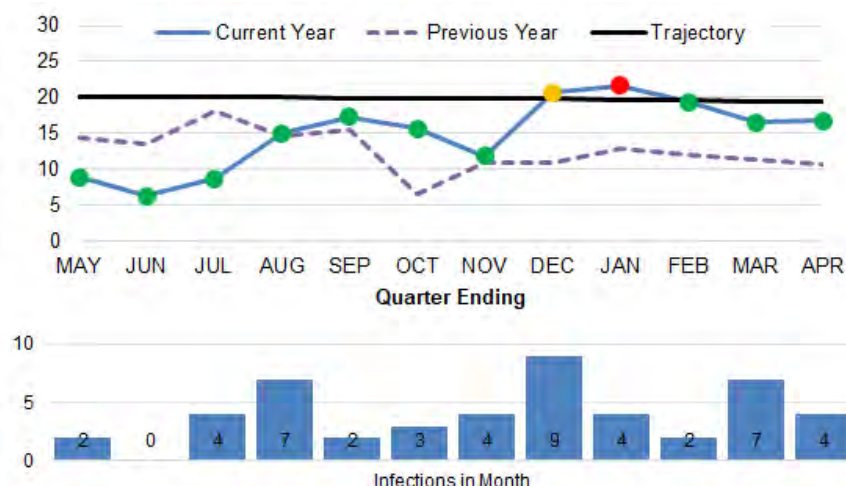
The IPCT will resume staff training on the surveillance methodology and SSI case definitions.

Action paused due to COVID-19

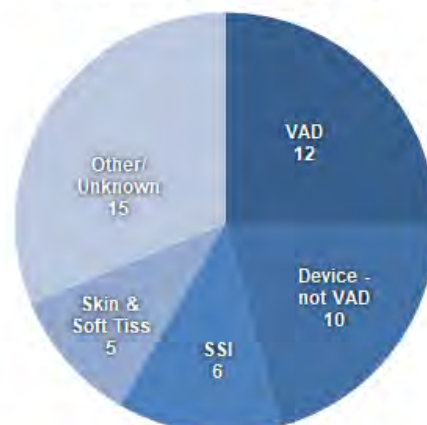
SAB (HAI/HCAI)

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 Apr-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 CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

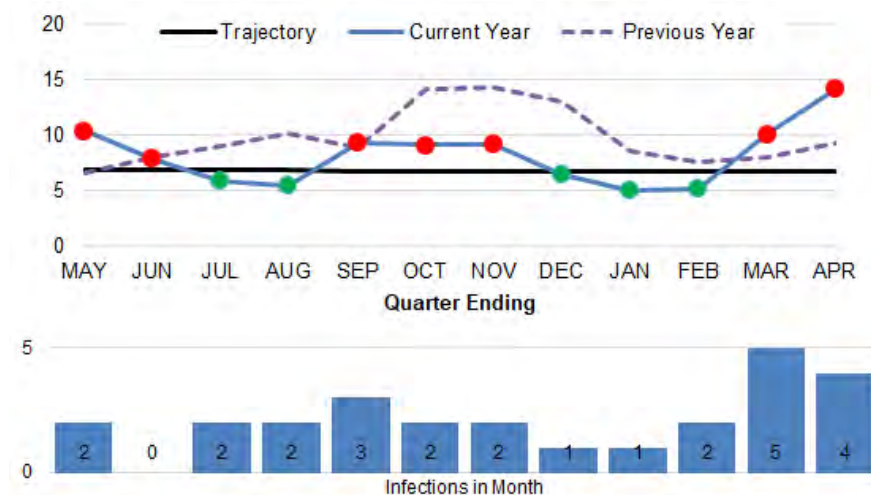
IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting May.</p> <p>The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs is planned for July, while the IPCT is to provide updated wound care training for ANPs.</p>	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
<p>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.</p>	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
<p>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 May.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. 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 displayed for public assurance.</p>	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
<p>Electronic insertion and maintenance bundles for PVCs available on patienttrack to support best practice. All areas with patienttrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice.</p> <p>Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.</p>	

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



CDI Recurrence: YE Apr-21



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 CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

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 for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

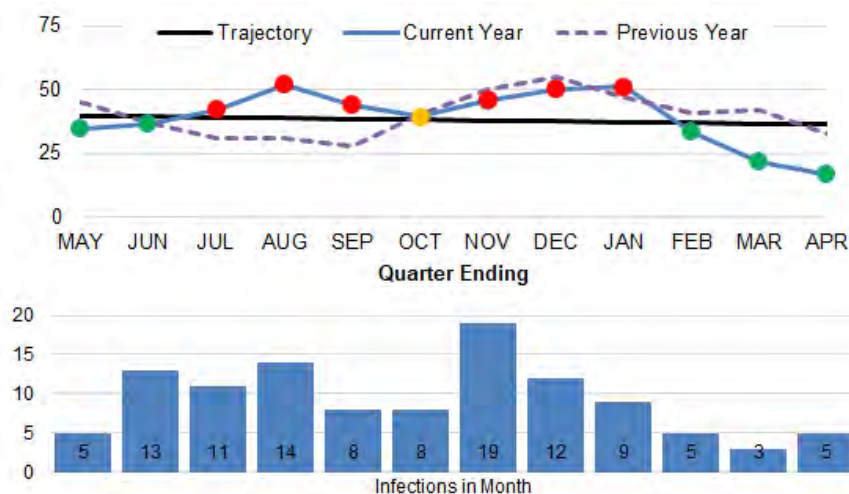
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

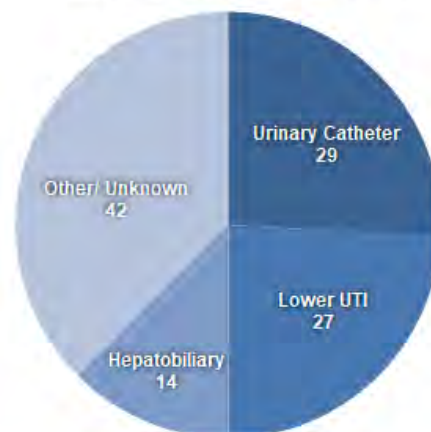
ECB (HAI/HCAI)

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 Apr-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 CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. 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 to assist understanding & learning.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-22

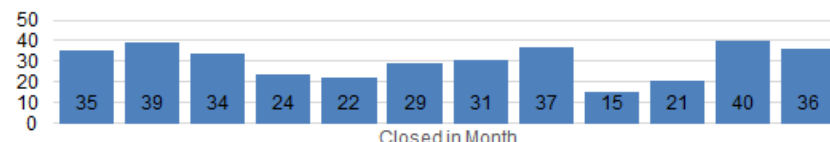
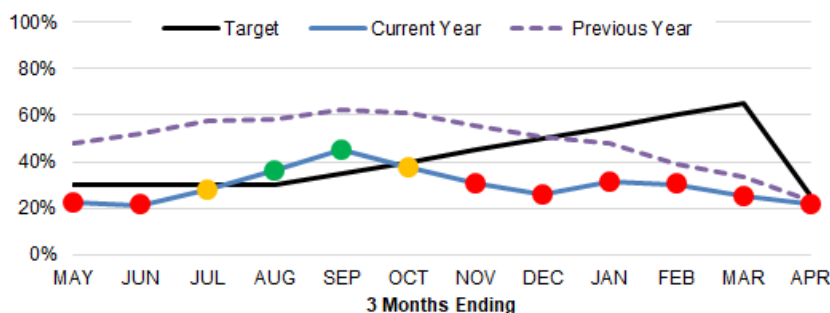
The UCIG meeting last met in May to review the following topics:

- A CAUTI project has commenced in Kelty MP (a Cowdenbeath GP practice QI programme is currently paused)
- E-documentation for urinary catheter insertion and maintenance bundles is in place for district nurses on Morse, with plans for Patienttrack documentation for the acute and community hospitals in development.
- Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration. Continence/hydration folders are in use at all care and residential homes.
- Education 'Top Tips' videos and newsletters published on BLINK
- Catheter passports in use across the whole of Fife for patient education and information and for documentation of care
- Plans for a continence champions competency framework in development
- Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed
- New representation for private and NHS care homes at UCIGs to help promote work within care home settings

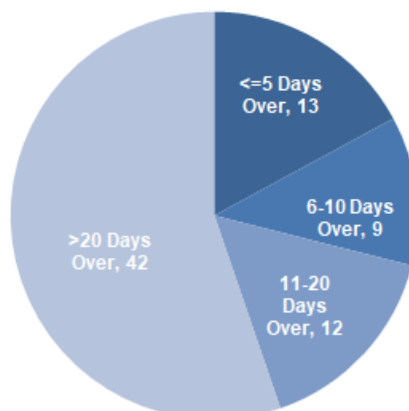
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Apr-21



Performance by Service Area

3-Month Ending	2020/21											2021/2
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	21.6%
Ack <= 3 Days (Monthly)	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%
ASD	22.9%	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	15.7%
HSCP	20.8%	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

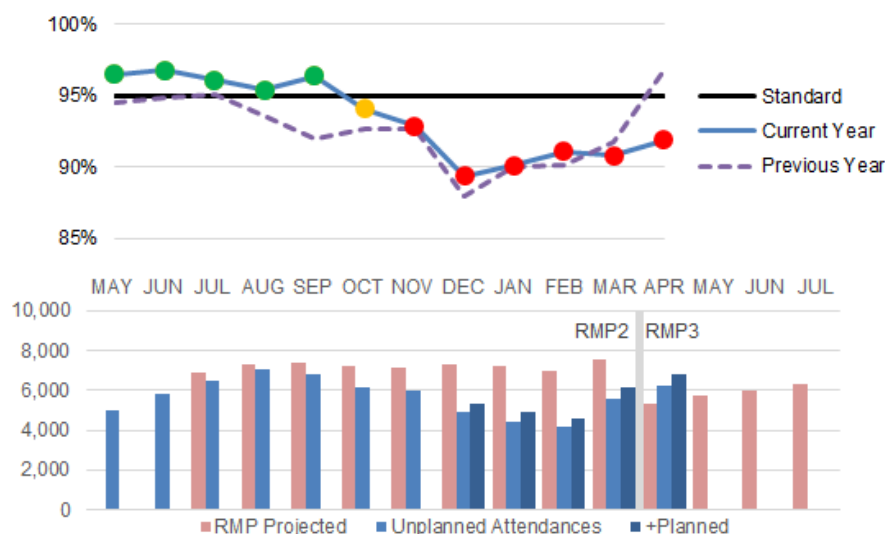
IMPROVEMENT ACTIONS

21.1 Agree process for managing complaint performance and quality of complaint responses	N/A
Complaint wording revised and reflected in new Action 22.1	
21.2 Deliver virtual training on complaints handling	N/A
Complaint wording revised and reflected in new Action 22.2	
22.1 Review complaint handling process and agree measures to ensure quality	By Dec-21
Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management. This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.	
22.2 Improve education of complaint handling	By Dec-21
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services. This action aims 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. Bespoke training sessions with Fife Wide & Fife East have been scheduled for May and June, and the aim is that this will continue throughout the remainder of 2021.	

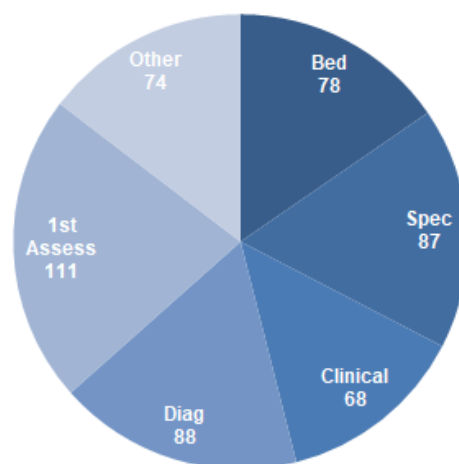
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Apr-21



National Benchmarking

Month	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	
Scotland	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

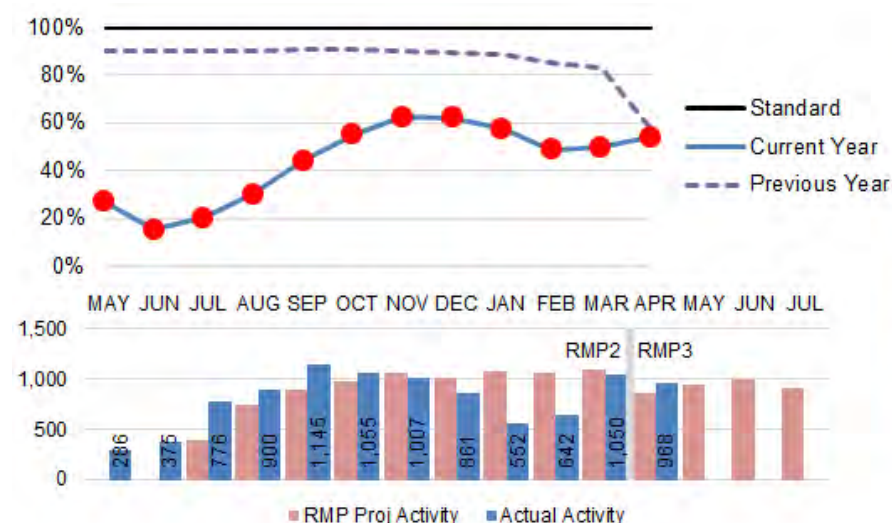
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Aug-21
Access to ED will be available through a national Single Point of Access through NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Aug-21
Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.	

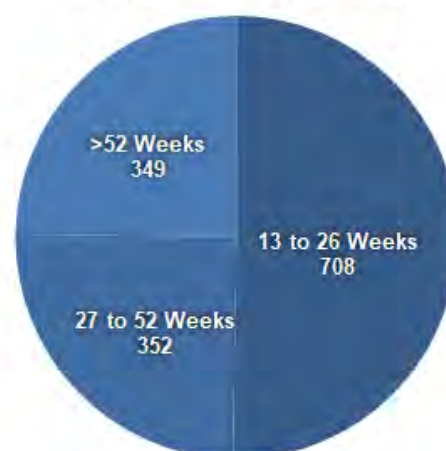
Patient TTG

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

Local Performance



Breaches Breakdown Apr-21



National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	
Scotland	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

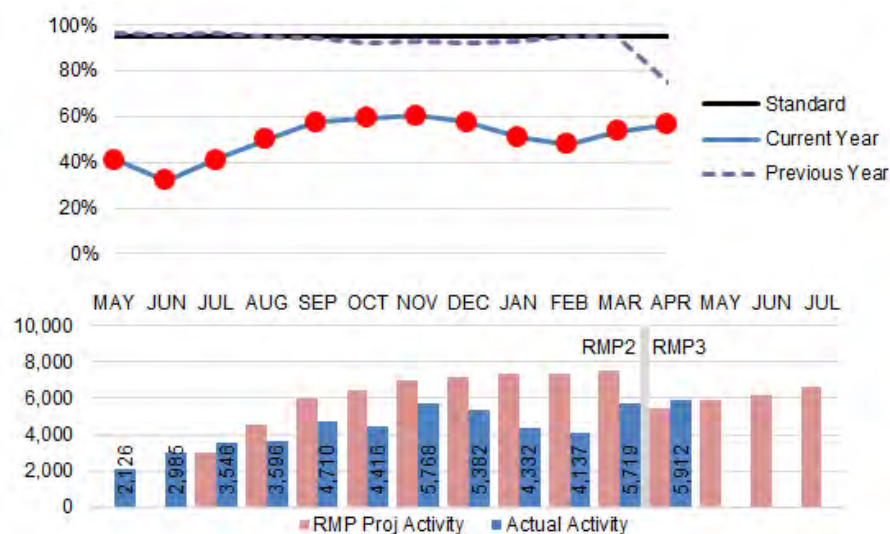
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Not yet started	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams review lists and prioritise patients, Clinical Prioritisation Group meet regularly	

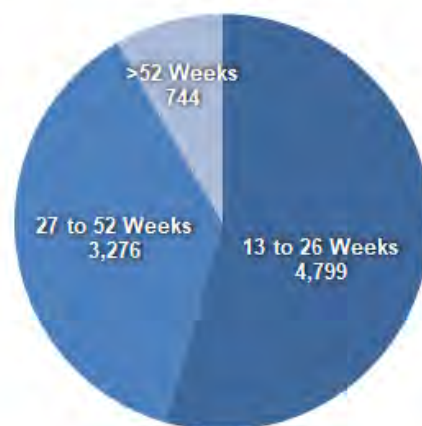
New Outpatients

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

Local Performance



Breaches Breakdown Apr-21



National Benchmarking

	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%
Scotland	34.9%	28.5%			46.5%			47.8%			48.1%	

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

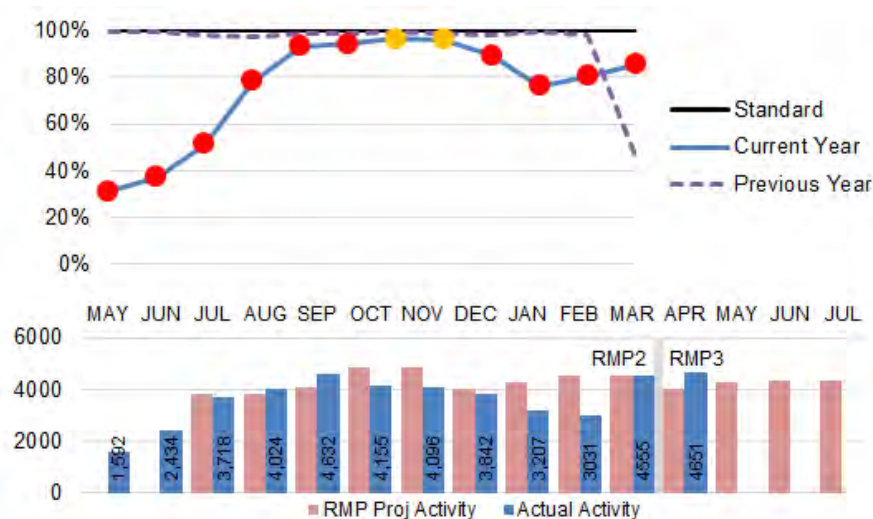
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
Unscheduled care project underway, ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

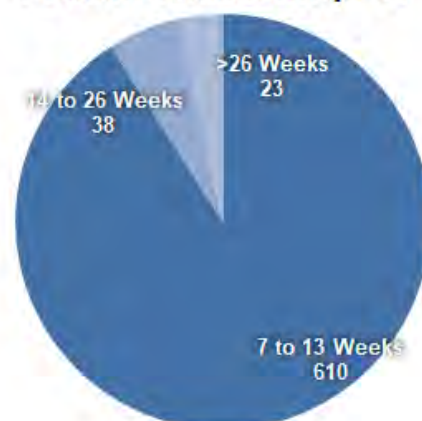
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Apr-21



National Benchmarking

	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%
Scotland	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

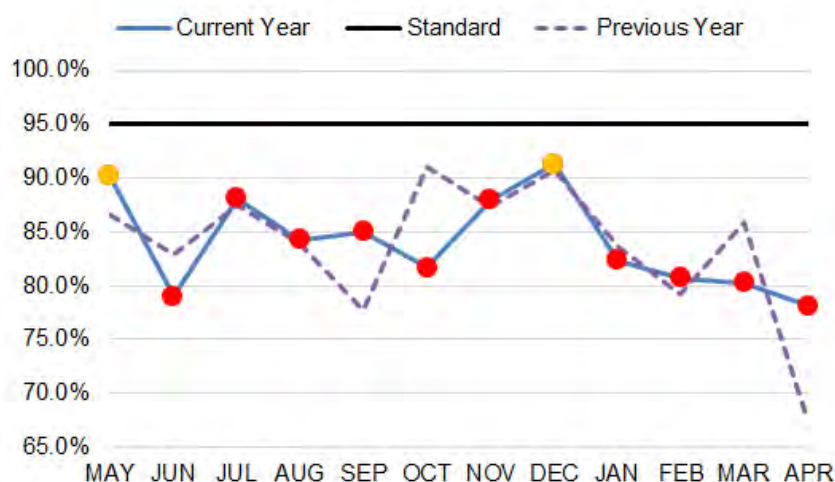
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Discussion initiated and options being scoped	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

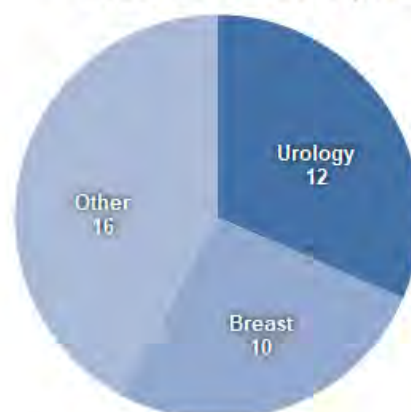
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Feb to Apr 21



National Benchmarking

Month	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	
Scotland	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	

KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on the number of patients that can be seen and treated within hospitals)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

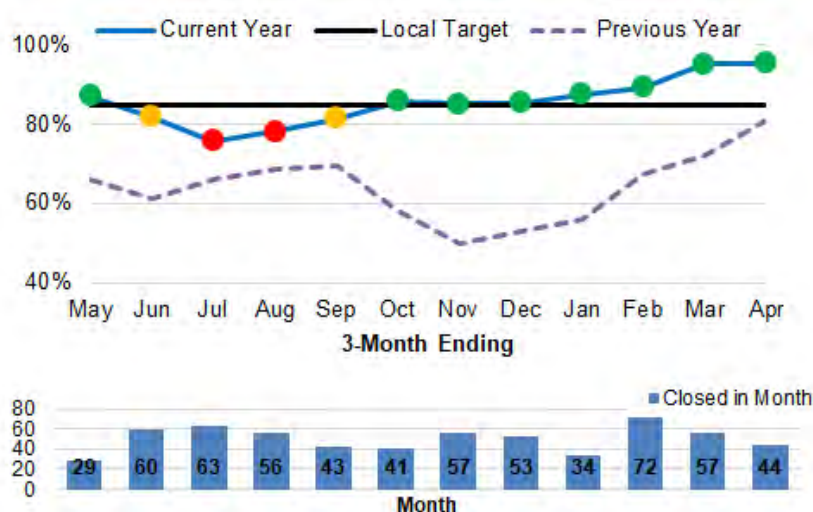
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Sep-21
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. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Sep-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Apr-21



Performance by Service Area

Monthly	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%
IJB	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

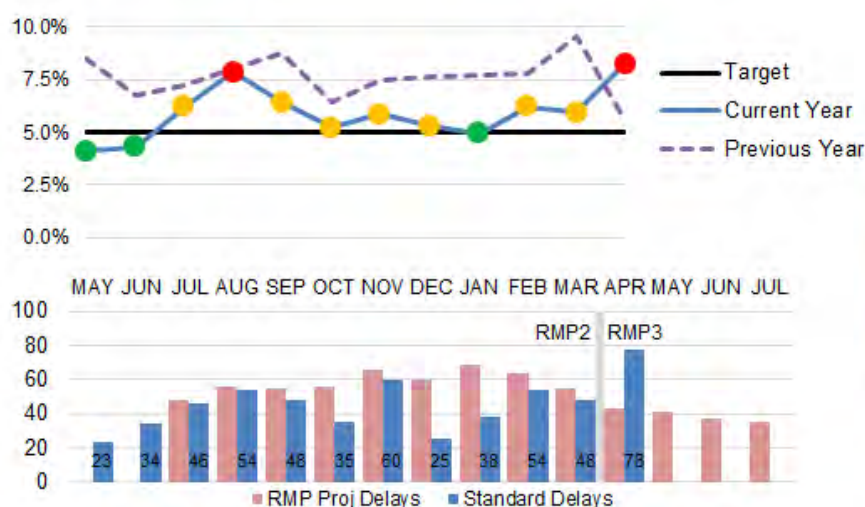
IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	By Jul-21
The Model Publications Scheme is near completion and work is ongoing with Communications and the FOI Officer. The document will be ready for EDG Review in July. 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	By Dec-21
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. FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.	

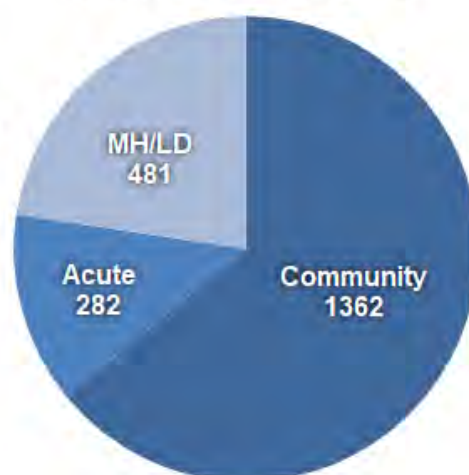
Delayed Discharges (Bed Days Lost)

We will limit 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 | Apr-21



National Benchmarking

		Quarter Ending	2018/19		2019/20				2020/21		
			Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost		NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost		Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

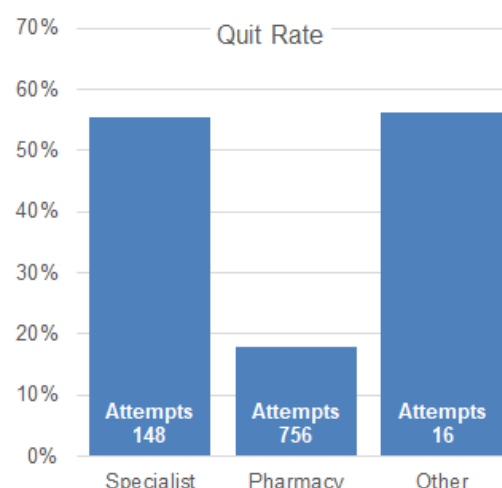
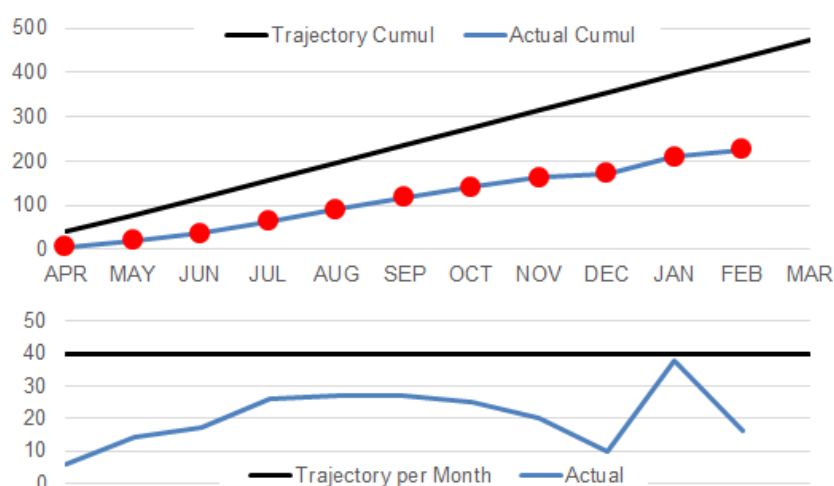
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Jul-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. A further meeting has been scheduled for 30 June.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	By Jul-21
A test of change is currently underway in VHK Ward 41. The Moving On policy will be circulated to VHK and Community Hospitals, with a 'go live' date of 5 July.	
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Nov-21
An SBAR will be submitted to the Senior leadership Team in July and the TOC will start in August, lasting 3 months.	

Smoking Cessation

In 2020/21, 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	26	27	27	25	20	10	38	16	
	Actual Cumul	6	20	37	63	90	117	142	162	172	210	226	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	51.4%	51.4%	48.6%	53.3%	52.1%	
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

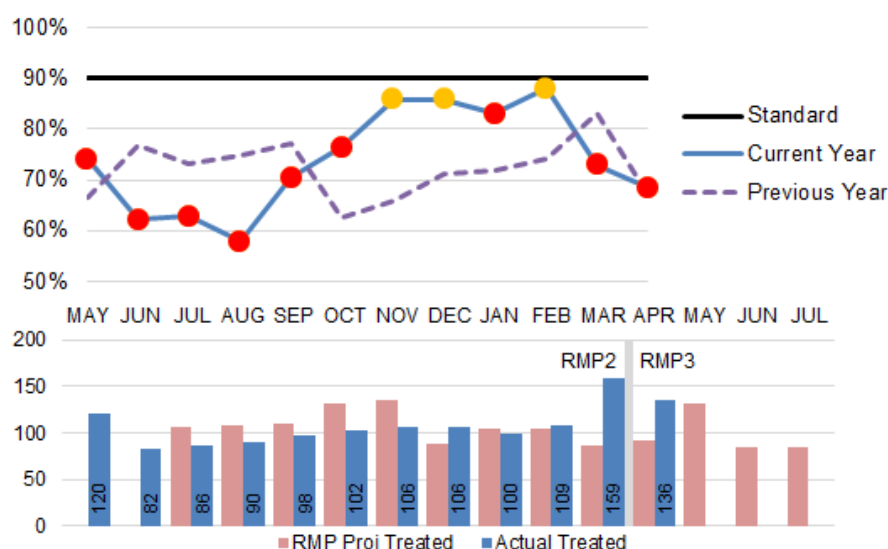
IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	By Jul-21
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	By Jul-21
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 has been made available from April; to date, five prehabilitation patients have engaged with the service.	

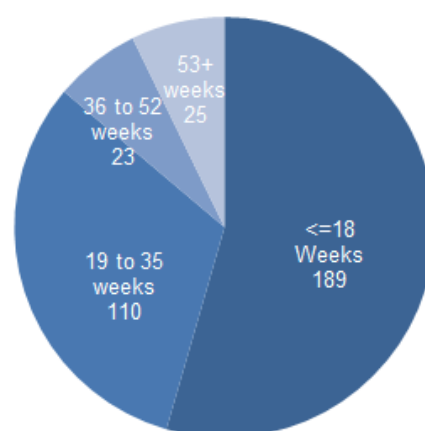
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (347) Apr-21



National Benchmarking

Month	2020/21												2020/2
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	
Scotland	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%		

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme

By Jul-21

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.

21.3 Build CAMHS Urgent Response Team

By Jul-21

The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, 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.

22.1 Recruitment of Additional Workforce

By Sep-21

Investment from Fife HSCP has resulted in resources being made available to recruit an additional 8 permanent and 3 temporary staff to achieve the National Referral to Treatment standard. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

22.2 Workforce Development

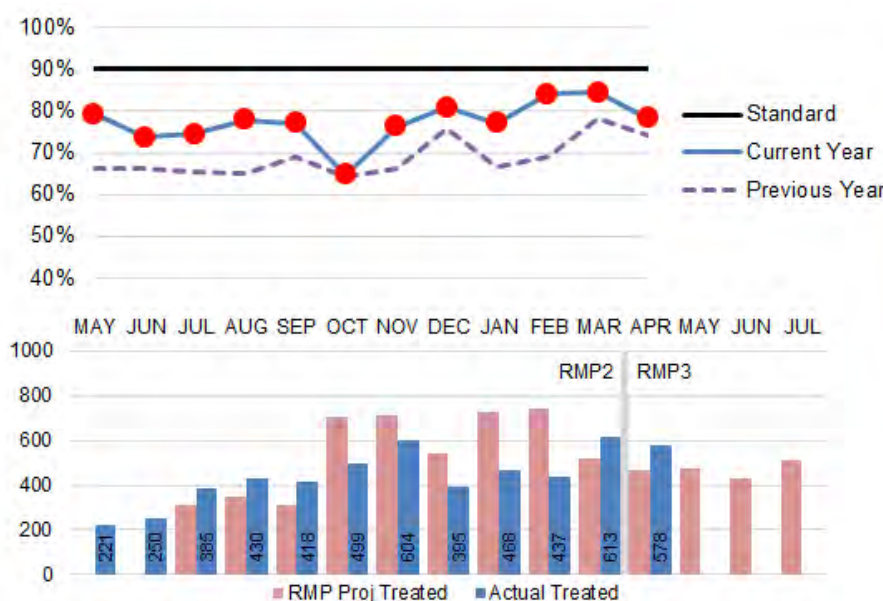
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the Scottish Governments CAMHS National Service Specification. Training programme for new and existing staff is under development which combines NES Essential CAMHS Training Programme, NES Funded certified therapy training and Fife CAMHS skills development programme. Training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS and targeted at staff where gaps are identified.

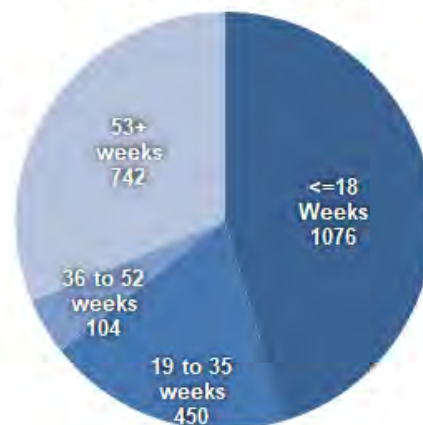
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2372) Apr-21



National Benchmarking

Month	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	
Scotland	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%		

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

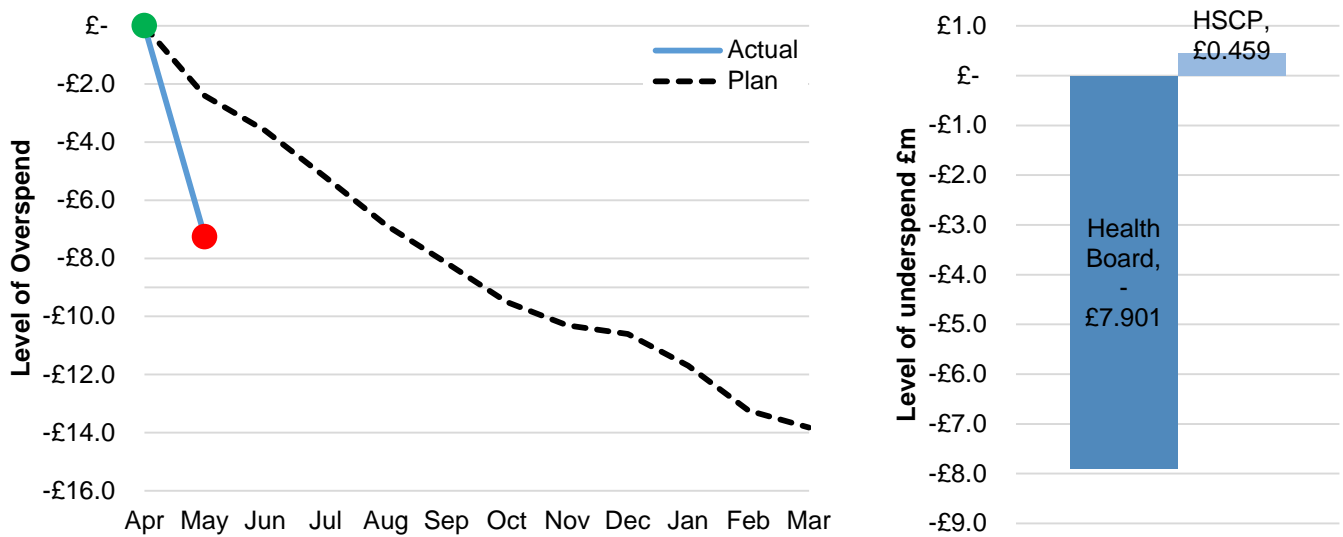
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Jul-21
Roll out of Guided Self-Help tier of PT service across Fife through recruitment of 2.0 wte Band 5 staff (via change in skills mix and new funding)	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,05
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	
Risk Share	0	0	0	0	0	0.00%	0	
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,05

Assessment

Our 2021/22 financial plan shows an unmet savings target of £21.7m and assumes £4m will be met on a recurring basis. There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans. Progress against the plan will be assessed through the Scottish Government formal Quarter 1 review process.

Key challenges in 2021/22

Availability of Covid-19 funding to match our net additional costs; and our underlying unachieved savings are significant risks to the financial position.

Informing a reliable and robust forecast position to the year-end given the complexities of establishing (i) SG funding; and (ii) the respective: core; Covid-19; recovery, remobilisation, and redesign positions.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

Improvement Actions

Progress

22.1 RMP4	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Identify offsets against core positions Understand and quantify the financial implications of recovery and 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.
22.2 Savings	The total NHS Fife efficiency requirement for 2021/22 including legacy unmet savings is £21.7m. As part of the RMP financial plan submission, we have requested Scottish Government support for £13.7m underlying unachieved savings.

1. RMP3 Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three-year financial planning over the coming months.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the May core revenue amount on 8 June. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £712.534m; and anticipated allocations total £82.874m. The anticipated allocations include Primary Medical Services and Waiting List funding.

2.2 Non-Core Revenue Resource Limit

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 anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 31 May is therefore £805.934m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue IJB CFO, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises a core overspend of £0.780m (£0.003m run rate overspend, and £0.777m unmet savings); and Covid-19 costs of £6.662m (£4.386m Covid spend, and £2.276m underlying unachieved 'long Covid' savings).
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.901m is attributable to Health Board retained budgets; and an underspend of £0.459m is attributable to the health budgets delegated to the IJB.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Table 1: Summary Combined Financial Position for the period ended May 2021

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	40,352	-4,593	-12.84%	-2,041	-2,552
IJB Non-Delegated	8,829	8,830	1,467	1,441	26	1.77%	32	-6
Estates & Facilities	75,939	75,966	12,407	12,448	-41	-0.33%	108	-149
Board Admin & Other Services	65,914	69,851	12,779	15,582	-2,803	-21.93%	-2,707	-96
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	478,427	77,714	85,611	-7,897	-10.16%	-4,844	-3,053
Integration Joint Board - Core	377,533	408,994	68,766	68,307	459	0.67%	459	0
HSCP offsets	0	115	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,400	68,766	68,307	459	0.67%	459	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,400	68,766	68,307	459	0.67%	459	0
Total Expenditure	855,180	891,827	146,480	153,918	-7,438	-5.08%	-4,385	-3,053
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

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

Table 2: Summary Core Financial Position for the period ended May 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425
IJB Non-Delegated	8,829	8,830	1,467	1,435	32	2.18%	32	0
Estates & Facilities	75,939	75,966	12,407	12,190	217	1.75%	280	-63
Board Admin & Other Services	65,914	69,194	12,122	11,931	191	1.58%	230	-39
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	477,770	77,057	78,514	-1,457	-1.89%	-680	-777
Integration Joint Board - Core	377,533	408,994	68,766	68,085	681	0.99%	681	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,285	68,766	68,085	681	0.99%	681	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,285	68,766	68,085	681	0.99%	681	0
Total Expenditure	855,180	891,055	145,823	146,599	-776	-0.53%	1	-777
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,162	133,595	134,375	-780	-0.58%	-3	-777

Table 3: Summary Covid-19 Financial Position for the period ended May 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	3,182	-3,182		-1,055	-2,127
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	258	-258		-172	-86
Board Admin & Other Services	0	657	657	3,651	-2,994		-2,937	-57
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	657	657	7,097	-6,440		-4,164	-2,276
Integration Joint Board - Core	0	0	0	222	-222		-222	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	0	0	222	-222		-222	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	0	0	222	-222		-222	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	657	657	7,319	-6,662		-4,386	-2,276

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

4.1 Acute Services

The Acute Services Division reports a **net overspend of £1.411m for the year**. This reflects an overspend in core run rate performance of £0.986m, and unachieved savings of £0.425m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.465m, Junior Medical and Dental £0.310m and Senior Medical £0.060m. Nursing overspend is prominent across Care of the Elderly, Obs and Gynae and Colorectal due to unfunded cost pressures and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Non pay cost pressures total £0.146m, with medicines overspend of £0.640m, partially offset by underspend on surgical sundries £0.221m, and diagnostic supplies £0.135m in Planned Care.

Table 4: Acute Division Financial Position for the year ended May 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	71,546	74,211	12,381	12,295	86	0.69%	35	51
Emergency Care & Medicine	75,905	77,967	13,648	14,826	-1,178	-8.63%	-1,029	-149
Women, Children & Clinical Services	55,591	56,469	9,374	9,788	-414	-4.42%	-87	-327
Acute Nursing	866	866	142	126	16	11.27%	16	0
Other	1,704	1,708	214	135	79	37.12%	79	0
Total	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.032m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.015m comprising of non-pay expenditure £0.007m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.217m**. This is predominantly attributable to pay underspend of £0.145m across several services including catering, laundry, transport and domestics, with non-pay underspend of £0.084m on PPP and £0.064m on rates. This position is offset by £0.063m of year to date unachieved savings.

4.4 Corporate Services

Within the Board's corporate services there is **an underspend of £0.191m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.061m), Workforce (£0.036m) and Nursing (£0.102m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.076m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service has transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.014m to month 2.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £0.681** per Appendix 3. The main driver of this position is savings yet to be delivered of £0.250m. The figures include the assumption NHS Fife will commence financial contributions in respect of the Royal Hospital for Sick Children in Edinburgh (annual cost £1.4m) this year. There are increased costs in cancer drugs (annual cost £0.250m) and cystic fibrosis (annual cost £0.700m) and an increase in Tayside unplanned activity (UNPACS) in respect of a particular patient (annual cost £0.350m in paediatrics).

4.6 Financial Plan Reserves & Allocations

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 £0.195m** has been released at month 2, full detail is shown in Appendix 4.

4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.681m**. 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. In Community, underspends are, nursing vacancies across various Teams and the changes within Randolph Wemyss. The impact of lockdown on areas such as the childhood vaccination programme are still being worked through. Within the Primary Care there are increasing pressures relating to 2c Practices (these are Practices no longer managed by the GPs) and potential issues around back scanning of documents to free up physical space within Practices.

4.8 Income

A small over recovery in income of £0.004m is shown for the year to date.

5 Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

Table 5: Subjective Analysis for the year ended May 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,980	68,202	71,131	-2,929
GP Prescribing	74,688	12,573	12,575	-2
Drugs	31,359	5,648	6,151	-503
Other Non Pay	375,978	62,914	64,061	-1,146
Efficiency Savings	-18,318	-3,053	0	-3,053
Commitments	26,141	195	0	195
Income	-85,893	-12,228	-12,224	-4
Net overspend	805,934	134,252	141,693	-7,442

5.2 Pay

The overall pay budget reflects an overspend of £2.929m. The main areas of overspend are within nursing covid expenditure £1.565m, junior medical and dental £0.397m, domestics covid expenditure £0.218m and senior medical staff across both Complex and Critical Care £0.379m and WCCS £0.137m.

Against a total funded establishment of 8,153 wte across all staff groups, there was an average 8,508 wte staff in post in May (based on permanent staff plus additional hours worked and bank staff).

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.498m on medicines. Prescribing data and ISD phasing recommendations for 21/22 are not yet available. Based on e-prescribing data and previous reporting trends the GP prescribing position to May 21 is predicted to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Significantly higher drug prices will be experienced ongoing, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned saving schemes will remain diminished as workforce focus on Covid-19 services and patient care. Implementation of Freestyle Libre continues to exceed original forecast and funding provided. Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £0.640m. The main overspend is in Haematology which is over budget by £0.391m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.109m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The Ophthalmology overspend of £0.120m reflects a return to normal activity, as this service had an overspend pre-covid.

There is a separate New Medicines Fund/Horizon Scanning fund of £5m which has been in place for a number of years. This budget has been protected at £5m for the 2021/22 financial year and is expected to be committed in full on qualifying drug spend. Scottish Government has indicated that funding for New Medicines will be reduced by £2.0m this financial year. This has been factored into the financial planning for this year.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.146m. A significant element of overspend was on equipment for covid expenditure £0.444m and complex and critical services £0.104m. Overspend of £0.375m was reported against out of area UNPACS, with the remaining balance due to professional fees £0.272m.

5.5 Efficiency Savings

The unmet efficiency savings of £3.053m comprise unmet core savings of £0.777m and unachieved legacy savings for which we seek funding support of £2.276m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

Whilst, as part of our financial planning process, we have signalled our potential requirement for Covid-19 support (based on broad Scottish Government informed assumptions), funding will be informed following the Scottish Government formal quarter one review process. As part of our financial monitoring process it is reasonable to assume the spend to month 2 of £4.386m will be funded. The long Covid unmet savings to month 2 of £2.276m remains as a gap until the formal quarter one process is concluded. Separately Test and Protect costs incurred by HB retained of £0.657m to M2 will be match funded following receipt of a firm funding letter.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure.

6.2 Waiting List Funding

We anticipate waiting list funding based on our RMP3 submission however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

A funding letter has been received from SG which we are treating as an interim letter pending further clarity. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.837m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8.181m of the target (£4.015m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.656m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders need to operate within this reduced pay budget.

7.3 Table 6 summaries the position for the 2021/22 financial year.

Table 6: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to May £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,519	0	3,519	4,662
					0		0
Total Savings	21,837	8,181	13,656	3,519	0	3,519	4,662

8 Recommendation

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

- **Note** the reported core overspend of £0.780m for the 2 months to date
- **Note** the Covid-19 additional spend of £4.386m; and the £2.276m underlying unachieved 'long Covid' savings, to month 2
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.442m

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1 a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total
		£'000	£'000	£'000	£'000
May-21	Initial Baseline Allocation	712,534			712,534
					0
	Total Core RRL Allocations	712,534	0	0	712,534
Anticipated	Primary Medical Services		56,994		56,994
Anticipated	Outcomes Framework		4,166		4,166
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,091		2,091
Anticipated	Distinction Awards		193		193
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-39		-39
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-842		-842
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	FNP		1,276		1,276
Anticipated	New Medicine Fund		3,415		3,415
Anticipated	Golden Jubilee SLA		-24		-24
Anticipated	PCIF		5,440		5,440
Anticipated	Action 15 Mental Health strategy		884		884
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		152		152
Anticipated	Waiting List		6,700	7,100	13,800
Anticipated	Infant Mental Health		785		785
Anticipated	Public Health		755		755
Anticipated	NSD Adjustments		-5,005		-5,005
		0	75,774	7,100	82,874
Anticipated	IFRS			9,352	9,352
Anticipated	Donated Asset Depreciation			174	174
Anticipated	Impairment			500	500
Anticipated	AME Provisions			500	500
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526
	Grand Total	712,534	75,774	17,626	805,934

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Health Delegated Earmarked Reserve	Total	To M2	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740		740	0
Care homes	526			526
Urgent Care Redesign	935			935
Flu	203			203
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500		500	0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
Total	11,308	1,011	2,753	7,544

Appendix 2: Corporate Directories – Core Position

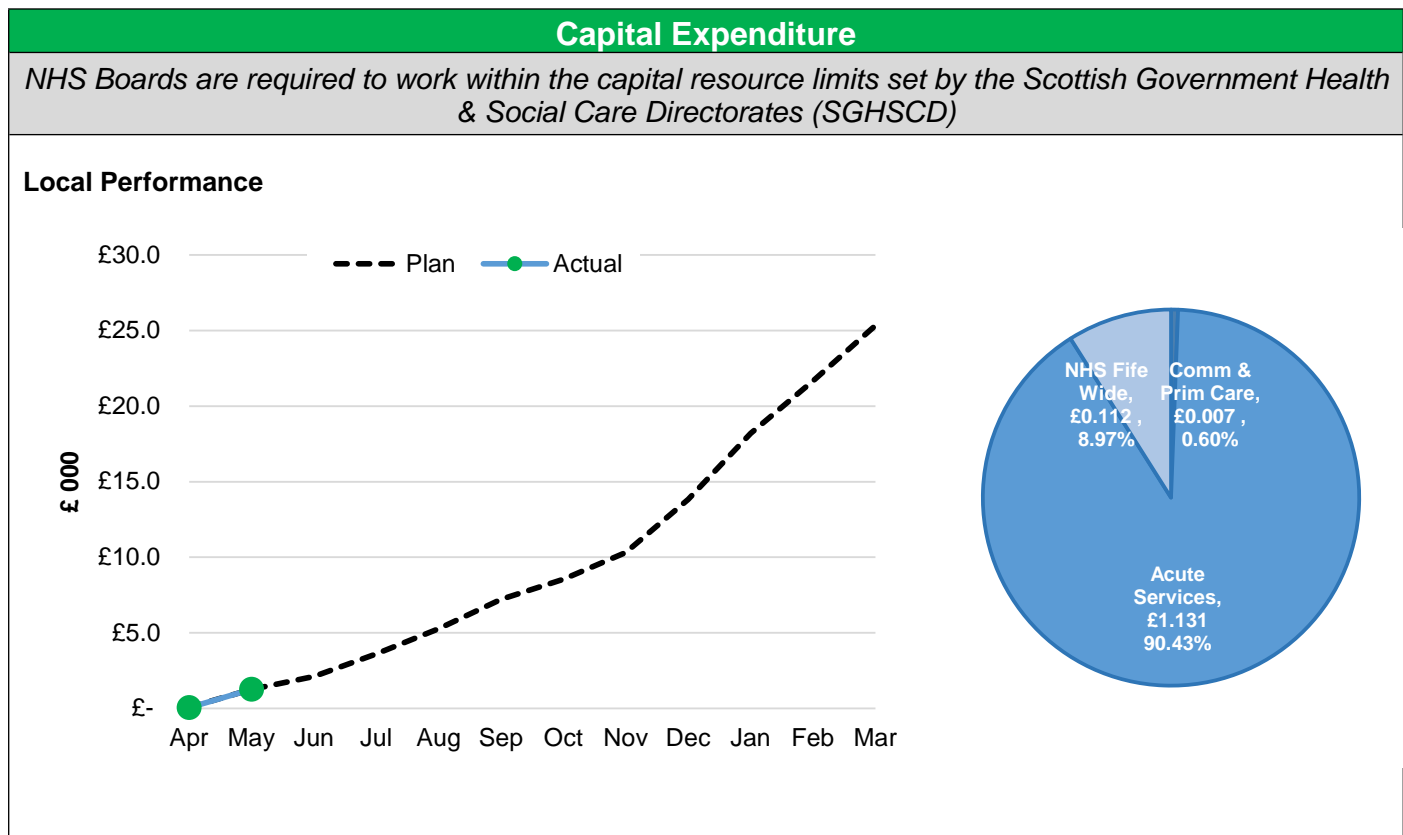
	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	10,794	2,057	2,133	-76
Nhs Fife Chief Executive	215	36	34	2
Nhs Fife Finance Director	6,287	1,052	991	61
Nhs Fife Medical Director	6,176	1,141	1,170	-29
Nhs Fife Nurse Director	4,072	704	602	102
Legal Liabilities	4,137	699	631	68
Early Retirements & Injury Benefits	822	137	112	25
Regional Funding	179	37	37	0
Depreciation	19,283	3,170	3,170	0
Nhs Fife Public Health	2,202	478	488	-10
Nhs Fife Workforce Directorate	3,156	709	673	36
Pharmacy Services	11,871	1,904	1,890	14
Total	69,194	12,122	11,931	191

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	17	16	1
Borders	45	8	9	-1
Dumfries & Galloway	25	4	9	-5
Forth Valley	3,227	538	628	-90
Grampian	365	61	46	15
Greater Glasgow & Clyde	1,680	280	274	6
Highland	137	23	16	7
Lanarkshire	117	19	42	-23
Lothian	31,991	5,332	5,215	117
Scottish Ambulance Service	103	17	16	1
Tayside	41,584	6,930	6,927	3
Savings	-1,500	-250		-250
	77,873	12,979	13,198	-219
UNPACS				
Health Boards	10,801	1,800	2,212	-412
Private Sector	1,249	208	261	-53
	12,050	2,008	2,473	-465
OATS	721	120	118	2
Grants	65			0
Total	90,709	15,107	15,788	-681

Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to May-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	42	0
Discretionary Points	162	0
Consultant Increments	368	0
Cost Pressures	4,317	195
Developments	2,198	0
Sub Total Financial Plan	11,281	195
Allocations		
Waiting List	9,414	0
AME: Impairment	500	0
AME: Provisions	540	0
Insulin Pumps	96	0
Community Pharmacy Champion	19	0
Sub Total Allocations	10,569	0
Total	21,850	195



1. Annual Operational Plan

The capital plan for 2021/22 is pending approval by the FP&R Committee in July and the NHS Fife Board thereafter. NHS Fife has assumed a programme of £25.319m being the normal routine capital allocation less £0.200m payback and the Elective Orthopaedic funding of £18.125m. NHS Fife is also anticipating allocations of HEPMA £1.1m, Mental Health Review £0.076m, Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

2. Capital Receipts

2.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – offer has been accepted subject to conditions.

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.251m this equates to 4.94% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£0.223m
Equipment	£0.169m
E-health	£0.102m
Elective Orthopaedic Centre	£0.758m

4. Recommendation

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

note the capital expenditure position to 31 May 2021 of £1.251m and the year end spend of the total anticipated capital resource allocation of £25.319m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	0	0	0
Statutory Compliance	310	0	310
Capital Equipment	72	7	72
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	382	7	382
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	18,125	758	18,125
Statutory Compliance	2,925	212	2,925
Capital Equipment	1,252	162	1,252
Clinical Prioritisation	0	0	0
Condemned Equipment	9	0	9
Total Acute Services Division	22,311	1,131	22,311
NHS FIFE WIDE SCHEMES			
Equipment Balance	481	0	481
Information Technology	1,000	102	1,000
Clinical Prioritisation	500	0	500
Statutory Compliance	95	0	95
General Reserve - Equipment	94	0	94
Pharmacy Equipment	205	0	205
Condemned Equipment	81	0	81
Fire Safety	60	11	60
Vehicles	60	0	60
Wash Hand Basin Replacement	50	0	50
Total NHS Fife Wide Schemes	2,626	112	2,626
TOTAL ANTICIPATED CAPITAL RESOURCE FOR 2021/22	25,319	1,251	25,319
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	0	1,100
Mental Health Review	76	0	76
Lochgelly Health Centre	517	0	517
Kincardine Health Centre	323	0	323
Anticipated Allocations for 2021/22	2,016	0	2,016
Total Anticipated Allocation for 2021/22	27,335	1,251	27,335

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	0	72	72
Condemned Equipment	0	0	0	0
Minor Capital	0	0	0	0
Covid Equipment	0	0	0	0
Statutory Compliance	0	0	310	310
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	0	382	382
Acute Services Division				
Capital Equipment	0	36	1,216	1,252
Condemned Equipment	0	0	9	9
Cancer Waiting Times Equipment	0	0	0	0
Minor Capital	0	0	0	0
Statutory Compliance	0	0	2,925	2,925
Elective Orthopaedic Centre	18,125	0	0	18,125
	18,125	36	4,150	22,311
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	0	-3,405	95
Fife Wide Equipment	1,805	-37	-1,288	480
Information Technology	1,000	0	0	1,000
Clinical Prioritisation	500	0	0	500
Condemned Equipment	90	0	-9	81
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	0	60	60
General Reserve Equipment	94	0	0	94
Pharmacy Equipment	205	0	0	205
Fife Wide Vehicles	0	0	60	60
Wash Hand Basin Replacement	0	0	50	50
Total Fife Wide	7,194	-37	-4,532	2,625
Total Anticipated Capital Resource 2021/22	25,319	0	0	25,319

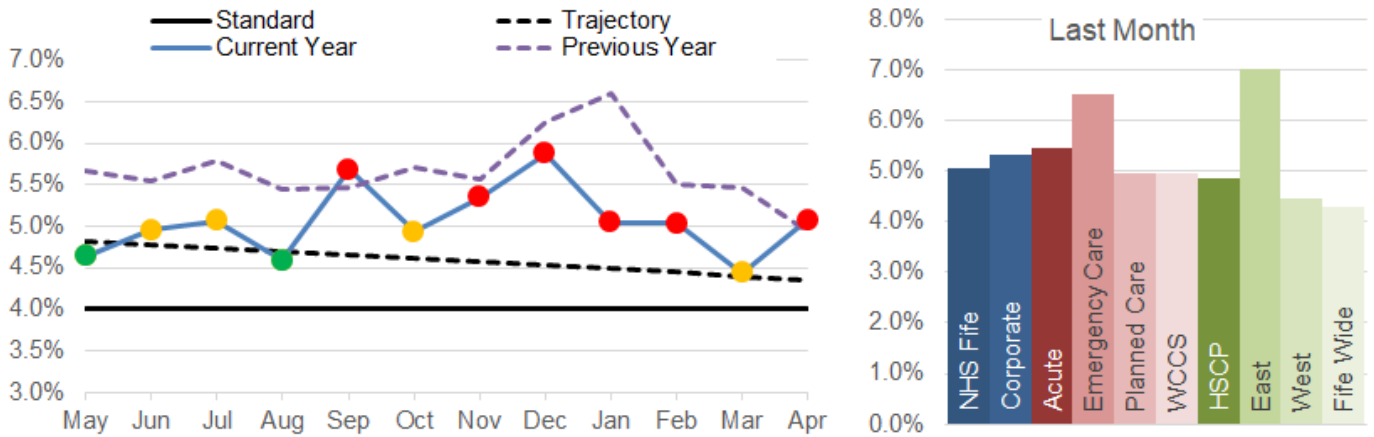
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Mental Health Review	76	0	0	76
Lochgelly Health Centre	517	0	0	517
Kincardine Health Centre	323	0	0	323
Anticipated Allocations for 2021/22	2,016	0	0	2,016

Total Planned Expenditure for 2021/22	27,335	0	0	27,335
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Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2021/22 = **3.89%**

Local Performance



National Benchmarking

Month	2020/21												2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
NHS Fife	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	
Scotland	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	0.00%	

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions	By Mar-22
There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.	By Mar-22
All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.	

MARGO MCGURK

Director of Finance and Performance

22nd June 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 July 2021
Title:	NHS Fife Workforce Information Overview
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Brian McKenna, HR Manager – Workforce Planning

1. Purpose

This is presented to Staff Governance Committee members for:

- Awareness

This report relates to:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

With reference to previous Staff Governance Committee discussion on the provision of workforce information to the Committee, it was agreed to add a new item to the agenda which provides a Workforce Information Overview at each meeting. This aims to meet the request from Committee members for information to provide context for specific topics on the Staff Governance agenda and aid the scrutiny and governance activity of the Committee. This paper includes the first iteration of organisational information for consideration.

This exemplar workforce information based on data available up to the last quarter (to 31 March 2021) has been produced for initial consideration, with the intention of producing a high level quarterly workforce report.

2.2 Background

As Committee members will be aware, there are several data sources and methods to produce workforce information to inform specific Staff Governance agenda items. The development of workforce management information capability within NHS Fife to produce workforce data for enhanced decision making has been progressing over recent months and has enabled the production of the requested high level overview for the Committee.

This activity is underpinned by the rollout of the Tableau dashboard and access to workforce statistics produced and maintained by National Education Scotland.

Appendix 1 attached to this report provides an overview of workforce information taken from a range of workforce systems which can now be generated through our Tableau reporting tool. Work continues with other Directorates to refine measures and consider additional data options for future systems developments.

Workforce information presented at different hierarchical levels appropriate to operational remit and purpose is available to managers as part of the systems rollout.

2.3 Assessment

2.3.1 Quality / Patient Care

Improved workforce information supports decision making to improve staff experience, which in turn benefits patient experience.

2.3.2 Workforce

The ability to produce timeous and relevant workforce information will support organisational ability to deliver our strategic workforce aspirations.

2.3.3 Financial

Investment in systems which generate comprehensive workforce information aims to reduce the work involved in local data generation.

2.3.4 Risk Assessment / Management

Information governance issues have been considered as part of the implementation of the Tableau reporting solution.

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

The systems development activity mentioned within this report is part of ongoing regional collaboration. The content of this report has been developed by the Workforce Information team in collaboration with colleagues in Digital & Information.

2.3.8 Route to the Meeting

This paper has been considered by the Executive Directors Group whose feedback has informed both the initial content of the Workforce Overview report and the future development of our workforce reporting capability.

2.4 Recommendation

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

3. List of Appendices

Appendix 1: NHS Fife Workforce Overview at 31 March 2021

Report Contact:

Brian McKenna

HR Manager – Workforce Planning

e-mail: brian.mckenna@nhs.scot

NHS FIFE WORKFORCE OVERVIEW REPORT
31 MARCH 2021

INTRODUCTION

The report provides an overview of workforce measures at organisational level. Work continues with other Directorates to refine measures and inform development of workforce data. This information is publicly available via the NES portal or is already routinely shared on a National basis.

Additional details, presenting information at different hierarchical levels, is available to managers to inform decision making within their areas of responsibility.

OVERVIEW

Table 1: NHS Fife Establishment 1 January 2021 to 31 March 2021

Summary Data: January 2021	Summary Data: February 2021	Summary Data: March 2021
<div>Staff in Post</div> <div>7,423</div> <div>WTE</div> <div>10,109</div> <div>Headcount</div>	<div>Staff in Post</div> <div>7,552</div> <div>WTE</div> <div>10,278</div> <div>Headcount</div>	<div>Staff in Post</div> <div>7,615</div> <div>WTE</div> <div>10,330</div> <div>Headcount</div>

Table 2: Age Profile of NHS Fife Staff as at 31 March 2021

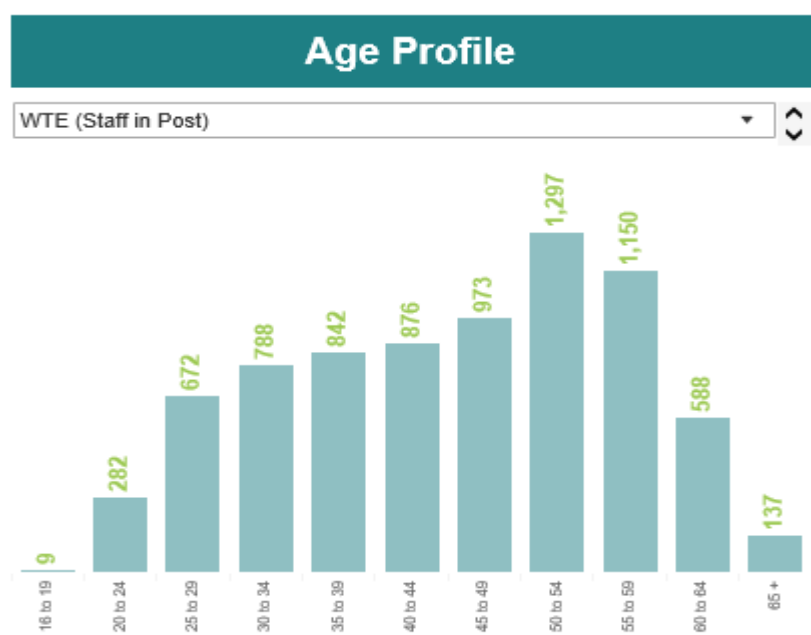


Table 3: NHS Fife Leavers and New Starts / Establishment Gap as at March 2021

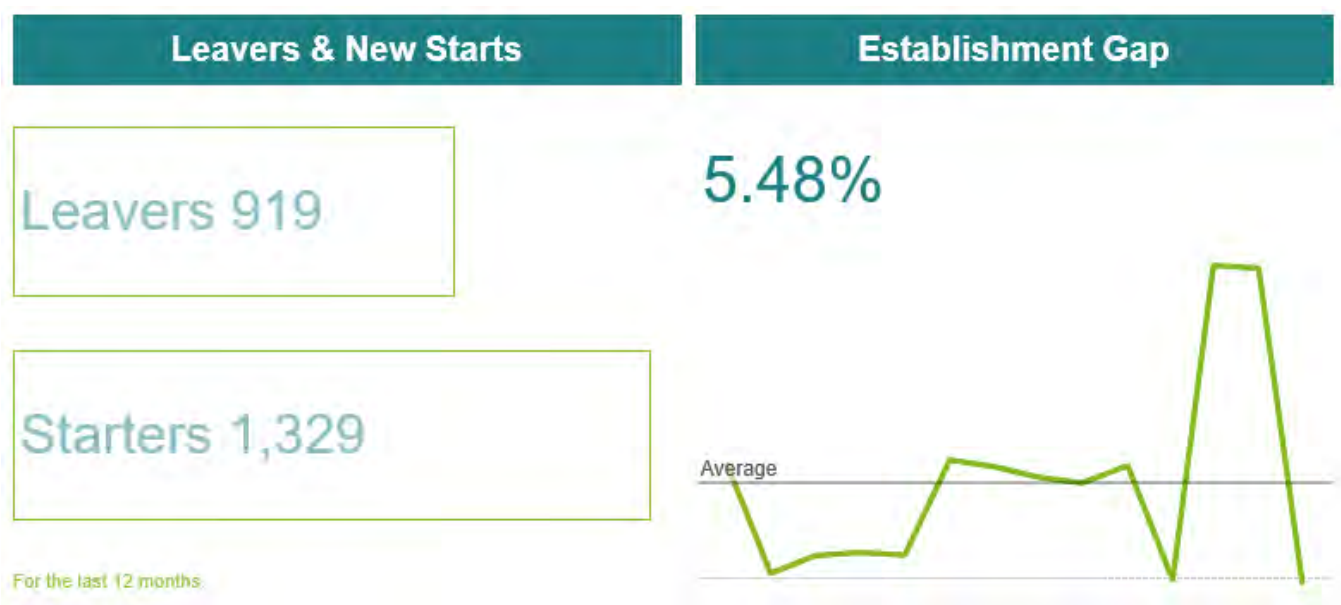


Table 4: NHS Fife Workforce Composition as at 31 March 2021

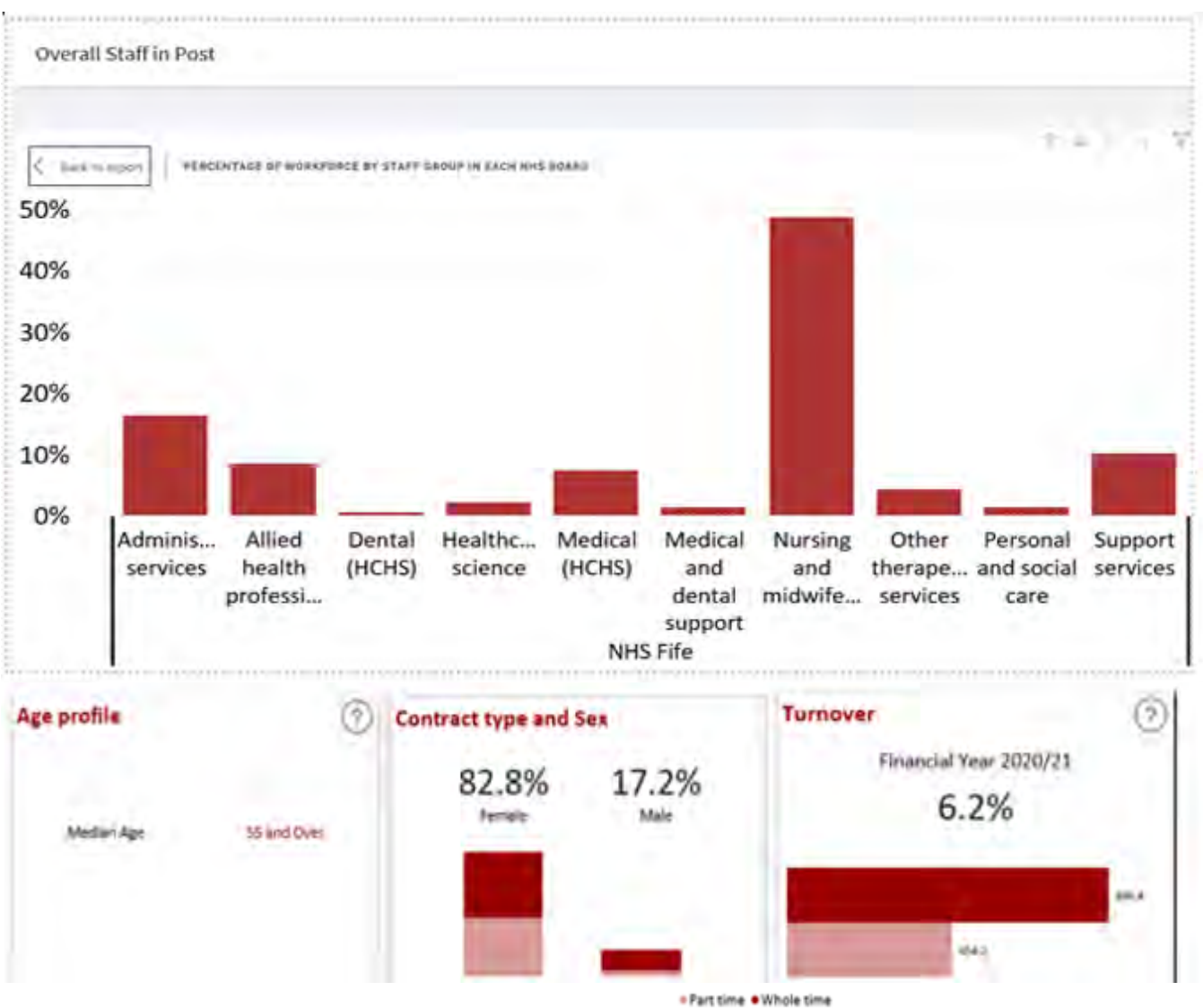
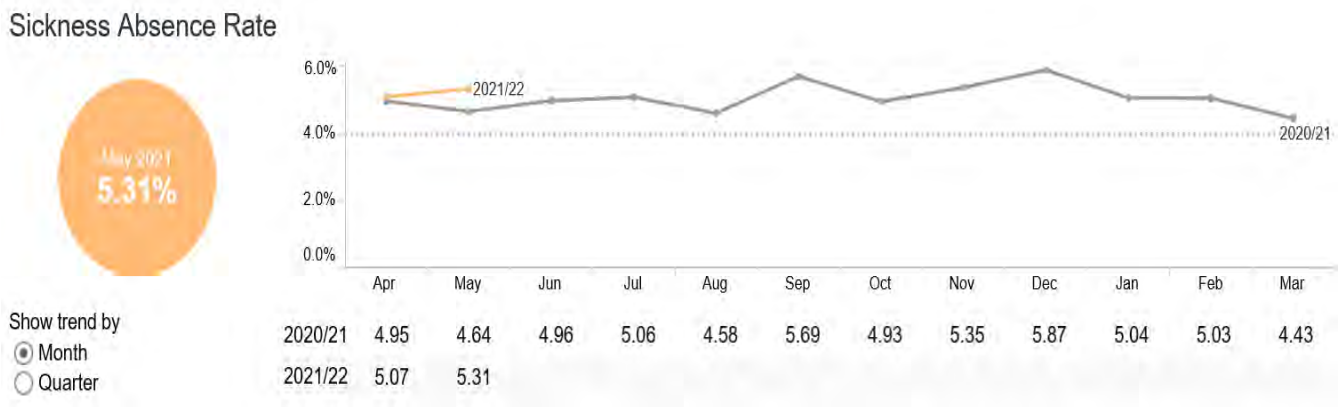


Table 5: NHS Fife Sickness Absence Rates



Workforce Information Glossary of Terms

Visualisation	Reference	Definition
NHS Fife Establishment	Whole Time Equivalent (WTE)	WTE hours are 37.5 hours per week for staff covered by the Agenda for Change agreement or 40 hours per week for Medical and Dental staff
Establishment Gap	Funded Establishment	WTE of staff funded per staff location. FE with no allocated staff in post (mapped to cost code and job family) is not included.
Staff Group	WTE	Percentage breakdown of staff per functional staff groups, contract type by male / female.
Turnover	Headcount	Percentage of employees leaving NHS Fife in the Financial Year 2020/2021.
Sickness Absence	Percentage	Sickness absence rate by month

**UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD
ON WEDNESDAY 19TH MAY 2021 AT 13:30 PM VIA MS TEAMS**

Chair: Carol Potter, Chief Executive

Present:

Sharon Adamson, Royal College of Nursing	Kirsty MacGregor, Head of Communications
Indranil Banerjee, British Medical Association	Wendy McConville, UNISON
Kirsty Berchtenbreiter, Head of Workforce Development	Neil McCormick, Director of Property & Asset Management
Wilma Brown, Employee Director	Margo McGurk, Director of Finance & Strategy
Jim Crichton, Divisional General Manager, Health & Social Care Partnership	Chris McKenna, Medical Director
Valerie Davis, Royal College of Nursing	Alison Nicoll, Royal College of Nursing
Claire Dobson, Director of Acute Services	Louise Noble, UNISON
Linda Douglas, Director of Workforce	Janette Owens, Director of Nursing
Kevin Egan, UNITE	Lynne Parsons, College of Podiatrists
Simon Fevre, British Dietetic Association	Sandra Raynor, Senior HR Manager
Maryann Gillan, Royal College of Midwives	Kevin Reith, Deputy Director of Workforce
Neil Groat, Society of Radiographers	Jim Rotheram, Head of Facilities
Paul Hayter, UNISON	Jillian Torrens, Senior Manager - Mental Health & Learning Disability Services
Joy Johnstone, Federation of Clinical Scientists	Andrew Verrecchia, UNISON
Roddy Macewan, British Orthoptic Society	Rhona Waugh, Head of Human Resources
	Mary Whyte, Royal College of Nursing

In Attendance:

Ruth Lonie, Communications Manager (Communications Presentation)
Janet Melville, Personal Assistant (Minutes)

Actions

WELCOME AND APOLOGIES

C Potter welcomed everyone to the meeting and noted that apologies had been received from: N Connor (J Crichton attending), S Garden, C Lim and D Milne.

29/21 MINUTES OF PREVIOUS MEETING AND ACTION LIST

The minutes of the meeting held on 24th March 2021 were accepted as a true and accurate record.

In relation to the one outstanding action, M McGurk acknowledged that a date hasn't yet been set for the remobilisation/ strategy development workshop; however, it was agreed that late Summer 2021 would be an appropriate time.

30/21 MATTERS ARISING

There were no matters arising that were not on the agenda.

31/21 FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT

M McGurk gave an overview of the report which indicates an underspend financial position as at 28th February 2021; however having concluded the financial year 2020/21, the forecast outturn is in effect, breakeven. M McGurk explained that the whole of the financial year has been more complex than normal, given the resourcing of the COVID-19 response, the Health & Social Care Partnership (H&SCP) position, and standing services down and back up again.

M McGurk was pleased to report that the capital position at month eleven signifies that NHS Fife is on track to fully deliver the capital programme. The business case for the Elective Orthopaedic Centre has been signed off; and the build is making good progress, especially taking into account the COVID-19 restrictions the contractors are operating around.

APF **noted** the report.

32/21 ACUTE SERVICES UPDATE

C Dobson advised that Acute Services continues to be extremely busy although the COVID-19 position is much improved with few hospitalised cases. Critical Care is operating within existing capacity and maintaining all flows. There is significant demand on the Emergency Department; attendance is very high, resulting in increased admission rates to hospital and posing a challenge to maintain capacity and flow. Work is ongoing with H&SC colleagues in relation to Discharge Support and with Urgent Care flow and Redirection. The Elective Orthopaedic Centre build is well underway: patients have been moved to alleviate the impact of noise and vibration from the piling work. C Dobson indicated that Acute Services are working closely with H&SC colleagues to best manage the care of these patients despite staffing challenges. Outpatient and elective programmes have remobilised, with pathways maintained at Queen Margaret and Victoria Hospitals.

C Dobson highlighted that at the recent Acute Services Local Partnership Forum (LPF) meeting, it had been agreed that careful consideration needs to be given to the impact of recovery and remobilisation with respect to the health and wellbeing of staff, particularly in the context of demand for services. A concern has also been raised around the Staff Lateral Flow Testing system and interface, notably in relation to questions around gender and recording of test results.

APF **noted** the update.

33/21 HEALTH & SOCIAL CARE UPDATE

J Crichton advised that the reconfiguration of H&SC services will 'go live' on 5th July 2021 giving the three new Heads of Service, who commence on 7th June 2021, time to settle in and meet their teams. The Principle and Professional Social Work Officer post is currently out to advert. There have been positive discussions and engagement with staff in relation to the extended leadership team restructuring including briefing notes and open events, and good support from HR and staff side colleagues with the proposed changes.

The first H&SCP LPF Annual Report has been prepared in collaboration with

LPF colleagues. The report is to be presented to the Integrated Joint Board (IJB) in June 2021. H&SC staff are supporting the opening of Ward 3; currently no AHP cover, however patients are at the end of their rehab journey. The Seasonal Flu and COVID-19 Vaccination Programme Board has commenced this week to prepare the Action Plan. Preparations are underway for the forthcoming, but delayed, Adult Protection Inspection; no major issues have been identified.

APF **noted** the update.

34/21 REMOBILISATION PLAN 3 UPDATE (RMP3)

M McGurk was pleased to update that the RMP3 received positive feedback from the Scottish Government (SG) together with their overall approval of the plan. The SG identified key corporate priorities for NHS Fife, including Infection Prevention and Control, Acute Services, Mental Health and Community Services and to fully integrate across all aspects of Health and Social Care. NHS Fife's use of innovation and technology was commended. Additional detail was requested around the financial position, given the significant savings challenge going forward. C Potter advised that feedback from the Board on the all encompassing document was also very positive.

This led to a fulsome discussion during which W Brown raised a concern that there isn't currently the usual level of staff side engagement around service redesign as services remobilise, in particular there is a lack of communication regarding, and involvement with, remobilisation, redesign and new projects work going on apace, as NHS Fife moves from 'living with COVID-19' to 'Business as Usual'. There was also apprehension in relation to staff having sufficient time for rest and recuperation prior to services being stood up and tackling the backlog of patients. W Brown observed that the Remobilisation Oversight Group (ROG) has been disbanded, where previously such topics could be raised and staff side kept informed. M McGurk advised that a corporate Programme Management Office (PMO) is being set up to coordinate and communicate projects across NHS Fife & H&SCP.

L Douglas explained that the Agile Working Group (with representation from management and staff side colleagues) had been established to plan and implement a safe return to the workplace as COVID-19 restrictions ease, and into the future. N McCormick recognised that COVID-19 had actually accelerated the instigation and increased use of technologies and opportunities had arisen to improve and use alternative ways of working to enhance services. S Fevre queried whether the SG is providing any additional support to address the backlog of surgery/ cases/ diagnoses. M McGurk indicated that additional finance has been negotiated but securing additional staffing resources is more challenging. L Douglas acknowledged that workforce challenges faced pre-COVID-19 remain although every effort is being made to ensure there are sufficient staffing levels. C Dobson indicated that following on from discussions with SG, it is anticipated there will be a national approach to remobilisation. J Owens advised that a large number of adult and mental health nurse students have applied for posts in NHS Fife following positive placement experiences last year.

It was acknowledged that these staffing challenges were ongoing with no immediate/ quick fix resolution and further discussion will take place.

APF **noted** the update.

35/21 UPDATE ON DEVELOPING THE NHS FIFE POPULATION HEALTH AND WELLBEING STRATEGY

C Potter indicated that this new strategy is looking 3/5/10 years ahead, setting out the vision on the shape of future health services and care for Fife. The aim is to produce a meaningful document that will explain how the wider health and wellbeing of the population of Fife will be supported, with a focus on prevention rather than cure. Key areas will include poverty, inequality, harm, mental and physical wellbeing. There will be more of a role in relation to collaboration with Fife partners: H&SCP, Fife Council, Scottish Enterprise, Skills Development Scotland, Universities and Colleges; and engagement with key stakeholders including staff and the public.

M McGurk advised that the strategy would be underpinned with appropriate strategic frameworks. M McGurk suggested that this strategy could also be discussed at the workshop later in the summer.

APF **noted** the update.

36/21 WORKFORCE

a. Joint Interim Workforce Plan for 2021/2022

R Waugh thanked APF colleagues for their contribution to the development of the Joint Interim Workforce Plan 2021/22 (the Plan). The Plan includes the information generated from the SPRA process for the first time and a large section on staff health and wellbeing priorities. The Plan incorporates short term issues: the response to COVID-19, Test & Protect, Vaccination workforce; medium term drivers including longer-term COVID-19 issues, Urgent Care, Waiting Times; as well as Transformational Change and Lessons Learned from the pandemic. Feedback from the Scottish Government is awaited following submission on 30 April 2021. The content of the Plan will inform the development of the Workforce Strategy 2022/25.

R Waugh advised that the NHS Fife Strategic Workforce Planning Group met yesterday (18 May 2021) where workforce supply and demand issues; the ability to recruit to unregistered workforce; opportunities for new and developing roles such as the Band 3 and 4 HCSWs; and Physicians Associates programme topics were discussed.

b. NHS Fife Workforce Strategy Development 2022/2025

K Reith advised that development of the Workforce Strategy 2022/25 will be an extremely important piece of work given the current agenda and environment. Development of the Strategy will run in parallel and be complementary to the development of the Population Health & Wellbeing Strategy and take input from our strategic priority and resources allocation (SPRA) work. The timescale for development of the Workforce Strategy will ensure it goes timeously through the governance route and is ready for publication by 31 March 2022. Substantial engagement from LPF and APF colleagues as well as the Strategic and Operational Workforce Planning Groups is requested during the drafting of the document.

C Potter brought to the Forum's attention 'Anchor Institution' the ethos of which is that a large organisation such as NHS Fife should contribute and make a difference to the local community by, for example, offering

quality work opportunities, alongside its main role of providing health services. C Potter circulated the Anchor Institution infographic to the Forum. C Potter suggested that she and M McGurk, with a representative from Public Health give a brief presentation on Anchor Institution at a future APF staff side meeting.

APF **noted** the reports.

37/21 EAST REGION PROGRAMME BOARD

C Potter reported that at the last meeting, the main areas of focus regionally are: Diabetes work, Haematology, a proposal on a regional Formulary, ongoing Health Protection service adjustments and possible changes to Endoscopy services.

a. Recruitment Services

S Raynor recapped that six Boards (HIS, NES, SAS, Borders, Fife, and Lothian) are joining in a regional (single employer, multiple location) recruitment service, with NHS Lothian the lead/ host employer. It is currently in the implementation phase: three workstreams have been created - Service Delivery, Systems (JobTrain etc) and People – with representation from each Board on each workstream.

The anticipated transfer date for the roles impacted is 1 June 2021; the organisational change process will follow. There will be a soft launch and phased implementation of the new service for all Boards; Fife is in phase 2 or 3 (October 2021 - January 2022). There has been engagement with staff affected from all Boards and staff side, including sharing of job descriptions and structures. FAQs have been developed in relation to TUPE arrangements. A Shared Service Agreement for all six Boards will come to each Board for local governance approval. Sessions are being arranged within the Workforce Directorate for recruiting managers to prepare them and ensure readiness to engage with the new service model, covering standard operating procedures and Jobtrain.

APF **noted** the updates.

38/21 STAFF HEALTH & WELLBEING (INCLUDING PROMOTING ATTENDANCE)

Staff Health and Wellbeing Update

R Waugh highlighted wellbeing activities from the report:

- Inspiring Kindness Conference being held on 26 May 2021 – 100 individuals have so far registered to attend the online event which has a good range of speakers and workshops.
- Mindfulness Courses – remain incredibly popular – an additional course is being held for those currently on the waiting list and there are also ‘drop in’ sessions. Participants are keen to practice the approach and the positive course feedback is thought-provoking in terms of individuals’ experience.
- Psychology Service – is offering additional support sessions for managers (to draw attention to the health and wellbeing activities and initiatives available for staff) as the initial dates were oversubscribed. The sessions will also be recorded and posted on StaffLink.

- Peer Support and Reflective Practice sessions are being led by Sharon Doherty, Consultant Psychologist.
- Staff Health & Wellbeing Group – R Waugh is amazed by the enthusiasm and commitment from group members to offering a wide range of health and wellbeing initiatives and support for all staff - and hoped the good work can continue.

Sickness Absence

R Waugh advised the report includes the data for the financial year 2020/21, indicating an overall Board absence rate of 5.04% which is an improvement on the previous year. Additional information on trends and reasons for absence can be found in the report, including COVID-related absence which accounts for 1% of the NHS Fife workforce. Anxiety, stress and depression remains the top reason for absence. R Waugh offered to share a report on the input of the additional Occupational Health Mental Health support at a future APF. R Waugh also reported that good progress is being made with cases at Review & Improvement Panels; and the Once for Scotland Policy sessions have been well-attended and well-received.

RW

S Fevre sought reassurance that the Staff Health & Wellbeing Hubs, some of which are currently situated in clinical areas, won't be lost once services fully resume. C Potter advised that monies would definitely be made available to provide support for staff health and wellbeing going forward; and R Waugh and N McCormick confirmed there is a commitment to provide permanent locations for the staff hubs.

APF **noted** the updates.

39/21 STAFF LATERAL FLOW TESTING UPDATE

R Waugh advised that staff Lateral Flow Testing (LFT) is being promoted on StaffLink and participation encouraged through the Chief Executive Briefing. The LFT kits are now available for all staff, not only those on the 'frontline'. Noting that NHS Fife has a low number (currently only 20-22%) of the eligible NHS Fife workforce recording their test results through the national system, R Waugh requested Forum members encourage the uptake and recording of test results and that members cascade this message to their teams. It was recognised there have been some issues with registering and accessing the system and with inputting data; it is hoped the development of an app will alleviate the difficulties with the current portal, although these developments may take some months. R Waugh welcomed suggestions for improving uptake. A formal plan has been prepared for consideration at EDG prior to submission to the Scottish Government by 28 May 2021.

APF **noted** the update.

40/21 STAFF GOVERNANCE ANNUAL MONITORING RETURN (SGAMR) 2020/21

S Raynor advised that the SGAMR template will now be issued on 21 May 2021 with a return date of 21 September 2021. The template will be shared with key stakeholders and with members of the APF. S Raynor has been invited to attend the next Staff Side APF (June 2021) to discuss populating the template content. The draft populated template will be brought to the next APF (July 2021) for comment. S Raynor noted that this year's return is only looking for information and assurance where there might be gaps in that

SR

already provided over 20/21 to Scottish Government (SG).

APF **noted** the update.

41/21 EMPLOYEE RELATIONS UPDATE

S Raynor summarised the report which indicated an improved position from the previous three months; including no 'paused' cases, with the caveat that not all cases are being addressed in line with policy timescales, given the impact of the continued COVID-19 context.

APF **noted** the update.

42/21 COMMUNICATIONS

K MacGregor gave a brief presentation on StaffLink, highlighting that it was launched in April 2020 as a replacement for the Intranet with the additional app functionality and compatibility with mobile devices. It is open to all staff and as at end March 2021 there were 9,500 staff accounts with 78% active users. Staff can add posts and comments to the newsfeed and a Hub is the area where e.g. policies, procedures and guides are located. K MacGregor acknowledged that the system could be more intuitive and streamlined: plans are in place to develop and improve the user experience and to address recurring issues e.g. locating policies and specific items on the newsfeed. K MacGregor agreed to meet with staff experiencing such difficulties.

KM

The contract with Blink (supplier of StaffLink) is extended to May 2022 and NHS Fife Comms Team are working with Blink to roll out enhanced functionality. Bitesize Hints and Tips guidance will be prepared to enable staff to make the most of the platform. It is planned to create and train a network of StaffLink Administrators who will be responsible for their own dedicated team area on the platform. A virtual 'Staff Room' is under development which will house Staff Discounts, Retiral Notifications, Team Fife Community Spirit. In addition, an internal communication survey will be undertaken.

APF **noted** the update.

43/21 HR POLICIES

S Raynor explained that the four policies with the tracked changes had been approved by the HR Policy Group. W Brown asked, in relation to the statistics incorporated into HR49 – Menopause Policy and Guidance for Staff and Managers, whether the statistics should be included as they are currently. W Brown also suggested including FAQs within HR48 - NHS Fife Voluntary Retirement and Return to Part-time Working Policy to ensure consistency of approach. Agreed this work would take place and be issued in due course to support the updated policies. In addition, it was agreed it would be beneficial to consider additional support to ensure managers are confident in applying policies as they are intended.

APF **approved** the policies, notwithstanding the comments made.

44/21 ITEMS FOR NOTING/ INFORMATION

The following items were **noted** for information by APF:

- a. H&SCP LPF – Confirmed Minutes of (i) 10th March 2021 and of (ii) 24th March 2021
- b. NHS Fife Staff Health & Wellbeing Bronze Group – Confirmed Minutes of 10th March 2021
- c. LNC – Unconfirmed minutes of 17th February 2021
- d. Scottish Government Letter of 1st March 2021 on the Establishment of a National NHS Minority Ethnic Network
- e. Once for Scotland Workforce Policies – Home Working Policy Consultation June/July 2021
- f. Scottish Government Letter of 30th March 2020 on TUC Dying to Work Charter

45/21 AOB

C Potter wished to note her thanks to everyone for their continued efforts, particularly during the last rollercoaster of a year.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 21st July 2021 at 13:30 hrs via MS Teams.



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

WEDNESDAY 15 MAY 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Andrea Smith, Lead Pharmacist, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Craig Webster, NHS Fife Health & Safety Manager
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Helen Hellewell, Associate Medical Director, H&SC
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kenny McCallum, UNISON
Lynn Barker, Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Sharon Adamson, RCN
Susan Young, Human Resources, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Eleanor Haggett, Staff Side Representative
Norma Aitken, Head of Corporate Services
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 14 April 2021	
	The Minute from the meeting held on 14 April 2021 was approved.	
2.2	Action Log from 14 April 2021	
	The Action Log from the meeting held 14 April 2021 was approved.	

3 JOINT CHAIRS UPDATE

Nicky Connor updated those present on the Adult Protection Inspection which began in Fife this week and will take place over the next 13 weeks. This will include Social Work, Health and Police.

The inspection will look at several areas including -

- Case File Review of 50 open cases.
- Review of 40 cases, where people were referred but did not meet the criteria threshold.
- Key Document Review.

Information will be provided via –

- Position Statement.
- Staff Survey.
- Focus Groups.

Once the Inspection has concluded a final report will be provided (around July / August 2021). Nicky chairs an Inspection Oversight Board which will meet regularly during the inspection period.

4 FINANCIAL UPDATE

Nicky Connor advised that the end of year position still has to be finalised, information is awaited from Fife Council and NHS Fife. As planned savings have been fully funded there is a carry forward from the previous financial year and the Reserves Policy has been enacted for the first time. Clarity is being sought on funds in the Reserves Policy on what has been earmarked for projects and what can be utilised.

Discussion took place on the post-election implications for H&SC funding, at present this information is not available but an update will be provided at the next LPF meeting.

AV

5 SLT UPDATE

Nicky Connor had provided a report which was circulated on Tuesday 11 May 2021.

This report is the outcome of significant consultation / engagement undertaken since September 2020 to review and define the SLT, overarching structure and the process of change that will take place over the coming months in line with the principles of employee transfer and organisational change policies.

This report aligns to the Integration Joint Board five strategic priorities:

This change will support all areas in the strategic plan with specific reference to supporting integration and best alignment of the assets.

Report has been developed following significant engagement with the Senior and Extended Leadership Teams and IJB Development Sessions between September 2020 and March 2021. The co-chairs of the LPF are invited to all Extended Leadership Team and Integration Joint Board Development Sessions.

5	SLT UPDATE (Cont)	
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The Partnership budget is £580m (approx) and workforce is 6,000 (approx) between NHS Fife and Fife Council employed staff and upto 10,000 people when considering the independent and voluntary Sectors.

The IJB and HSCP were established in 2015/16. At that time operational structure was based on Geographical Delivery for East, West and Fife Wide Division. Considerable feedback has been received that this structure is no longer fit for purpose with inconsistency in size and scale of divisions, duplication of functions, the need to increase pace and scale of locality working and a focus on prevention. There has been significant SLT turnover and a need to put in place interim arrangements to provide leadership over the COVID-19 pandemic. This has provided an opportunity to consider the leadership and structure required to support the delivery of integration in Fife.

Structure review undertaken in consultation and engagement with the Senior and Extended Leadership Teams between September 2020 and March 2021 and medium-term change plan which will be progressed between now and 2024.

Phase 1: 2021 – SLT stability, overarching structure implemented, establish the Extended Leadership Team. Supporting safe and robust transitions between June – September 2021 to help create the identity of a one HSCP approach as well as being hosted within a portfolio of services. Will be consolidated between September 2021 – December 2021 and also support engagement in bringing forward proposals by December 2021 to inform the thinking for Phase 2.

Phase 2: 2022-2024- Programme of transformational change including reviewing further aspects of leadership and service delivery and establishing locality working. It is anticipated that there will be multiple transformation programmes over this timeframe and we will be prioritising these in coming months to outline a road map between 2022-2024.

This paper focuses on Phase 1 of this plan. Primarily relates to changes in Line Manager for staff that are direct reports to the SLT and subsequently the services they provide to align them to the one of the following portfolio's integrated operational services, business enabling services or professional standards. Work will be progressed in the coming months to ensure that we support the culture of systems leadership and ensure there are key connections across all service delivery areas. Embedding this in practice will be a significant priority for 2021.

The Extended Leadership Team has produced a series of Success Statements which will be reviewed, updated and shared with the LPF at a future meeting.

Nicky covered the two new roles which are being established – Principle Social Work Officer and an Organisational Development post (title to be confirmed).

5	SLT UPDATE (Cont)	
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Information on both of these posts will be shared with LPF co-chairs as it becomes available.

Nicky thanked the three Interim Division General Managers for the work they had done over the past year. Debbie Thompson echoed these thanks.

On 7 June the three new Heads of Service will take up their posts on a permanent basis. On that date Lynne Garvey will become Head of Community Care Services and Fiona McKay will return to her substantive post of Head of Head of Strategic Planning, Performance & Commissioning. Jim Crichton will leave the Partnership in June 2021..

The review of SLT concluded the need for Senior Leadership Support for the following functions:

- Operational Management and Service Delivery
- Professional Leadership & Quality Standards
- Business Enabling & Support Functions

Staff affected by the changes will receive confirmation in writing, in line with HR Policy and be given the opportunity to meet and discuss this in group and individual settings.

Nicky met with the LPF co-chairs last week and this report was updated to reflect the discussions which took place. These included the addition of an EQIA, information being included on previous and Covid-19 structures, a timetable for the change process, clarity on the scope of change and information on planned communications.

Debbie Thompson expressed her thanks for the early inclusion of trade unions in this process and asked that it be kept under review as it progresses.

Comments or concerns on this paper should be raised via co-chairs.

ALL

6	HEALTH AND SAFETY UPDATE	
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Craig Webster updated on the current position with see-through face masks. At a national level, it is expected that appropriate masks will be available, they will not be piloted but feedback will be collated for the manufacturer. Sharon Adamson asked if these masks were lint free, due to health concerns for asthmatic users. Craig advised all masks are made from spun plastic, but he will pick up concerns raised. These will be available to order through PECOS.

Work is ongoing with the National Infection Prevention Control Manual which is used in Acute settings and how this could link to risks in Primary Care settings. Health and Safety are working with Occupational Health and Infection Control on this.

Fit testing of face masks has now reduced to one scheduled clinic per week but can be reinstated if there is a need in the future.

6	HEALTH AND SAFETY UPDATE	
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Discussion took place on the continued wearing of masks by employees, the impact on absence of mask wearing and the need to refer health issues relating to mask wearing to Occupational Health.

Nicky Connor, Kenny Grieve and Craig Webster met recently to discuss the remobilisation of the Health & Safety Forum. As the restructure of SLT progresses, this could mean a fairly large reconfiguration is needed to ensure this group continues to cover issues appropriate. A meeting with SLT is taking place in June 2021. A proposal on this will come to a future LPF meeting.

Kenny Grieve advised that his team continue to support services and are now attending monthly Service Manager meetings. Information on the number of H&S incidents was provided to Jim Crichton for inclusion in the Annual Report.

7	COVID-19 POSITION	
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Current Position

At present there are significant pressures within Victoria Hospital, Kirkcaldy, but these are not directly related to Covid-19. They may be associated with the effects of people not attending hospital due to the pandemic. Both Primary Care and Acute are engaging with the partnership to find the best solution for this. Fiona McKay and Lynne Garvey have been in almost constant contact on this issue. Ward 3 at Queen Margaret Hospital, Dunfermline is to be reopened to alleviate some of the pressure. Work is ongoing with internal and external care providers to create capacity. There is currently no Covid-19 in Care Homes or H&SC wards.

Simon Fevre asked that staff communications be updated regularly to ensure staff are aware of pressures and potential need to redeploy staff.

Staff Testing

Lynne Garvey advised that since the last LPF we have maintained our position as an outlier on staff testing. Rhona Waugh, NHS Fife is leading on this and regular meetings are held with Scottish Government to discuss the steps being taken. An Improvement Plan is in place and work is ongoing regarding bulk uploading of results, which currently happens in Care Home settings.

Fiona McKay advised that the position is similar in Social Care settings, although more staff are using PCR testing. Recently 5 staff tested positive for Covid-19 (mix of internal and external providers). This cluster is being managed in conjunction with Public Health and support is being provided.

Debbie Thompson asked if an update on staff vaccination rates was available and if clusters of C-19 were within vaccinated or unvaccinated staff. Fiona McKay advised that figures were not currently available on this as it is voluntary. Outbreaks seem to be with unvaccinated staff.

NO	HEADING	ACTION
7	COVID-19 POSITION (Cont)	

Issues Relating to Long Covid

A paper on this had been drafted by Elaine Jordan and Susan Young and was circulated prior to the meeting.

Fife Council

- Currently 4 Council employees recorded against Coronavirus under sick leave or under Paid Public Health Advice, who have been off for more than 12 weeks which is the definition of Long Covid by NICE.
- Initially all absences relating to Covid were managed through paid special leave (again this was agreed prior to any clinical definition of long Covid).
- Early this year CET agreed that when an absence reaches 12 weeks (which would be defined as post-Covid syndrome) normal absence management/sick pay provisions will start to apply. The approach was shared with TUs prior to agreement at CET.
- Our policy allows managers to exercise discretion in terms of trigger levels and we have asked managers to seek advice from HR.
- SJC terms and conditions allow for extensions of sick pay. This provision was not used as far as we are aware pre-Covid but we have made Services aware that this is available where appropriate and following discussions with HR.
- Scottish Government is revising the Fair Work Statement.
- Expectation is that if COSLA Leaders sign up to the revised statement then we will adopt it locally.
- Discussions continue nationally and Trade Union colleagues will be aware as they are involved with COSLA. Nationally UNISON, Unite and GMB are all involved.
- The normal support services are available for employees and managers to access. There are a wealth of resources available to support the attendance, health and wellbeing of the workforce. Occupational Health advice is case specific. The provider will depend on the same emerging national clinical information as the GPs who provide the clinical advice to the employee. Managers will also continue to be guided by advice sourced through Occupational Health.

NHS Fife

- NHS Fife SSTS system has a 'Coronavirus special leave - long covid' absence code descriptor and there were 13 employees recorded with long term absence assigned to this code in April 2021. The SSTS descriptor is relatively new and there is therefore limited data available.

7 COVID-19 POSITION (Cont)

Issues Relating to Long Covid (Cont)

- There is general information on the NHS Inform website <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-longer-term-effects-long-covid>
- The NHS Scotland attendance management policy outlines various supports and this guides managers to ensure employees are appropriately supported during ill health episodes. Long covid absences are recorded as special leave and do not therefore have a detrimental impact on pay.
- NHS Fife Occupational Health department has advised that across Scotland the SOPG has in general not seen a significant long covid issue. Occupational Health consultations will draw on what the individual person needs most, be it psychological support, physio or OT. Long covid is not a clear cut defined illness as such it is a diverse picture and so meeting individual needs will also require a varied range of expertise. Occupational Health continue to signpost employees to appropriate supports.

Helen Hellewell advised that multi-disciplinary work was being undertaken in line with a Scottish Government ask. Long covid does not require support from one specific service, rather a timely, person-centred pathway into the appropriate services is needed. There has not been an implementation date agreed for introducing the new care pathway. Decisions on what will be prioritised have still to be finalised.

8 RETURNING TO THE WORKPLACE

Within the NHS the Agile Working Group continues to meet weekly. Feedback is anticipated from the group. Proposals will require EDG sign off before implementation and guidance on the use of communal areas and meeting rooms is being drafted.

Fife Council Managers recently received information on future flexible workstyles and results from a recent employee survey. They have been asked to complete feedback forms and these will shape discussions with Services on staff returning to the workplace.

Discussion took place around risk assessments, ensuring staff continue to wear masks and social distance, how best to keep staff safe and who will have responsibility for ensuring compliance with rules.

9 HEALTH & WELLBEING

Attendance Information

Susan Young had provided information on NHS Fife attendance which showed that the rate in February 2021 was 4.96% and in March 2021 4.42%. East Division had the highest absence rate and Fife Wide the lowest. Short-term absence has reduced, long-term has maintained.

9 HEALTH & WELLBEING (Cont)

Attendance Information (Cont)

Training is ongoing for the new Attendance Policy, which is bedding in. Elaine Jordan advised that only limited information is being provided by Oracle, but managers can now access data for their own team. HR Advisers are working closely with managers. The partnership has received 2 years of corporate funding to provide a temporary Project Manager Post to help reduce absence and support health and wellbeing. Expressions of interest are being sought from within the Council's HR Service.

At a recent meeting Elaine had been asked to provide information on stress related absence and was able to update that at present there are 13 live cases relating to work related stress and 18 absences relating to personal stress. These are all being managed by line managers.

Staff Health & Wellbeing

Simon Fevre recently visited all of the Staff Hubs at the Community Hospitals in Fife and a report on this will be presented to the Health and Wellbeing Group. It is intended to continue with staff hubs to allow breaks to be taken away from the workplace, but several of these are in meeting rooms or clinical spaces and alternative venues will have to be identified as these areas come back into everyday use. Thought will be given to using outdoor space.

10 LPF ANNUAL REPORT

Simon Fevre updated on this as Jim Crichton had left to attend another meeting.

Feedback received since the last LPF meeting has been incorporated into the updated version of the Annual Report.

The final version will be considered by the IJB at their meeting on Friday 18 June 2021.

Discussion took place around the route of the report to the IJB and it was agreed it would direct to the Board.

11 LPF SCHEDULE OF MEETINGS 2021

Agreed to maintain current schedule of meetings until the end of 2021.

12 EAST REGION RECRUITMENT SERVICE

Susan Young advised that NHS Fife staff would TUPE transfer to NHS Lothian, who will be the single employer for this service, on 1 June 2021. Staff engagement will take place prior to this date.

An organisational change process will take place once staff have moved and this will be concluded by the end of 2021.

Information has been provided to affected staff on proposed new Job Descriptions and Structure.

NO	HEADING	ACTION
13	ITEMS FOR BRIEFING STAFF	
	Via Directors Brief	
	It was agreed that Nicky and Simon would discuss this and advise Hazel Williamson	NC/SF/HW
	Via Staff Meetings	
	It was agreed that Nicky and Simon would discuss this and advise Hazel Williamson	NC/SF/HW
14	AOCB	
	Simon Fevre brought up the length of time meetings are taking and whether meetings should be scheduled to take 2 hours rather than the current 1.5 hours.. This will be discussed in more detail at the LPF Pre-Agenda meeting on Wednesday 19 May 2021.	
15	DATE OF NEXT MEETING	
	Wednesday 9 June 2021 at 9.00 am	

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 6 MAY 2021 AT 2.00 PM VIA MICROSOFT TEAMS

Present:

Claire Dobson (CD), Interim Director of Acute Services (**Chair**)
 Andrew Verrecchia (AV), Unison
 Andrew Mackay (AM), Deputy Chief Operating Officer
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services Directorate
 Belinda Morgan (BM), General Manager – Emergency Care Directorate
 Neil McCormack (NM), Director of Property & Asset Management
 Paul Bishop (PB), Head of Estates
 Craig Webster (CW), Health & Safety Manager
 Susan Young (SY), HR Team Leader
 Ben Hannan (BH), Chief Pharmacist
 Paul Hayter (PH), Unison
 Louise Noble (LN), Unison
 Conn Gillespie (CG), Unison
 Joy Johnstone (JJ), FCS

In Attendance:

Marie Paterson (MP), Head of Nursing (for L Campbell)
 Gillian McKinnon (GMcK), Personal Assistant to Director of Acute Services (**Minutes**)

		Action
1	WELCOME & APOLOGIES	
	CD opened the meeting and welcomed everyone.	
	Apologies were received from Dr Sue Blair, Neil Groat, Murray Cross, Lynn Campbell and Miriam Watts.	
2	MINUTE OF PREVIOUS MEETING – 4 FEBRUARY 2021	
	The Minutes of the Meeting held on 4 February 2021 were accepted as an accurate record.	
3	ACTION LIST	
	3.1 <u>Working from Home</u>	
	<ul style="list-style-type: none"> AV advised this action can be closed off and he would feed the findings into the Agile Working Strategy Group. Close action. 	GMcK

3.2 **Staff Members having difficulties contacting services who are currently working from home (Payroll, HR etc)**

- SY advised she has spoken with Helen in Payroll and made them aware.
- LN advised she was aware SY had raised this previously but the telephone number for Payroll has still not be put up on StaffLink. SY agreed to highlight this to Payroll again.

SY

3.3 **Health & Safety Update Report**

- An updated copy of the H&S report had been circulated following the meeting. Close action.

GMcK

3.4 **HR Policies Update**

- SY advised this is a work in progress. Some policies are now easier to find by using the search function on StaffLink and there is additional work as the team work through several policies. When they transferred over to the new internet pages some information did not transfer over correctly, eg. formatting and appendices and a tidy up exercise is underway. This is a big piece of work.

SY

3.5 **Staff Health & Wellbeing Update**

- SWAY for the National Wellbeing Hub circulated to LPF for wider circulation. Close action.

GMcK

3.6 **Single Sign-On**

- SY advised she has highlighted this to the secretaries who are arranging hearings as well as the HR Officers. Close action.

GMcK

4 **HEALTH & SAFETY:**

4.1 **Health & Safety Update Report (including RIDDOR Update)**

- The Health & Safety Update Report was noted, for information.
- CW advised the main area to highlight is that the team are two members of staff down. Laura Aikman, Manual Handling Trainer and Billy Nixon, H&S Advisor have both moved to pastures new. Their departure will leave a big gap in the team and discussions are ongoing to review the current arrangements with a view to possible restructure of the team. CW would wish to thank them both publicly for their contribution while part of the team. This will have a big impact and the service will be maintained as much as possible but there may be some delays and turnaround times that may be

affected.

- CW advised the main priorities are to re-establish face to face structured training for manual handling and violence and aggression.
- CW advised from a H&S Manager perspective the key issues are the remobilisation of H&S committees and groups, particularly the ASD & CD H&S Committee and Sharps Strategy Group.

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

- AM advised there continues to be operational pressure, not so much from COVID but through amber patient demand. At this point we are back down to zero infected COVID patients in the hospital.
- AM advised the overall admission demand is massive. Across medical, surgical and paediatrics we now have an emergency admission demand which is above seasonable average. In many cases both for medical and surgical is now above 2019 levels and is a real challenge for our teams. System Watch which is a Scottish Government data system that uses various algorithms around seasonal demand and historical trend is projecting the admission demand will stay flat over the coming 6 weeks. This will be continued pressure into the front door of the system. This makes it really challenging for all of our teams because on a daily basis we are having to turnover roughly 20% of the hospital bed base. On top of that we have competing demand for elective number of patients who have had procedures delayed through COVID.
- AM advised our length of stay is significantly down on our 3-year average and a lot of this is to do with how we are processing patients through the system and better collaborative working across teams.
- AM advised we have significant pressures around occupancy and on a number of occasions we have had to go over occupancy within Ward 9 to be able to cope with the demand. Our surge capacity in Ward 6 remains fully utilised and open and there are no signs of that drawing down anytime soon given that continued admission pressure.
- AM advised there are increasing delays in transfer to community settings which is putting pressure into our system. We are working with partnership colleagues on how we increase the capacity at that part of the system to ensure continued outflow in order to reduce the backlog of patients that are currently awaiting next stage of care.

- BM advised from the front door end it is about the continued admission demand and an additional reflection is the acuity of patients seems to be higher. Patients are coming in sicker and that is adding an additional challenge into the system. We are looking at fully utilising our partnership resources and this is helping support flow out of this hospital. The continued demand is putting additional pressure on resources everywhere.
- DG advised the WCCS aspect has increased in terms of the clinical support. They are feeling the impact but are managing so far.
- CD advised alongside the challenges the team have outlined we are also remobilising our outpatient and elective programmes as well.
- CD advised this week we received visitors from Healthcare Improvement Scotland (HIS) and underwent a COVID-focussed inspection. Initial feedback is relatively positive, but we are waiting on the full report. Estates and Facilities were not asked to be part of that feedback discussion as there were no issues at all to raise from an estates and facilities perspective which is hugely significant in terms of the site and how it is managed. The areas identified for action included physical distancing in Ward 9 and a standardised process for 5-day swabbing. The Inspectors commented on the warm welcome received and friendly and confident staff.

5.2 **Attendance Management Update**

- The Attendance Management Update Report was noted, for information.
- SY advised for Acute Services the overall figure for January 2021 was 5.09% which was a little bit lower than the NHS Fife average for January. We were 5.99% in February, which was a little higher than the NHS Fife average for February which was 5.5%.
- SY advised we continue to have anxiety, stress, depression as the top reason for both episodes and hours lost due to absence and this has been consistent both pre and during COVID.
- SY advised nursing and midwifery and Bands 1-4 and Bands 5+ have the most significant number of hours lost and also the absence rate as well as they have the highest number of staff in that area. Other areas have a high percentage but there is a much smaller number of staff in that area and they are not contributing towards the number of hours lost in the same way.
- SY advised short term absence looks the same and long-term absence has increased.
- SY advised absence rates in February 2021 within ECD is (6.16%), PCD (7.66%), and WCCS (3.84%).

- SY advised a new chart has been included in the report which breaks down areas and gives a WTE and the percentage of absence. SY asked whether colleagues would like this chart to be included on an ongoing basis. LPF confirmed this report was useful and valuable to see that level of detail and would help us identify hotspots and areas that require additional support. MP agreed and added that Excellence in Care quality data including workforce data was transparent and available for all to see.
- SY advised for Corporate Services the overall figure for January 2021 was 3.77% and 3.93% which is a really good sustained position. Unsurprisingly the facilities area is the highest number of absences within Corporate Services, sitting at 6.04%.
- SY advised consistent with Acute anxiety, stress, depression is the top reason for absence within Corporate Services.
- SY advised short term absence is up and long-term absence is down within Corporate Services.

5.3 **Feedback from NHS Fife Board & Executive Directors**

- NM advised a significant meeting of EDG had taken place this morning where they looked at a number of things. The future of how we might take forward risk management which is critical to a number of areas within the Board. They discussed the future of vaccination and how that might be affecting the Board in terms of the move from an emergency footing where the vaccination scheme is being run by a number of people across the organisational back to a steady state situation where the Director of Public Health and Nicky Connor, H&SCP would be taking joint responsibility for the vaccination programme and discussion around the change in process that is required.
- NM advised the Board had discussions around property and property strategy and how that might evolve over the coming months and years.
- NM advised there had been lots of discussions around the Central Decontamination Unit (CDU) facility at NHS Tayside and the effect that had on Acute services.
- NM advised there was the usual focus on waiting times and remobilisation.
- CD advised we are in the process of finalising our Corporate Objectives for the coming year and also starting to look at budgets for 2021/22. More information to come forward on those.
- CD advised there had been a helpful paper today from Ben Johnston around NHS Assure and what that new process means for our Orthopaedic new build in particular. This is the body and process that has emerged after the Sick Kids and the Queen Elizabeth new builds to increase assurance around

any new capital build moving forward.

6 B Appropriately Trained

6.1 Training Update

- AM advised now that we have re-established the Performance Reviews (PRs) training forms a key element within the Staff Governance part of the PRs and will help drive some of these metrics forward.
- CD advised PRs were reinstated from 4 May 2021 with each of the Directorates. They were positive sessions and it was good to hear from the Service Managers and the teams across the Directorates. The training metrics are on show and we can highlight areas we need to improve upon.
- CW advised the main priorities are to re-establish face to face training and structure for manual handling and violence and aggression.

6.2 Turas Update

- No update.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

- AV advised the H&SCP had moved away from an Action Plan to an Annual Report. AV and CD had discussed this last week and have identified certain names that could be approached to help to collate the report for Acute.
- CD confirmed an Annual Report was more positive and dynamic than an action plan and would arrange to send out an email to ask the identified staff to help contribute to the Annual Report. Some colleagues involved in the LPF in the partnership will already be working on or have completed the partnership version. An update can be given at the next meeting.
- SY advised the partnership document is looking very good and quite a strong focus on staff wellbeing. We can include some of the many positive things happening within Acute and Corporate Directorates.

CD

7.2 Pulse Survey

- SY advised we are expecting there will be a survey later on the year but no confirmed date as yet.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

- AM advised we have had really positive discussions with the Access Support Team of the Scottish Government who deal with elective scheduled care. They have been positive around the contribution NHS Fife has made in the past around having much lower waiting times than most other comparable boards and showing a real return on investment and value for money.
- AM advised the discussions this year rather than the annual operating plan was around the remobilisation plan (RMP3). That was submitted to the Scottish Government with 2 elements to it: 1) a request for funding for £6.7m for all of the posts we have recruited to in the past to try and make our elective position more sustainable; and 2) an additional ask of £7.4m to deal with the backlog caused by COVID to try and get us down to a more manageable level and to get our capacity up to 110% of pre-COVID activity by March 2022. Given all the election scenarios there is uncertainty on funding levels at the moment. We have been given commitment for the £6.7m of funding but the Scottish Government are unable to commit to the funding of £7.4m until the new administration is in place.
- AM advised at the moment in anticipation of some of that funding we are carrying on some financial risk with some waiting list activity over weekends in order to do as much as we can to reduce the waiting times for Fife patients.
- AM advised in the past we have always focussed on those waiting over 12 weeks or 52 weeks for both new outpatients and inpatient/day case. There is ongoing discussion around how those performance measures will look moving forward. Through the pandemic we moved to clinical priority (P1-4).
- AM advised because we are focussing on those that are clinically urgent then it does mean that some of those patients that are less clinically urgent are just not being seen and therefore their waiting times ticks over the 52-week period. There are lots of discussions ongoing nationally around how we can potentially measure performance going forward plus still having the drive behind clinical priority and how we interpret this for Fife.
- AM advised we have done a huge amount of work across all the services over the last few weeks to predict what our anticipated demands will be, what our activity levels will be and how that would potentially translate into waiting times by specialty and sub-specialty. The team have done a huge amount of detailed work and we are just waiting on some further feedback from the Scottish Government following the election period. Waiting times are currently still significantly lower than other boards.

- CD advised within all of the above we are mindful of the impact on the workforce, recovery, staff returning to their parent service areas and as a team we have recognised this needs to be additional to what we are doing already and not done with the group of workforce that we have.
- AV raised concern and caution and to be mindful of our existing workforce in undertaking any additional activity. AM advised the increase in activity level would be phased through the year and a big element of the additional £7.4m is for recruitment of additional staffing because of the pressures that have already been put on our current teams. AM advised we have that full breakdown by specialty with how the additional sessions would come together both from a staffing point of view or any insource activity and would be happy to share with AV to show the detail behind it to give assurance.

AM

9 E **Provided with an Improved & Safe Working Environment**

9.1 **Staff Health & Wellbeing Update**

- The Staff Health & Wellbeing Update was noted, for information.
- SY advised the Staff Online Mindfulness Drop-in Sessions are continuing and have been very well received.
- SY advised the Well at Work Group are hoping that NHS Fife will be able to go for Going Beyond Gold renewal this year.
- SY advised there will be an online Celebrating and Inspiring Kindness in NHS Fife Conference taking place on 26 May 2021.
- SY advised NHS Fife has been awarded money to fund two bicycle sheds at both VHK and QMH.
- SY advised on the launch of the Fife Health Charity.
- SY advised anyone interested in becoming a member of the Well at Work Group should contact Rhona Waugh.

9.2 **Capital Projects Report**

- The February 2021 Capital Projects Report was noted for information.
- NM advised the report was based in February 2021 and we have now started the next financial year. At the time the total allocation for 2021 was £13.5m and that actually ended up being £17.3m and we managed to overspend that budget by £10,000 and did managed to get all the capital budget spent and on the same things we thought we were going to spend it on. There were a few exceptions, a robot purchased at over £2m and £1.2m worth of Scottish Government funded equipment which allowed us to bring forward £500,000 of equipment spend in the last year which helps us with the current year which will be slightly tighter than previous years.

- NM advised this is a relatively good news story with significant spend on Acute Services Division including a further spend on statutory compliance on our existing buildings.
- CD advised there has been a national programme around robotic assisted surgery, and the NHS Fife surgical team were really keen to procure a robot. Unfortunately, towards the end of last year the robots that were going to be allocated in the East Region were allocated to NHS Lothian and not Fife. The robot assists with surgery, it is less invasive, and has better outcomes for patients and better for staff. From our perspective by having a robot it makes Fife a much more attractive board for surgeons to come to and work in. It is mainly for intra-abdominal surgeries, urology, gynaecology, colorectal that the robot will support the surgeon. An opportunity came up towards the end of the financial year and that approach to Scottish Government was approved by Chair and Vice Chair as this fell outwith committee cycles and the robot was successfully delivered to Fife in the middle of March. The robot is on site and our surgeons are currently learning how to use the robot and navigate it with the hope to use the robot as we go through this financial year. The final Business Case is in preparation and we are still looking at consumable and how we can afford the cost of those consumables. This will be discussed at Finance Performance & Resources Committee with the final business case in the summer. This is a really exciting and positive development for our patients and workforce and CD is hugely grateful to everyone who made this happen for Fife.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period April 2020 to March 2021 was noted, for information.
- MP advised there is no change to the most commonly reported categories and the report does not highlight anything unusual.
- MP advised unwanted behaviours, violence and aggression continues to be the highest reporting category followed by personal accident and infrastructure. There would appear to have been a reduction in the unwanted behaviours, violence and aggression over the winter period with an increase in March.
- MP advised there has been a spike in sharps incidents in March 2021 but does not have any understanding of this rise.
- MP advised Table 2 shows the areas reporting the most unwanted behaviours, violence and aggression incidents. The most commonly reported sub-categories were physical assault, verbal assault and unwanted behaviours affecting registered nurses, followed by healthcare assistants and SCNs.

- MP advised Stuart Armstrong continues to carry out bespoke violence and aggression face to face training for areas. MP was not sure however if the areas most affected by that category have taken him up of that offer.
- MP advised Table 3 shows the areas reporting the most infrastructure incidents, highlighting ED appear to have the most incidents with most commonly reported sub-categories of staffing levels followed by lack of suitability trained/skilled staff following by activity to staff ratio.
- MP advised Table 4 highlights the most commonly reported sub-categories of personal accident incidents are slips, trips and falls, followed by general accident. The most commonly affected staff groups are registered nurses, healthcare assistants and labs staff/biomedical scientist.
- DG queried the accuracy of Healthcare Associated Infection (HAI) data reported for Laboratories and would look into this further.
- LN advised the increase in sharps incidents in March 2021 might be something to do with the huge amount of vaccine clinics that were running at that time. MP confirmed this would make sense.

DG

9.4 **Violence & Aggression Performance Reports**

- The Violence & Aggression Performance Reports were noted, for information.

9.5 **Staff Lateral Flow Testing**

- SY advised there has been a further expansion to the staff lateral flow testing (LFT) to include independent contractors and primary care staff and all staff attending work regularly. SY asked managers to remind our returning shielding staff of LFT as well.
- SY advised the testing does remain voluntary but it is encouraged with uptake in Fife very low in comparison to other Boards (21%). We are aware a number of staff may be doing the test but not then recording it as the recording process is onerous and time consuming. There has been a recent update to the App to make recording of results easier.
- AM advised this is a voluntary system for staff but we are being questioned and asked about our uptake as a Board. The Cabinet Secretary has written to all Chief Executives to raise concern about the levels of staff uptake across NHS Scotland and has subsequently written to all Board Chairs to express concern and to ask them to take a leadership role. Each Board now has an individual performance meeting with a number of Executives, the Chair and Chief Executive to talk through their informal action plan of how they will increase staff uptake.

- AM advised all staff members regardless of job family fall into the category that would be eligible and encouraged to undertake lateral flow testing twice weekly. There have been some issues with how staff are recording the results and the uptake is actually much higher than the data suggests but unless staff record the result this does not show through the data and this has been something that has been talked about at the Hospital Control Team for a number of weeks. There have been some changes to the web interface where staff record results. Rather than having to put in all their details from scratch every time you can now register on the portal and the next time you go into record your result once you log in all you have to put in the serial number from the test and the lot number and results, and staff should be directed to this. This is a little bit quicker but is still a bit glitchy and has been discussed with the Scottish Government this week.
- AM advised any support is appreciated to generate uptake across staff. It is really difficult to get any intelligence on where the uptake levels are as the only data we have is for Fife and is difficult to get further level of detail. The Scottish Government are looking at adjusting this by asking for more detailed information as people register.
- AM has asked the Scottish Government for some support nationally from professional bodies and trade unions to help get the message and benefits out to staff. The NMC in particular have made some adjustments to part of their code.
- AM advised if you are not already undertaking lateral flow testing please order a kit and lead by example.
- LN advised at the recent H&SC LPF the same issue had been discussed around staff undertaking the test but are not uploading their results as it is onerous and time consuming. Feedback received from staff was around the registration process on the reporting portal. When registering, the only options under "Sex" are Male/Female and does not fit with our inclusion agenda and therefore some staff are not completing. AM agreed to share with Rhona Waugh to ask for this to be highlighted through national routes.
- MP advised she had suggested to Rhona Waugh at the beginning that we keep a note of the staff who were provided with kits so we had some sort of evidence and data but it was felt this would be too onerous. We could however identify areas through Pecos that have been ordering kits but there does need to be further communications as there is some misunderstanding that once you have been vaccinated you are safe but you can still contract COVID.
- CD advised there is a meeting with the Scottish Government in the middle of the month but would be keen that we take comments and suggestions to that meeting about a way forward to improve uptake.
- BH asked about the process for requesting and receiving test

AM

kits as within Pharmacy there seems to be a cumbersome process. AM advised kits can be order through Pecos and handed out to staff members with the information leaflet.

10 ISSUES FROM STAFF-SIDE

10.1 Staff Testing

- Discussed under Item 9.5 above.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meetings held on 7 January, 4 February and 4 March 2021 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- Annual Report.

12.2 Issues for Escalation to Area Partnership Forum

- Demand on staff as we start to increase activity through remobilisation and recovery.
- Staff testing.

CD

CD

13 ANY OTHER COMPETENT BUSINESS

13.1 Car Parking

- AV asked about the extended car park and whether there was any change to the criteria or the use of it or will it continue to be registered users using their swipe card.
- PB advised he was in discussion with Kenny Green regarding car park L and whether we continue with barrier access or open it up for general use. AV asked to be involved in these discussions.

PB/AV

13.2 Change in HR Cover

- SY wanted to make teams aware that Anne Hamilton is returning from secondment early. Nikita Mains will cover ECD, Anne Hamilton will cover PCD, Angela Mitchell will cover WCCS and Stephen Morris is returning to Corporate Services in terms of HR assistant cover. There are no changes to the areas covered by HR Officers.

13.3 **TUPE Transfer of Recruitment Team**

- SY advised these discussions had been ongoing for a couple of years with this now progressing. NHS Lothian are going to be the single employer for the east region recruitment service. There will be 6 boards involved: NHS Borders; NHS Fife; NHS Lothian; Healthcare Improvement Scotland; National Education for Scotland and the Scottish Ambulance Service.
- SY advised we have had a group engagement session with NHS Lothian colleagues and the recruitment team and we have some 1:1 sessions booked on 14th and 17th May 2021. 1 June 2021 is the anticipated date of transfer. They will then go through an organisational change process following the TUPE transfer. From the period from June to August 2021 there is likely to be no change in terms of delivery of service, but changes will come thereafter as recruitment moves fully over to the east region service.

15 **DATE OF NEXT MEETING**

Thursday 24 June 2021 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2021/060521

**UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE GROUP MEETING
HELD ON TUESDAY 18TH MAY 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)
Claire Dobson, Director of Acute Services
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
Nicola Robertson, Associate Director of Nursing
Rhona Waugh, Head of HR
Amanda Wong, Associate Director of Allied Health Professionals

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

L Douglas welcomed everyone to the meeting, in particular N Robertson who was attending her first NHS Fife Strategic Workforce Planning Group; and apologies were noted from W Brown, H Hellewell and D McIntosh.

01. Minutes and Matters Arising

The minutes of the previous meeting held on 31st March 2021 were accepted as a true and accurate record. There were no matters arising.

02. Joint Fife Remobilisation Plan 2021/22 Feedback

K Reith confirmed that the collaboratively prepared Remobilisation Plan had been submitted to the Scottish Government (SG) at the end of February 2021. The response received from SG on 2 April 2021 indicated it was generally well-received and has been approved and published. The main workforce item is implicitly remobilisation of services; with specific themes on sustaining delivery of services, enhancing Public Health elements, a focus on Mental Health and redesign of Community Services. There is a strong emphasis on, and commitment to, staff health and wellbeing, with SG support to ensure continuation of initiatives. Work to engage with staff and work in partnership is ongoing.

K Reith advised that an Action Plan is being developed to ensure the actions are accurately captured and in order to track the delivery of the Remobilisation Plan. S Fraser confirmed that the Action Plan has sections aligned to each

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Governance Committee, with the actions being allocated to particular areas of responsibility. An update report can be brought to this group, if it is thought it would be helpful.

SF

03. Strategic Planning and Resource Allocation 2021/22 – Workforce Implications Update

K Reith indicated that the Strategic Planning and Resource Allocation 2021/22 (SPRA) has informed and directed the development of Corporate Objectives which are currently being finalised by Executive colleagues. There is a strong connection with our financial planning and Board allocation. The SPRA is future focussed, building on this year's initial work in further iterations to ensure strategic alignment with NHS Fife workforce plans and ambitions. It was agreed that this, and the Operational Workforce Planning Group, will play an important role in ensuring NHS Fife's workforce vision (and the future strategy) is determined and realised.

04. Health & Care Safe (Staffing) Act Update

N Robertson confirmed that the Health & Care Safe (Staffing) Act applies to all medical and AHP disciplines, not only to nursing and midwifery. Due to the continued COVID-19 response, there are no legislative requirements until December 2021.

From a Nursing perspective, work continues to run the workforce modelling tools, either annually or during new service design. Acute Services/ Critical Care have piloted the Real Time Staffing Resource - a Scottish Government initiative during COVID-19 - with a soft launch in several wards. The training awareness sessions are ongoing and the tool will be rolled out in due course across all areas, including Community and Care Homes.

Evidence must be provided to demonstrate mitigations are in place to offset the risks, on a shift by shift basis. N Robertson explained that to use the tool, each ward/ area analyses on each shift, the number and dependency of patients and the ratio of trained/ untrained and other staff. This identifies whether agreed staffing levels are sufficient or if additional support is required. The Tool does not currently automatically link with SSTS or Bank 'Allocate' systems. L Barker confirmed real time collection of data is currently spreadsheet based to record identification of risks and the mitigations put in place.

05. Interim Workforce Plan 2021/22 Feedback

B McKenna reported that the Interim Joint Workforce Plan 2021/22 had been submitted to the SG at the end of April 2021. B McKenna drew attention to: the Fife Plan being one of the few joint Workforce Plans, incorporating Acute Services, Health & Social Care, and Third and Independent sector information. It will be used to inform the Workforce Strategy 2022-2025. It was noted that SG are keen to encourage integrated working in this area.

The priorities outlined in the plan include staff wellbeing and those that are COVID-19 driven or related and a limited number of other areas e.g. safe staffing legislation. Also detailed for the forthcoming Workforce Plan 2022-25 and embedded in future plans were SG policies, dealing with Long COVID Syndrome, Urgent Care as well as local and regional priorities. It is anticipated

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that feedback from the SG will be received at the end May/ beginning of June 2021, which will be circulated to the Group for information. Regional discussions indicate that content of the Fife plan was similar to that of other Boards. K Reith thanked colleagues for their contribution to the plan.

BMcK/ JM

It was noted that there has been no request from the SG for Workforce Projections and Consultant Job Planning Returns so far this year.

06. NHS Fife Workforce Strategy 2022-25 Development

K Reith advised that the extant Strategy is current until 31 March 2022. The timescales for the next strategy are currently being determined to ensure the development proceeds timeously through the governance route to meet the deadline for submission. The Workforce Strategy 2022-2025 work will dovetail with the Population, Health & Wellbeing Strategy. R Waugh indicated that the members of the Operational Workforce Planning Group are currently populating the Action Plans for their area which will inform the Strategy. Additional meetings will be arranged, as required.

M McGurk advised that a delivery plan for the Population, Health & Wellbeing Strategy is in the early stages of preparation; and over the next month or so will map out engagement and content required from relevant groups and stakeholders. The timescales are to be advised and this Group will be asked to assist with major pieces of work.

07. Updates from Associated Groups

7.1 Operational Workforce Planning Group

B McKenna reported that at the last meeting on 26 April 2021, the focus had been on the Interim Joint Workforce Plan 2021/22. Also discussed were future expectations for the Workforce Strategy 2022-25: preparing Action Plans – to close 2019-22 actions and refresh and renew action plans in line with the SPRA and organisational objectives for the next Workforce Strategy. Members have been tasked with populating the Action Plan for their respective areas of responsibility by early summer. Timescales and processes are being finalised. Communications colleagues will support the formatting of the final document for publication.

As previously indicated, Workforce Projections have not been requested this year (or the previous two years). The Regional Workforce Dashboard was highlighted: it is now the primary source of workforce information within NHS Fife. Additional functionality, including workforce indicators - establishment gaps, supplementary spend as well as sickness absence - are now 'live'. R Waugh indicated that managers have been strongly encouraged to register for an account on Tableau in order to use this system.

L Douglas emphasised the importance of ensuring planned actions are progressed effectively and timeously.

7.2 Health & Social Care Partnership Workforce and Organisational Development Board

L Barker advised that the H&SCP Workforce & OD Board has not met recently; there is no update at present.

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7.3 Nursing Workforce Planning Group

N Robertson confirmed that the National Workforce Planning Group has not met recently. N Robertson indicated that she is taking over as Chair of the NHS Fife Safe Staffing Steering Group from J Owens to take forward: it is hoped to bring an update to the next meeting.

L Douglas welcomed standard update reports from Group members on activities, challenges, decision or discussion points - with a focus on strategic elements - and to advise J Melville of any agenda items in the first instance.

08. Emerging Workforce Risks/ Risk Register

L Douglas observed that some emerging workforce risks have been captured in the Risk Register reported through Board Assurance Framework (BAF) arrangements, including Community Paediatrics and Radiography. The most recent emerging risk is that of national Treatment Centres: in Fife, the Elective Orthopaedic Centre. These have implications for national and local workforce planning, recruitment and training arrangements, although there is a significant commitment from the SG to the recovery effort of health services following the COVID-19 pandemic. L Douglas requested that colleagues bring to the group any emerging, high level workforce challenges with longer term horizons – that are not already captured and accounted for in NHS Fife's Risk Register – and may impact on workforce planning at a strategic level.

09. Regional Workforce Update & National Workforce Planning Update 10.

J Balkan advised that the National Pharmacy Workforce Group is looking to clarify establishment and vacancy gaps in Acute and Primary Care, and welcomed the return from NHS Fife. Fife continues to be ahead in terms of GMS implementation; however, there are still concerns in relation to ongoing funding and expanding to level 2 and 3 services.

In relation to the national Elective Treatment Centres, it was proposed that Boards reconsider the specialties and the support their centres undertake for the next 5 years, together with scoping additional staffing requirements – it was suggested that Anaesthesia Associates (AAs) and Physicians Associates (PAs) could be at the forefront of boosting numbers. There was interest, but no formal commitment from Fife to take on PA Graduates this year; however, J Balkan observed that PAs have been recruited in Fife independently to Primary Care, Urgent Care and GP practice arrangements.

A letter from SG will soon be issued confirming Cardiac Physiology places for this year: Fife is keen to have a sponsored place; to contact J Balkan if further information is required.

The Regional agenda is moving forward including the Cancer Services Group and Learning Disabilities. The East Region Programme Board met recently, considering the various model options for the region.

S Garden highlighted the requirement to ensure the necessary policy and governance arrangements are in place in relation to new roles e.g. PAs and medical prescribing, HCSW Vaccinators, as well as more established posts.

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11. AOB

11.1 Update on Transforming Roles: Advanced Practice, NHS Fife

N Robertson spoke to the paper previously circulated, drawing attention to the Scottish Government manifesto of 2016, pledging an increase of 500 Advanced Nurse Practitioners (ANPs) in the next 5 years. The subsequent Government funding enabled education to Masters/ Post Graduate Diploma level for ANPs. A national service needs analysis scoping exercise resulted in the creation of a generic ANP job description. Since 2016, there has been an increase of 44 ANPs in Fife, with a further 30 Trainees and also 40 within AHPs (which has proved more challenging as there are 14 professions).

A Toolkit will be launched to enable managers to access the necessary information and paperwork. A need has been identified for more robust governance for ANPs to ensure standardised leadership, mentoring and supervision arrangements and that all ANPs are working to the same level of clinical practice. There is a Lead in NHS Lothian to oversee these processes for ANPs and it is proposed that a similar role is created in NHS Fife. There are 3 national Advanced Practice Academies, NHS Fife being in East of Scotland with NHS Lothian and NHS Borders, which oversees standardised governance processes; N Robertson is the NHS Fife representative.

Date of Next Meeting: Tuesday 24 August 2021 at 14:00 hrs via MS Teams.

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